

Selsey Care Company Limited

The Old Malthouse Care Home

Inspection report

33 High Street
Selsey
Chichester
West Sussex
PO20 0RB

Tel: 01243605410

Website: www.malthousenursinghome.com

Date of inspection visit:

15 January 2018

16 January 2018

Date of publication:

27 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 15 and 16 January 2018, and was an unannounced inspection.

This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Old Malthouse provides accommodation and personal care without nursing for up to 34 older people. Accommodation was provided in an old detached building which had been added to with newer purpose-built wings. At this inspection, there were 28 people living in the service.

The service was all mainly on the ground floor with some areas being slightly higher than others and there were gentle slopes for people to walk up and down. There were five bedrooms on the second floor.

People living in the service required care and support and had varying needs. Some people were living with dementia and some people had medical conditions, such as diabetes or mobility issues. Some people required the support of one staff member to move around whilst others required the support of two staff using hoisting equipment.

There was a registered manager. However, they were not available on the days of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. In the registered managers absence the deputy manager supported the inspection throughout the two days of the site visit.

At the last Care Quality Commission (CQC) inspection on 7 July 2015 the service overall was rated as Good. Although the Effective question was rated as 'Requires Improvement' at that inspection. This was because we found at that time the provider and registered manager were not acting in accordance with the legal requirements of the Mental Capacity Act (MCA)2005 and Deprivation of Liberty Safeguards (DoLS).

At this inspection we found they had met their legal requirements. With the basic principles of the Mental Capacity Act 2005 had been followed to ensure people's rights were upheld. Deprivation of Liberty Safeguards applications had been made and the registered manager kept these under review. People's interests and preferences were identified and recorded.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The manager understood when an application should be made. Decisions people made about

their care or medical treatment were dealt with lawfully and fully recorded.

During this inspection we found that medicine administration, storage and documentation was not robust and could have meant some people may not be receiving their medicines as prescribed or may have received more of a medicine than what was considered as safe within a time period.

Safe recruitment procedures to ensure only suitable staff were employed to provide care and support to people living in the service were also not consistently followed.

People's needs were not regularly assessed to ensure the appropriate care and support was being delivered. Where people's needs had changed, care plan reviews did not capture this to make sure staff were given the most up to date information on people's needs. Individual risk assessments were in place to give the guidance necessary to staff when providing care to keep people safe and prevent harm, however, these had not been changed when people's care needs changed. People being cared for on an air mattress were not having the pressure of these checked and recorded daily.

The provider had a system in place to monitor the quality and safety of the home. However, these were not effective enough to identify the failings or improvements required.

People and their relatives said they knew how to complain. However, the complaints procedure on view, in the entrance to the service, was not up to date and did not give time scales for action. We made a recommendation about this.

Policies and procedures were not up to date and had not been reviewed since 2015. Some of the policies and procedures were also written for a different service that is no longer part of the provider's group.

People were offered a choice of meals each day. Mealtimes were staggered so that staff were able to assist people who needed to help. People had several different places they could eat their meals within the service or they could have meals in their bedrooms.

There were suitable numbers of staff to provide the care and support needed. Staff had a good understanding of their responsibilities in safeguarding people from abuse and where they would report any concerns they had. Staff knew people well and spent time with people to make sure they were not rushed. People were supported to maintain their independence and they told us they were treated with dignity and respect.

Staff were supported by regular staff supervision, staff also had undertaken training when they were new as part of their induction, they said the training included, health and safety, infection control, safeguarding and equality and diversity training. Training was on going and staff had development opportunities to take vocational awards.

Infection control procedures were robust and the service was clean and free from odour.

All servicing of systems and equipment had been carried out by the appropriate professional contractors.

Activities were an important part of the care being provided within the service.

People were able to express their views of the service through regular meetings and annual surveys. The registered manager made changes where necessary based on people's feedback.

Positive feedback was given about the management team and how the service was run. Staff felt supported and listened to.

During this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The systems for storing and administering medicines were not robust.

Recruitment procedures were not robust.

