

Shaw Healthcare Limited

Mill River Lodge

Inspection report

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Date of inspection visit:
10 February 2020

Date of publication:
07 April 2020

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

About the service

Mill River Lodge is situated in Horsham, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 70 people some of whom are living with dementia, physical disabilities, older age and frailty and may need support with their nursing needs. At the time of the inspection there were 62 people living in the home.

People's experience of using this service and what we found

Newly implemented systems and processes had helped decrease risks to people's care. These were yet to be fully embedded and sustained in practice to ensure there was enough oversight of all people's care. There was a lack of guidance to inform staff of some people's preferences and needs and some people had not been supported according to their assessed needs. Audits had not always identified the shortfalls that were found at the inspection.

Lessons had not always been learned when incidents had occurred. Since the last inspection, outcomes from the local authorities safeguarding enquiries as well as our own, had sometimes found people had not received safe care and treatment.

There was a lack of oversight to ensure all agency staff were assessed as competent before they started to support people and we found three occasions when agency staff had not ensured people's needs were met. Two people had not always been consistently supported with their oral hygiene. Two people's emotional needs had not been fully considered.

We recommended that the provider continued to ensure all people who required assistance with communication were provided with information that was accessible to them.

There were enough staff to meet people's needs. Staff had received appropriate learning and development opportunities to meet people's needs and knew how to minimise the risk of abuse. People told us they felt safe and were happy at the home. Most risks in relation to people's care were managed well. Medicines management was safe. Infection prevention and control was maintained.

People told us they enjoyed the food and had enough to eat and drink. People received support from external health professionals when needed and staff worked with them to ensure a coordinated approach to people's care. Changes and improvements had been made to the environment to ensure it met all people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A new manager was in post who had been instrumental in making improvements to people's care and ensuring that risks decreased. The provider and manager had worked with external health and social care

professionals to seek advice and guidance.

The manager and staff placed an emphasis on providing more person-centred care for people and ensuring that people had access to stimulation and activities that were meaningful. People told us they had access to a range of activities, and they enjoyed those provided. If people were unhappy with their care, they and their relatives told us they felt comfortable raising concerns with staff. People were able to plan for care at the end of their lives to ensure their preferences were known and their comfort maintained.

People told us staff were kind, caring and compassionate and our observations confirmed this. People were encouraged to be involved in their care and in decisions relating to it. Independence was promoted and people were able to retain their skills. When people did require assistance their privacy and dignity was maintained.

Rating at last inspection and update

The last rating for this home was Requires Improvement (Supplementary inspection report published 14 September 2019). There were three breaches of regulation in relation to people's safety, person-centred care and the leadership and management of the home. We served two Warning Notices and the provider was also required to complete an action plan to show what they would do and by when to improve. During this inspection, the provider had demonstrated some improvements had been made and they had met two of the regulations. Some improvements needed to be further embedded and sustained in practice to provide continued assurance about the leadership and management of the home. The home has been rated as Requires Improvement and had now been rated as Requires Improvement at the last seven consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We had planned to undertake a focused inspection to check the improvements made since we had served Warning Notices at the last inspection for breaches of two Regulations. We found improvements in some of the key questions had been made and therefore undertook a comprehensive inspection.

Enforcement

We have identified a breach of Regulation in relation to the leadership and management of the home at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow-up

We will continue to monitor the intelligence we receive about this home. We will work alongside the provider and the local authority to monitor progress. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Mill River Lodge on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mill River Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mill River Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home did not have a manager who was registered with the Care Quality Commission. This means that the provider is legally responsible for how the home is run and for the quality and safety of the care provided. A manager had been in post for seven months and was in the process of applying to become the registered manager.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We liaised with health and social care professionals for their feedback. We had not asked the provider to submit a provider information return (PIR). A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account, alongside the evidence gathered, when making our judgements in this report and spent time with the manager enabling them to provide us with information and updates on the improvements they had made since the last inspection.

During the inspection

We observed the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people and eight relatives, seven members of staff, the manager and the regional operations manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for nine people. We looked at staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the provider in relation to risks and people's support needs.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection this key question was rated as Requires Improvement. There were concerns about people's safety and there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider and they were required to become compliant by 30 September 2019.

At this inspection improvements had been made. Risks had been reduced and people's care had improved. We found the provider had met the Warning Notice and they were no longer in breach of Regulation 12. Care people had received since the last inspection showed that systems that had been introduced to minimise risk and ensure people's safety, needed to be further embedded and sustained. This key question remains Requires Improvement. This meant some aspects of the service had not always been safe and there had been limited assurance about safety. This had increased the risk that people could be harmed.