Potential risks to people were identified and action taken to minimise their impact. However, risk assessments were not always in place to detail how staff reviewed and updated in a timely manner when people's needs changed.

Equipment was not regularly checked to make sure it is working appropriately to prevent harm.

Staff were committed to preventing abuse. Staff spoke about blowing the whistle if needed.

Incidents and accidents were recorded and people were safeguarded from potential harm.

Is the service effective?

Requires Improvement ●

The service was not always fully effective.

There were no systems in place to ensure people living with dementia understood the food choices available.

Staff were not aware of how certain necessary foods run out before the next delivery could be obtained.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing.

Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

The registered manager and staff had completed training in

respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Care plans had not been kept up to date and therefore staff had been given the incorrect instructions on how to care for some people.

The complaints policy and procedure was out date and did not include all the appropriate information.

People were encouraged to participate in a wide range of activities.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The quality of the service was monitored through regular audits. However, they were not all effective in highlighting areas requiring further improvement.

The staff understood the vision and values of the service.

People's and relatives views about the service were sought and acted on.

Staff felt supported by the registered and deputy managers.□

The Old Malthouse Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on the 15 and 16 January 2018 and was unannounced on the first day.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience had a wide range of skills and knowledge in dementia care and palliative care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with a total of eight people, four visiting relatives and six staff. We also spoke with two health professionals who visit the home on a regular basis.

We looked at the provider's records. These included four people's care records in depth, which included care plans, health records, risk assessments and daily care records. We looked at five staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We observed and listened while staff were caring for people in the communal areas of the home.

Is the service safe?

Our findings

We found concerns in the management and administration of people's prescribed medicines. There were gaps on the medicines administration record (MAR) which meant some people may not have received their medicines as prescribed. This issue had been identified in audits undertaken by the provider's quality lead, however, we found this continued to be a problem, meaning that people may still not receive their medicines as prescribed. .

Most medicines were supplied by the pharmacy in a sealed system that staff could give people without touching it. Staff were able to check the tablets against the MAR and it was possible to put the medicine straight into a person's hand or into a medicines pot. Each month the staff received the sealed system for each person labelled with the time the medicines should be given. Not all medicines could be put in this system, for example, some medicines had to remain in the sealed packaging from the manufacturer until the person actually took it. We were unable to do a full audit of these medicines as staff had not recorded medicines stock correctly. Medicines carried forward from the previous medicines cycle had not been documented as carried forward on to the new MAR records. Staff had recorded the medicines received each month, but this was not recorded on the MAR. This meant the medicines supplied by the pharmacy in bottles or original packaging could not be accounted for to ensure staff were giving out medication as prescribed.

The Provider Information Record (PIR) completed by the registered manager and received prior to the inspection stated that they had found 68 medication errors in the previous twelve months thorough internal auditing. Staff said that these were recording errors where they had forgotten to sign when administering medicines. However, this showed that staff were not following the procedure for administering medicines and were putting people at risk of not receiving their medicines as prescribed.

Some people who had been prescribed, 'As and when necessary' (PRN) medicines did not have PRN protocols in place. There was no guidance available with the MAR to make sure staff administering medicines knew what the medicine had specifically been prescribed for. The protocol should also include the dosage to be given, the time between doses, the side effects to watch out for and the safe levels to take in a 24 hour period.

On four MAR sheets viewed, people receiving Paracetamol PRN for pain had, on some days, been given two 500mg Paracetamol tablets at 18:30 hours and again at 20:30 hours. The instructions on each MAR stated that there should be a minimum of four hours break between doses. This meant people could have been receiving an overdose of paracetamol at times. However, the deputy manager and a member of regular night staff told us that it was a recording error as the night medication was not given at 20:30 hours but at 22:30 hours.

Most medicines were delivered from the pharmacy in the sealed system, with some delivered in individual bottles or boxes. We found medicines not provided in the sealed system and delivered in boxes were not counted during the audits to ensure that people were receiving all their medicines as prescribed. The audits

therefore were not robust and medicines administration was not comprehensive enough to cover all areas that required checking.

We did discuss the storage of controlled medication as it was not kept in a suitable room. The room was used by staff on a regular basis; it was not locked when staff were not in the room.' This meant the storage requirements were not met and two staff checking this medication and documenting it could easily be distracted

There were air mattresses in use to protect people who were at risk of developing pressure sores. The air mattress alters the pressure continuously under the person, so no one area of skin takes the full weight of the person all the time. For these to work effectively it is important that the air mattress is set at the pressure suitable for the individual. At this home this is set by community nurses as the prescriber of the mattress, they also carry out checks every 12 weeks. It is also important that the mattress continues working correctly during those weeks. Therefore the setting needs to be checked by staff to make sure it is working at the correct pressure daily and recorded to show this has been undertaken.. We found there were no recorded regular daily checks being recorded although staff said they did check they were working. This meant people could still be at risk of harm.

The evidence above shows a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager did not ensure safe recruitment practices were followed to check that new staff employed were of suitable character to provide care to the people living in the service. The provider had a recruitment policy that was not being followed. For example, application forms were completed, but some showed a number of gaps in employment histories that were not accounted for. Each applicant did have a Disclosure and Barring Service check this identifies if a person has had any negative information which could bar them from working with vulnerable people. References had been received for some staff, however, two were not sent to the applicants' previous employer. Some references did not identify where the reference had come from as they did not contain the company stamp or compliment slip to verify who had completed them. Suitable identification and proof of the applicants address was not available on the files we sampled.

Interview notes were not available on all applicants' files to evidence that the registered manager had met with all applicants prior to offering employment to check their experience and suitability to provide care to the people living in the service. The two interview notes that were available on files sampled were brief, they did not evidence the questions and answers asked during the interview process. This meant that the registered manager had not taken reasonable steps to verify an applicant's suitability for this role.

The failure to ensure that recruitment practices are safe and robust to protect people from being cared for by unsuitable staff is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Relatives told us they felt their family member was safe living in the service. The comments included, "I know staff are very caring, they know mum is vulnerable and they keep her safe", "At home he was alone for a large part of the day, here there are always staff around and even when he is in his room they check on him. Yes, he is much safer here" and "I feel staff keep people safe, I know they do checks such as the fire alarm tests. The staff know everyone so well they know when things are wrong and they do something about it. Yes, it is safe and the staff make sure it is".

We saw the incidents and accidents were recorded and the deputy manager said they were checked by the registered manager to prevent these happening again when possible. Staff also discussed incidents and accidents during handover so they were aware and could hopefully prevent further incidences.

People were protected from abuse by staff who had a good understanding of their role in safeguarding people in their care from abuse. They described how abuse may occur and how they would recognise possible concerns. Staff were clear about their responsibilities in reporting any suspected abuse and knew who they would report these to. Although staff had confidence that the registered manager would act immediately on concerns raised, they also knew who they could report to outside of the organisation, should this be necessary. One member of staff said, "I know if I see a colleague doing something to abuse a person at the home, I would have no hesitation in whistleblowing (telling someone)." Another said, "I would go straight to the manager or our deputy manager if I thought someone was being abused. I know both of them would do what was necessary to protect the person and report it so it could not happen again."

The quality manager was responsible for the infection control measures with in the home. The home had suitable supplies of personal protective equipment (PPE) and cleaning products. There were cleaning schedules for people's rooms and the communal areas. The quality manager also observed staff to make sure they used PPE appropriately and that they washed the hands effectively to reduce the risk of cross infection. Housekeeping staff were observed cleaning peoples rooms and communal areas. Cleaning trolleys followed infection control best practice with which separate buckets and mops for room flooring and bathroom areas. Two members of the house keeping staff confirmed that they had received training regarding infection control.

We checked the Control of Substances Hazardous to Health (COSHH) file. The file contained a safety sheet for each of the cleaning products used with in the home. This gave the staff emergency information on what to do if, for example, the cleaning liquid or powder got into people's eyes or it was swallowed. All staff spoken with knew where this file was located and how to use it.