- Since the last inspection, concerns had been raised to CQC and the local authority in relation to two people's care. Both people had been admitted to hospital with aspiration pneumonia. This is a breathing condition in which there is a swelling or infection of the lungs or large airways. This can occur when food, saliva, liquids or vomit is breathed into the lungs or airways. As part of the enquiries into both people's care, it was found that both people had been assessed by a speech and language therapist as requiring a modified diet. Records to document the food people had been provided with and had consumed, showed they had both been given food that was not in accordance with their assessed needs, this included food that was deemed as a high-risk food to avoid according to best practice guidance. This had caused both people harm. At this inspection, we found the provider had learned from these situations. There was clear guidance for staff and staff demonstrated a good awareness of what food should be avoided for those on a modified diet.
- Since the last inspection, as part of their enquiries the local authority had found one of these people had also not been supported safely in relation to their risk of malnutrition. Staff were not implementing advice from external healthcare professionals. The person had not been supported in accordance with their assessed needs. At this inspection, we found better oversight of people's nutrition. People's weight was regularly monitored, and people received appropriate monitoring and support to ensure their risk of malnutrition decreased.

Although practice had improved, these concerns had occurred since the last inspection, despite changes the provider had implemented to improve people's care. Therefore, we could not be assured that their newly implemented systems had been fully embedded in practice to ensure that all potential risks were managed. This is an area of practice in need of further improvement.

- Since the last inspection, the local authority had identified safeguarding concerns and themes in relation

to people's care that included nutrition, fluids, manual movement, bruising, unwitnessed falls and responding to changing health conditions. Since the manager had been in post, they had acted to reduce risks and had ensured that lessons were learned. At this inspection we found risks to people's safety had significantly decreased.

- People at risk of falls were monitored effectively. If people had experienced falls, risk assessments and guidance provided to staff were reviewed to ensure any changes in people's needs were met. When falls had occurred, these were analysed to determine any trends or themes. Factors such as medicines, medical conditions, sensory impairments and people's cognitive needs were considered to ensure there was a holistic assessment of people's needs to help reduce risks. This had enabled staff to recognise people might benefit from seeing a chiropodist, so their mobility was not affected.
- People who required equipment to support them to mobilise had clear plans in place to inform staff about the equipment the person used and how to use this safely. Equipment was regularly checked to ensure its safety.

Using medicines safely;

- Medicines management was safe. People's medicines were administered by registered nurses or trained staff. There were safe systems for the ordering, storing and disposal of medicines.
- When people required medicines 'as required' staff demonstrated good practice and asked people if they were experiencing pain or discomfort before administering medicines. This ensured people were consulted before being provided with their medicines and meant people were only given their medicines when they required them.
- Some people were living with dementia and did not always understand the importance of receiving their medicines. Staff had liaised with people's GP and the pharmacist to ensure they were supported to have their medicines according to their needs and in their best interests.
- People's medicines were reviewed through regular GP visits to ensure the prescribed medicines continued to meet people's current needs.

Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe. One person told us, "It's nice that there is always someone nearby if you have problems. You can just call out and someone will come in if they're passing." Another person told us, "They've never been unkind to me. I like chatting to them, and we have a bit of a laugh sometimes."
- Staff understood the signs and symptoms that could indicate that people were at risk of harm.
- People told us they felt safe and comfortable with staff and they knew who to speak to if they were ever worried about their care.
- When incidents and accidents had occurred, the manager had considered these as part of their safeguarding policy to ensure that if required, referrals could be made to the local authority for them to consider as part of their safeguarding duties.

Preventing and controlling infection

- People were protected from the spread of infection. The home was clean, and staff used protective equipment and disposed of waste appropriately.
- The manager assured themselves that infection prevention and control was maintained by conducting audits and monitoring the number of infections people contracted to help identify if changes to practice were required.
- New armchairs had been purchased which could easily be kept clean to reduce the risk of infection.
- Staff responsible for preparing food had received appropriate food hygiene training.