There were risk assessments for the building and people's rooms. These risks were rated as high, medium or low. Depending on the level of risk, a necessary action may entail maintenance work, or an item to be replaced to minimise the risk identified. Depending on the level of risk, actions were prioritised. Once work had been completed, each task was signed off, and the risk assessments were reviewed and risk lowered when possible. We saw from a Health and safety check that lighting in some areas of the home was poor and posed a risk for people with poor sight. This having been identified has a high risk and meant staff were made aware and were supporting people in these areas. The action needed was to replace the lighting this has a cost implication and cannot be action straight away so in the meantime the risk assessment is kept under review monthly.

Essential servicing of equipment had been undertaken at the appropriate intervals by the relevant contractors to make sure the home was safe and well maintained. These included lifting equipment servicing, such as hoists, emergency lighting, electrical installation certificate, land lord gas safety certificate and electrical portable appliance tests. There was a book were staff could record any maintenance issues such as light bulbs needing replacing or dripping taps. Once the maintenance person has completed the work they dated and signed it off. The deputy manager said that there was a plan of works to make sure the decoration of the service was kept looking nice.

Each person living in the service had a Personal Emergency Evacuation Plan (PEEP). These were individual plans which gave information about how many staff would be needed to evacuate the person from the home and what equipment should be used. The deputy manager said that they did have plans of where

people could be taken to if they could not return to the home straight away to keep them warm and safe.

Is the service effective?

Our findings

The service had several dining areas where people could choose to have their meals. There was a relaxed atmosphere during the lunch time. In the areas we observed we saw people talking to each other and staff, some people were smiling, while waiting for their meal.

The four week menu included meals asked for by people at the residents' meetings and suggestion made to the cook as the seasons change. The four week menu was displayed on the wall outside the kitchen, however, the print was small and difficult for people to read. The staff had not devised ways to show people living with dementia what the meals they are offering looked like. People living with dementia may not understand what they are being offered, but if they see a picture that may make it easier. During the first day of our visit people were offered Cumberland Pie or Irish stew. We asked people if they got a choice of meals at lunch time and their comments included, "Yes, I choose what to eat", "The cook has got a list and she asks me what I want that day and I tell her" and "At lunch time we are given what we chose, but if you don't like it, there are alternatives available." Some people had meals in their bedrooms or in the lounge, it was their choice. We saw staff assisting some people with eating and they did this by sitting with the person and giving them time to eat. They also told them what they were giving them and checked that they were happy with the meal.

We asked the cook about any special diets they were offering. We were told that none of the people living in the home were vegetarian, but they did have people who were diabetic. The cook told us there was no specific food ordered, prepared or cooked for people who were diabetic. The cook advised that people could be given a yogurt as an alternative to a pudding. However, there was only one yogurt left in the fridge not enough for the number of diabetics in the home. The cook advised that this was because staff had used the yogurt when giving people medicines.

We recommend that systems are put in place to ensure people living at the home with dementia have a better understanding of the meals being offered and staff know how they can buy in necessary items of food that have run out prior to the expected food delivery date.

Snacks and milky drinks were available at least twice a day which staff took round the home between meals.

The home had a food hygiene rating of four stars following their inspection by the Environmental Health Officer (EHO) in July 2017. The cook advised that since that inspection they had the wall in the kitchen covered in a plastic coating so it could be cleaned effectively. They also had replaced the racking in the store room as had been required by the EHO during their last visit to the home.

In people's care plan files, we saw that people had been assessed before admission to determine whether the service and the staff would be able to meet people's needs. This information was being used to complete a plan of care for staff to follow. Some people and their families said that they had been part of the process to formulate a care plan and had been asked about things like their interests and likes and dislikes. Although families were invited yearly to be part of the care planning review some relatives told us they did

not feel part of this process. With people who had been there some years saying they had not been invited to meetings when their family members care has been discussed. There were notices in the entrances to the home saying families could request a care planning meeting at any time. Care plans were not always up to date, with one describing palliative care when the person we met was well and able to do some things for themselves. They were also able to tell staff what assistance they would like, being capable of making their own choices. Although the care plan had been reviewed by staff every month it continued to say no change. Given the extreme change in the person's needs, we asked to see the new assessment but one had not been undertaken. The person also had a Do Not Attempt Resuscitation (DNAR) form completed, however, this had not been revisited since their change in health.

The home had recently implemented the PASS electronic records system becoming operational in November 2017. There were hand held electronic device that staff could sign into and this then recorded name of the staff member who had made the record. This enabled staff to update in real time the care they had provided. Staff were able to update when, for example a person had received personal care, record what people had eaten in the food diary and record people's fluid intake. We found a lot of the record consisted of staff ticking against tasks such as shave, clean teeth and comb hair. This turned the person centred care into tasks and gave no insight into what people had managed to do themselves or their mood. However, staff were seen treating people as individuals and encouraging people do what they could for themselves. The deputy manager showed us what had been recorded on the days we visited for certain individuals we case tracked. Very little had been written in the record and it mainly consisted of ticks against tasks. The system we saw did not have the care plans embedded into it so staff could not use it to check the person's agreed care plan. The deputy manager explained that they had planned to record the care plans on the PASS system once senior staff had received suitable training. All care staff would then be able to access each individuals care and support plan.

Staff had the relevant skills and knowledge necessary to look after the people living in the service. We saw a training schedule in place for January to June 2018, which showed the courses that had been booked for its staff. The training matrix was completed when staff had completed their training and demonstrated that the staff were up to date with their mandatory training. Mandatory training included such courses as infection control, safeguarding adults, manual handling, first aid, equality and diversity, health and safety and person centred care. Records showed that some staff had completed a national vocational qualification at level two in dementia care with some others doing a course called principles of dementia care. This gave staff an insight in how to care and support people with dementia.

The deputy manager explained that they undertook staff supervision quarterly. The service had a supervision matrix in place which scheduled when supervision had been planned and when it had taken place. The matrix showed that staff had regularly received supervision on a quarterly basis. Observations of personal care and moving and handling were now part of this supervision process. Records demonstrated that following an observation staff received feedback and were given areas for improvement if identified. Staff spoken with found the supervision process a benefit, they were able to talk about training they had completed and training they believed would be beneficial. Staff also had an appraisal once a year.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The management understood when an application should be made and how to submit them. A log of DoLS applications and renewal dates was held and monitored in the service. This demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted. One application we checked was for staff to give covert medication, when medicines are given in a way the person would not know they're taking medicines for example in food. This had followed a multi-disciplinary meeting which included the persons GP and family. The deputy manager explained that they had been told by social services there was a long back log of applications and a response has not yet been received from social services. In the meantime, the GP had given staff a written instruction to give the person their medication in this way.

At the entrance of the home, there was a visitors' book to be signed by any visitor entering and leaving the building. There was another signing in book at a second entrance used by some visitors and staff. The front door and the other entrance were locked at all times for security. There were other coded doors within the home, which did restrict some people from parts of the home. CCTV cameras were also in place in the communal areas of the home. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager had submitted applications to the local authority social services, however due to a back log these have not yet been approved. The application covered the restrictions by the locked and coded doors.

People's right to consent to their care was respected by staff. People had choices in relation to their care. Care plans covered people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. People or their representative had signed to agree their consent to the care being provided whenever possible. Where people did not have the capacity to consent, a decision specific MCA had been completed and best interest decisions were recorded. Staff told us how they sought people's consent before they provided care for people. Staff respected people's choice, staff said they presumed a person has capacity and would always ask before providing care; they also respected people right to refuse.

People had access to a range of healthcare professionals such as GPs, opticians, dentists, chiropodists and when required arrangements were made for people to attend outpatients' appointments at the hospital. People also had access to community nurses and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Is the service caring?

Our findings

Staff upheld people's right to choose who was involved in their care and people's right to refuse care and support. People were consulted and asked what they wanted to do each day. Staff found ways of offering choices throughout the day regardless of people's communication difficulties. Staff demonstrated that they knew people's care and support needs well, their care preferences, as well as their likes and dislikes.