Staffing and recruitment

- People told us there were enough staff and when they needed assistance staff responded promptly and our observations confirmed this. The provider had recently introduced a dependency tool to assure themselves people's assessed needs were effectively aligned to staffing levels.
- Recruitment processes had been revised to help the provider to appoint staff who shared their values. This helped to ensure staff were safe and suitable to support people. The provider had assured themselves that staff were of good character before they started work.
- Systems ensured that registered nurses held current registrations with the Nursing and Midwifery Council (NMC).
- Staff's skills and levels of experience were considered when allocating responsibilities. For example, new staff worked alongside existing staff to help them learn about people's needs and requirements. A relative told us, "The regular staff take it in turns to look after my relative and they take the new trainees in at the same time, to show them the ropes."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

At the last inspection this key question was rated as Requires Improvement. There were concerns about people's hydration and there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider and they were required to become compliant by 30 September 2019.

At this inspection some improvements had been made. Risks had been reduced and there was improved oversight of people's hydration. We found the provider had met the Warning Notice. We found areas of practice that needed improvement in relation to people's oral health and the provider's oversight of agency staff's skills. This key question remains Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were not always assessed to ensure staff were provided with guidance informing them of people's needs and how they should be supported. One person had a physical health condition requiring staff to support them with their personal hygiene. The person had not been assessed to determine what assistance they required with their oral health. Records to show what support the person had been provided with, showed they had not been supported with their oral hygiene for three days during the month of February 2020, records for January 2020 showed the person had not been supported with their oral hygiene for the entire month.
- One other person had been assessed to determine what support they required to maintain their oral hygiene. This showed the person required the assistance of staff. Records showed they had not been supported according to their assessed needs. During January 2020 records showed, and staff confirmed that the person had not been supported with their oral hygiene needs. In February the person had declined support for nine days. When staff were asked about the person's needs, they told us the person was likely to have been independent with their oral health, although they could not confirm this, and this did not correspond with the person's assessed needs which informed staff the person would require assistance.

When this was raised with the manager, they took immediate action. Oral hygiene assessments were completed, and staff were provided with guidance that informed their practice. The newly implemented systems that had been designed to provide increased oversight of people's care had not always been sufficiently embedded and sustained in practice. We have reported on this in more depth within the Well-led key question.

- The provider used nationally recognised tools to assess people's risk of malnutrition and skin integrity.

People had been provided with appropriate support according to their needs to ensure risks were minimised and had received safe and effective care. Staff were provided with clear guidance about people's individual daily recommended fluid intake. People had been supported according to their needs and their daily intake was monitored to ensure actions were taken promptly if people had not had enough fluids.

- People who were at risk of malnutrition had their weight monitored. When people had lost weight, appropriate action was taken. People's weight had stabilised as they were provided with food and snacks that were fortified to increase their calorie intake or prescribed supplements from their GP.
- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities, they had access to hoists or mobilising wheelchairs to support them to move and position.
- People had access to external healthcare professionals to help maintain their health and to seek medical assistance if they were unwell. Staff liaised and worked alongside external healthcare professionals to help ensure people received coordinated care. People told us they had confidence that staff would contact external healthcare professionals if they were unwell.
- Technology was used so that people were able to call for staff's assistance by using call bells. For people who were unable to use call bells, due to their level of understanding, sensor mats or beams were used so when people stepped on them, staff were alerted and were able to go to the person's aid.

Staff support: induction, training, skills and experience

- At the last inspection, people and relatives told us they had concerns over the suitability, experience and skills of some agency staff. They told us agency staff sometimes lacked the skills to support people effectively and in a way that met their needs. At this inspection, this continued to be a concern for some people and relatives. One relative told us, "I think there is a discrepancy between the regular staff and the agency staff. The regular staff are well-trained. I can't say the same of the agency staff."
- We found there had been three occasions when one person who was living with Parkinson's disease, had not received their medicines according to the prescribed times. On each of these occasions the person had been supported by agency staff. When the manager was asked how they had assured themselves of agency staff's skills before they had delegated the responsibility of administering people's medicines, they could not provide assurances. Competence assessments had not been completed for either member of agency staff responsible and the provider had not assured themselves that the agency staff had appropriate skills, knew people's specific medication needs or how to use the provider's electronic medicine systems (eMAR).

When this was raised with the manager, they informed us most agency staff who regularly worked at the home had their competence assessed in relation to manual movement and medicines. They explained when agency staff were required to work at the home at short notice there had not been systems in place to assure them of agency staff's skills and competence. They provided assurances that when agency staff were required to work at the home, their competence would be assessed prior to them supporting people.