The people we spoke with told us the staff were caring and respected their privacy and treated them with respect. The comments we received included, "The staff are kind and caring, nothing is too much trouble. Of course, you get your favourites, that's natural, but they are all nice". Another person said, "The staff are very good, they are kind and considerate" and "I do feel the staff treat me with respect they know what I don't like and they look after me well". Relatives were also complimentary about the staff and their caring approach. One relative told us, "I find all the staff here very caring, respecting us and all the people they care for." Another said, "The staff are kind, compassionate and I find very respectful to the residents here."

We listened to and observed staff interacting with people around the communal areas of the service. It was obvious that staff knew people well and knew what they liked and what their care needs were. Staff chatted to people as they worked with good natured banter, where appropriate. One staff member said, "I like to make people smile, and there are people who like a bit of banter, we know who they are and it is nice to see them laugh" Another staff member said, "We do need to be careful how we approach some people, some people are anxious or nervous. They need reassurance and one on one communication". We saw staff addressing people by the name they had chosen. One person told us, "I am addressed by my nickname but it's my choice". People told us that staff were caring. One person said, "They [staff] go out of their way to help you". Another said, "I would say they are caring staff". We observed staff coming down to people's level before addressing them, for example, we observed staff kneeling down to people's level before while administering their medicines.

When staff were assisting people, we heard them explaining what they were doing and made sure the person had understood. For example, one person was being pushed in a wheelchair along the corridor with another person following them. The member of staff reassured them both, explaining where they were going, and checking they were alright.

We heard a staff member ask a person where they had left their walking frame. The person said, "I don't know, it could be in my room, I'm not sure". The staff went to find it after sitting the person down first and then reminded them why they needed to use the frame in a friendly way.

Staff described how they maintained people's privacy and dignity. One member of staff explained, "I make sure the door is shut and curtains closed, before I do their personal care. I get them to do the areas they can for themselves. It helps their independence". Another staff member said, "We must always encourage them to do what they can, it helps them remain independent". Relatives spoken with commented, "I think they are all supported to be as independent as possible", "Yes they are doing their best to keep [name] mobile and get [name] involved in many activities as possible" and "I think staff encourage him to be independent as he

can be, because he needs lots of assistance."

We spoke with two health and social care professionals; both were very complimentary about the staff and management of the home. One health care professional said, "I have found all the staff here to be very attentive and caring. Someone always comes with me to see my patient and helps the patient to their room if necessary. Staff always contact us if they have any concerns about a patient and I am confident if they have called me they will have already done what they could for that patient and they will not be wasting my time".

Is the service responsive?

Our findings

People and relatives we spoke with said they knew how they would complain, if they needed to. Their comments included, "I would talk to the manager straight away if I had concerns", "I would speak to the staff looking after me, they are so good I am sure they would do something", "I have not needed to complain officially as such. I have spoken to the manager or the deputy and things have been changed straight away" and "I am not sure about complaining but if I was not happy I would talk to my daughter". The complaints procedure was displayed on the wall in the main entrance by the signing in book. It was out of date and did not give all the required information. The information it lacked was the contact details of where people or families could turn to if they were not satisfied with the provider's response to a complaint they have made. It also did not give the timescale for action and how they would respond if they received a complaint. We asked if there were any other complaint procedures and were they available in different formats. The deputy manager said that if required, they could enlarge the print size. We were shown a different complaint procedure in the policy and procedure file. This version had not been reviewed since 2015 and was for a service with a different name, no longer owned by the provider. There had been three complaints during the last twelve months. Documentation seen showed they had been responded to, investigated and with people being satisfied with outcome.

We recommend that the complaints policy and procedure is reviewed taking guidance to ensure it contain the required information and is made available in appropriate forms for people, families and visitors to the home.

Part of the care planning process was also assessing the risks a person might face. For example, all people living in the home had a mobility risk assessment; but people may also have risk assessment about their skin integrity, their nutrition or they may have a history of falls. These are there to ensure staff know how to reduce any possible harm to the individual or themselves..