- Staff had undertaken courses which the provider considered essential for their roles. Registered nurses had been supported to attend healthcare courses to help retain their knowledge and skills and ensure their practice was current. Staff told us they received appropriate training to help them have the necessary skills to support people effectively. Staff were supported to undertake further courses to develop their knowledge and understanding. For example, some staff told us they were being supported to undertake diplomas in health and social care.
- Staff told us they felt well-supported and could approach the management team at any time if they required advice and guidance. Formal supervision meetings enabled staff to receive feedback, reflect on their practice and identify learning and development needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) 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 make 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people had a condition that had the potential to affect their decision-making abilities, the provider had assessed their capacity in relation to specific decisions relating to their care. When people lacked capacity to consent, decisions had been made in consultation with those involved in their care to ensure any decisions made were in the person's best interests.
- Some people had Lasting Power of Attorneys who were legally able to make decisions on their behalfs when they lacked the capacity to do so themselves. The provider had assured themselves of this and had obtained copies of the documentation to ensure those making decisions on people's behalfs were legally able to do so.
- When people were unable to consent to staying at the home to receive constant support and supervision, the provider had acted appropriately and had made DoLS referrals to the local authority. Some people had DoLS authorisations that had associated conditions. This meant the provider had to work in accordance with the conditions to ensure they were complying with the DoLS. We found people had been supported in accordance with these.

Adapting service, design, decoration to meet people's needs

At our last inspection, we recommended the provider considered guidance on appropriate environments for people living with dementia. At this inspection, we found the manager had made improvements to the environment and had plans to develop this further.

- Some people required assistance to help orientate them to time and place. The manager had ensured memory boxes were placed outside some people's rooms. These contained photographs or items that were important to the person and helped to provide a visual prompt, so people knew which room theirs was. The manager had ordered door wraps to place on people's doors to help them orientate. They explained the person would be supported to choose a door colour they liked or one that was the same colour as their front door when they lived at home. (Door wraps are sometimes used on people's doors as they make the doors look like front doors and can help some people to orientate and find their rooms more easily.)
- The environment was large with spacious rooms and corridors for people to independently mobilise. When people preferred time away from others, they could choose to spend time in their room or within quieter areas of the home.
- Some people had been involved in planting small pots of herbs, which when grown would form the centrepiece for dining tables. The manager told us they wanted to help cater for people's sensory needs and they would be able to touch and smell the herbs.

Supporting people to eat and drink enough to maintain a balanced diet;

- People and relatives told us the food was good and people were provided with choice. One person told us, "The food is lovely but if you don't want what is on offer, they'll make you a sandwich or something." A relative told us, "My relative has a very little appetite but they seem to cope with the limited diet and the food is always good."
- Improvements to the dining rooms had been made to ensure that people who were living with dementia were supported to recognise the areas as being a room where they would go to eat their meals. Photographs of meals and items of food were displayed in the dining areas so people would associate the space with eating and drinking.
- Staff laid the tables with tablecloths, menus and cutlery, just before people were going to have their meals so they were not confused by staff doing this earlier in the day before it was time to eat. The manager was aware of the impact living with dementia might have on people's perception of colour and contrast. People had been provided with plates with a different colour rim so they would be able to differentiate their plate against the tablecloths.
- Staff had been encouraged to sit with people whilst they were eating their meals to create a more social experience. One member of staff had suggested that a lunch club should be introduced where each day they and another member of staff would eat their lunches with people in one unit of the home. People enjoyed this experience and were heard laughing and enjoying conversations with the staff.
- When people required a modified diet, staff had ensured these were presented in an appetising way. Each item of food had been modified and presented as separate portions on the plate so the person would be able to distinguish the flavours and types of food.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection, this key question was rated as Requires Improvement. Staff had not supported one person with their personal care needs in a timely way. At this inspection, improvements had been made. People and relatives told us staff were kind and caring and our observations confirmed this. This key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- There was a warm, friendly and relaxed atmosphere. Positive changes to the environment, activities and people's involvement in their care as well as decisions relating to the running of the home, demonstrated staff cared.
- People and relatives told us they were happy and felt well-cared for and our observations showed people were spoken to in a kind and compassionate way. One person told us, "Some of the staff are very kind and we get on well together. The nice thing is they don't rush me, even though they have a million things to do they still ask is everything alright? Do you need anything more? Before they go." Another person told us, "The girls are fantastic, really lovely to me. I wouldn't want to be anywhere else." A third person told us, "I think it's lovely here. Everyone is very friendly and helpful. I couldn't be in a better place."
- People were treated in a dignified way. When people needed support with their personal hygiene needs staff supported them in a sensitive and discreet manner. People told us staff respected their preferences. Information about people's preferred gender of staff had been considered and staff were informed during handover meetings. One person told us, "When I came in, I said no male carers, so I don't have them."
- Staff had received compliments about the care they had provided to people. Thank-you cards had been sent to the staff team, acknowledging their caring approach.
- The manager had recognised the importance and impact a happy staff team had on people's experiences. Staff told us they felt happier in their work as they were more valued and appreciated by the manager and this helped motivate and empower them. A member of staff told us, "[Manager] has changed so much since she's been here. She thinks about them as people when a lot of managers just look at figures. She wants it to be the best for them. She's very caring and it shows. She's very supportive of us staff." Another member of staff told us, "I'm really happy here. I don't feel like I'm going to work sometimes. It reflects on us and we have such good relationships with people."
- People's confidentiality and privacy was promoted and maintained. Staff shared information about people's needs and health conditions within meetings which were held in private rooms to ensure people's privacy was respected. Documents were stored on password protected computers or in secure cabinets and offices.
- Staff understood the importance of encouraging people's independence. People were supported to retain their skills and continue to do as much as possible themselves with staff being available should they require

assistance. People were able to choose how they spent their time and we observed some people using their mobility aids to move from one area of the home to another. People who required adapted crockery were provided with suitable equipment to enable them to remain independent when eating and drinking. One person told us, "They look after me just right, I need help with washing and dressing and they are very patient even though they have lots to do. They always ask if they can help but I try to do as much as I can for myself because I want to keep some independence."

Supporting people to express their views and be involved in making decisions about their care

- Positive changes had been made about how people were involved in decisions relating to their care. People and their relatives, if appropriate, had been involved in discussions about people's needs and decisions that affected this. Each month staff operated a 'resident of the day' system, this enabled one person's care plan and their care to be reviewed to ensure the guidance provided to staff met the person's current needs. A member of staff from each department would visit the person and speak with them about their care. This enabled people to speak directly to those members of staff who had the power to change the way the person was supported.
- Meetings had taken place and surveys had been sent to people to seek their views and suggestions. People's views had been listened to.
- People were involved in day-to-day decisions. We observed staff asking people what they would like to eat and drink and what pastimes they wanted to participate in. Staff were mindful of people's right to choose and respected their decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection this key question was rated as Requires Improvement. People's social and emotional needs had not always been considered and people were at risk of social isolation. The provider was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection, we found improvements had been made and the provider was no longer in breach of Regulation 9. Further improvements were needed to ensure all people's needs were considered and planned for to provide person-centred care.

- The provider had changed the way people's needs were recorded and communicated to staff. At the last inspection, it had been recognised by CQC, the local authority and the provider, that the systems in place did not promote person-centred care. Information about people's needs was contained within several documents which had led to errors and inconsistent guidance for staff. The provider had introduced a new system which provided guidance to staff in a more accessible way and these were still in the process of being implemented.
- Some people's care was assessed and planned for using the provider's new systems. We found these had not always been effective for all people to ensure person-centred care was promoted. One person who was living with dementia, chose to spend their time walking from one area of the home to another. People told us the person would often go into their rooms and remove items that belonged to them and they found this upsetting and our observations confirmed this. Staff demonstrated an inconsistent response when supporting the person and had not considered the impact the person's behaviour might have on others. There was no guidance that informed staff of how to support the person effectively. When staff were asked how they supported the person when they went into other people's rooms, they offered differing approaches. One member of staff told us the person's spouse lived on another floor in the home. When they were asked if they were supported to spend time with one another, the member of staff told us they were both living with dementia and did not remember each other and therefore did not spend time with one another. There was no guidance to advise staff that the person's spouse lived at the home and how they could be supported to see one another, if this was something they chose to do. It was not evident that consideration had been made about the impact not seeing their spouse might have on both people's emotions or the behaviours which the person demonstrated.

When this was raised with the manager, they provided assurances that both people's emotional needs would be considered and planned for. Following the inspection, the provider informed us both people had

been supported to spend time with one another but were unable to evidence this.