We saw that staff were expected to undertake a review of each care plan every month. In this way people's plans could be kept up to date and staff had the correct information to follow. We found examples where people's life and needs had changed significantly, but there was no evidence of a new assessments being undertaken with new care plans being discussed with the person and/or family if appropriate. This meant staff did not have up to date information about some people's care and support needs. For example, we found one person had been registered with ECHO Coastal West Sussex (a service for people with life limiting illnesses, advanced terminal diagnosis and approaching and entering the end phase of their life.) However, we found that the same person had recovered and their care needs had changed with them now being able to make their own decisions and contribute to their own care. Although they still needed support, the support had changed significantly, but this new support had not been recorded for staff to follow.

The failure to ensure that arrangements have been made in good time to people's changing needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People and families had been asked what plans they would like to have in place when the end of their life

comes. Funeral arrangements were documented, if known. The plans did not always detail people's wishes in how they would like to be cared for at the end of their life and who they would like to be them at the end. This is not an easy conversation to have, but if done in advance staff can then make sure people have care they want at the end of their life. A health care professional told us, "The staff here are good at knowing and caring for end of life". Staff spoken with did say that they had received support and training for end of life care. One member of staff said that they had also been supported by nurses visiting and the GP surgery.

A personal and family history was included within people's care plans to make sure that the information needed to describe what was important to people was available. For example, information such as the names of people's children, parents or pets they had and where they had lived at different times in their lives. This information staff found useful to know so they could engage people in conversation, to talk to people about if they become agitated and needed reassurance. The activity co-ordinators also used this information when reminiscing. People interests were also asked for on admission, where possible the activity staff supported people to continue with their hobbies or interests.

The activity coordinators were from an outside agency activity provider, they worked well with the staff directly employed by the service. There was an activity plan, but this was flexible and depended on what people wanted to do. The activities were discussed each day and were changed depending on people's mood. It also changed as the people who live there changed. An activity coordinator said, "New people often bring new ideas with them". For example, we were doing a lot of crafting sessions but now we do more film shows". They also told us, "I try and find out what they did before they came to live with us, and then if possible find a way to continue this. For example, one man loved to do his garden and we make sure they are given the opportunity to help and ask him what they would like to see in the garden". A mobile petting zoo visited the service, animals included, tame rats, dogs, owls, snakes and ponies in the garden. The people told us they liked to pet the animals. The service had its own pet cat.

Activities were in place that suited people's needs. For example, there were fiddle mats that people with dementia often like they had one to one sessions if people were not able to join in a group. One of the co-ordinators had been developing a scrapbook to capture information about the individual, starting with people who did not join in. Monday afternoon was about reminiscence, they used songs, jokes and people were encouraged to share their memories. Another co-ordinator did games and more upbeat activities. The staff recorded what activities people had joined in with and at what level of participation. They used the computer tablet used by care staff, they also logged when people had refused to take part in any activity. That way families could see what their relative has been offered in the way of stimulation.

People had the chance to go out of the home, there was a monthly café club held at the Forget Me Knot café locally. People also went to the library and carol services at Christmas. They had a life boat day locally which some people liked to go to. People were asked if they would like to go to church but no one at the moment wanted to go. People told us, "Yeah you can go to Church if you want". They do have clergy visit most months and people can join in if they wish. We asked if anyone from church visits the home, people's comments included, "The local Church yes", "I don't know actually, but you can go to the local church".

Is the service well-led?

Our findings

The registered manager had systems to regularly monitor and audit the quality and safety of the service provided. A range of audits were carried out by the quality manager, some audits were also undertaken jointly with the registered manager. These included care plan audits and health and safety audits monthly. There were weekly medicines audit and the housekeeper made sure the cleaning schedules had been completed fully. Many of the audits were used to make sure the quality of the service remained good. However, the audits did not always pick up the issues we found during the inspection. For example, we found the auditing of the medicines had not identified the shortfalls prior to the pharmacy visit on 20 March 2017 and before our inspection which showed many of the same shortfalls. The care plans not being up dated when peoples care had changed. Therefore, the audit system in place was not robust and had not led to improvements being made. This meant people's health and welfare could be at risk.

People's care records were kept in the office where care staff could view them. The electronic devices staff recorded daily information on were password coded so only staff were able to add to records. Other information, staff files and archived documents were kept in the administrator's office which was locked when the administrator was not on duty. We were concerned that some people's personal information was on view for anyone to see. There was a board outside the office in the corridor, here it gave the names of the people in each room and it also recorded information like whether they had a do not attempt resuscitation (DNAR) order in place, whether they are diabetic, their weight and other information. This was not an appropriate place for this information to be displayed. Although this was pointed out to the deputy manager on the first day of our visit it had not removed by the second day.

The failure to ensure that robust quality systems are in place to mitigate people's risk and failure to ensure to keep all information about people using the service confidential and not contravening the Data Protection Act 1998 is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Staff told us that they felt supported by both the registered manager and the deputy manager. They said if they had any concerns they felt confident the managers would listen to them. One staff member said, "If I am not sure about something, I never feel nervous asking them, I find them both very approachable". Another staff member said, "I know they want the best for the people here like us staff do, and if we have any ideas we will be listened too."

Staff were asked their views throughout the year by being asked to complete a staff survey and through staff meetings every three months. Staff meetings were an open discussion so that staff had the opportunity to raise issues important to them. It was also a time when the manager could tell staff about changes or improvements to the home. Two staff spoken with said that they believed their comments were listened to by the registered manager, and said they had no problem voicing their opinions.

There were also meetings for the people and their friends and relatives. At their meetings the meals and new menu was discussed. People had the opportunity to try new meals and decide if they wanted these included

on the new menu. The last residents'/relatives' meeting was held on 17 October 2017. Meetings were arranged by the registered manager in order to update people and their relatives of future plans, giving people and families the chance to discuss any items or issues they have. The outline of improvements given at this meeting was about the CCTV that had been installed, the gradual replacement of corridor carpets. There was an update about the work they had completed in the kitchen following the visit by the Environmental Health Officer (EHO). The manager shared her hope that they would be back to level five when the EHO visited again. Comments from families were very positive, one family said that their mother had been at the home for 8 years, and she had seen many changes over that time, She said, "Mum has received brilliant care and the staff very friendly."

People and families also received a questionnaire every six months. The majority of feedback we saw was from a new survey which had just started coming back from families and so far was very positive. We saw comments that included, "There is always a happy, homely welcoming feel when visiting, you and staff always know where [name] is and where other residents are, we're always offered a cup of tea or coffee. It is comforting that all the staff including the lady hovering knew [name]'s name" and "You are doing a wonderful job. Thank you." The deputy manager said they would use this information to improve the service. We showed one survey that was asking why some work to make the person's room more accessible had not been done. The deputy followed this up straight away and the maintenance person was able to update us on progress and the adjustments were completed later that day. We noticed that people's names were on the surveys, it would have been better if they were anonymous, as some people may not be completely honest if they are identified. The deputy manager felt people and families could be given the choice as whether they include their name and sign the survey.

Staff we spoke with said that they understood their responsibility with in the service they said they had been given a copy of their job description and we saw signed job descriptions on file. Although staff did not know the wording of the provider's vision and values they were aware of the ethos of the service. They knew that the service hoped to care for people the way they wanted, respecting people's wishes and preferences. That they wanted to improve people's quality of life by supporting them to be as independent as possible and to keep them motivated. One member of staff said, "We all want what is best for people, and we want there to be well looked after. We want to show them the respect they deserve."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's assessments and care plans had not been revisited in a timely way when there had been a significant change to their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines recording storage and administration was not safe. Air mattresses were not having their pressure checked and recorded.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits of medication had failed to highlight shortfalls previously reported by a pharmacy audit in March 2017 and now during our inspection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that recruitment practices were safe and robust to protect people from being cared for by unsuitable staff.