- People and their relatives if appropriate, had been involved in on-going discussions about people's needs and the care they received. Information had been gathered about people's back grounds and their life history to enable staff to have a greater understanding about people's lives before they moved into the home. Staff demonstrated a good awareness of most people's needs and their interests.
- People's access to stimulation and meaningful occupation had improved. Consideration had been made about what people might enjoy and the activities provided were varied. The manager had empowered the activity staff to undertake an audit of the activities that were being provided. This had helped to identify where improvements could be made.
- People told us they enjoyed the activities. One person told us, "I really enjoy the activities, especially the singing and the dancing. There is always something going on if you want to join in and I really like being out in the garden in the summer." A relative told us, "There is always lots going on."
- Some people had been supported to access a dementia-friendly film screening at a local cinema and were seen smiling and happy when they arrived home from their trip out. For those who were unable to leave the home, or chose not to, in-house film screenings took place.
- People were supported to engage with others outside of the home. A weekly visit from a local college took place as did visits from a local pre-school. When people had cultural and religious needs, they were able to participate in church services.
- Consideration was made for those who chose to spend time in their room or who were unable to leave their room due to their health needs. Staff were encouraged to spend time with people in their rooms to ensure their risk of social isolation was minimised. A mobile library had been introduced where staff took round a trolley with various books so people could choose which to read. The manager had oversight of people's choices so they could determine the most popular ones to ensure there was enough in stock. Compact discs (CD) and personal CD players and headphones were also part of the library and people were seen enjoying listening to music.
- The manager wanted to ensure all people had equal access to sources of stimulation and had purchased a magic table for staff to use with people. A magic table is a specialist piece of technology designed to support people living with dementia to have access to stimulation through specialised games.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had an AIS policy which they had recently updated. It was not always evident this had been implemented in practice. Some people were living with dementia and might require information to be adapted to help their understanding. Information from the provider had not been adapted to ensure there were other methods used when providing information to people, other than written text. For example, complaints procedures, a service user guide and an annual survey that was sent to people, had not been adapted to provide a more user-friendly way of enabling people to understand their rights and share their views. The provider was in the process of looking at ways to improve these.

We recommend the provider continues to seek advice from a reputable source to ensure they are complying with AIS and information is consistently provided to all people in a way that meets their needs.

- The manager had considered that some people who were living with dementia might need a different approach to help them make decisions. They had changed the way people were asked about their choice of meal. They had recognised providing a written menu and asking people who were living with dementia to choose their meal the previous day was not responsive to their needs. The manager had introduced photographs of meals to support people to make choices. People were asked which option they would like to choose at the point of the meal being served. This helped people to understand they were making a choice about the meal they were about to eat.

End of life care and support

- Since the last inspection, a concern was raised with CQC about one person's end of life care. There were concerns about the competence and skills of an agency registered nurse and their willingness and ability to seek support for the person in a timely way. At this inspection, risks in relation to this had been minimised. There was a consistent clinical staff team. Most registered nurses were employed staff and there were minimal agency staff used. There was clear guidance for staff in relation to how people should be supported at the end of their lives to ensure that staff knew what to do when people's health deteriorated.
- People were able to plan for their end of life care. Staff were provided with guidance about how the person wanted to be cared for at the end of their lives. This included where they wanted to be and who they wanted with them.
- Staff worked with external healthcare professionals to ensure people had appropriate medicines so that when these were required, their comfort was maintained.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. When concerns had been raised, these had been dealt with appropriately and in accordance with the provider's policy.
- People and relatives told us they would feel comfortable raising issues of concern to the management team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection this key question was rated as Requires Improvement. There were concerns about the leadership and management of the home as well as the provider's oversight of people's care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider and they were required to become compliant by 31 October 2019.

At this inspection some improvements had been made. Risks had been reduced and most people's care had improved. We found the provider had met the Warning Notice, yet we continued to have concerns about the oversight of some people's care and found the improvements made had not yet been embedded and sustained in practice to ensure all people received care that met their needs. This key question remains Requires Improvement. Leaders and the culture they created had improved most people's care. Further improvements were required to help ensure people consistently received high-quality and person-centred care.

- New quality monitoring processes had been introduced to complement those already in place and to help provide improved oversight of the care people received. These had not always been effective in identifying when people had not received care that met their needs. Shortfalls identified as part of our inspection had not been identified by staff or the management team, who were first made aware of the issues through our feedback. For example, despite the newly implemented systems it had not been recognised that five people's needs had not been effectively assessed or met in relation to their social, emotional and physical needs.
- A new 'resident of the day' system had been introduced to help ensure people were more involved in planning and discussing their care. It had not been identified that this had not always been effective in identifying people's needs and ensuring staff were provided with current guidance. For example, it had not been recognised that despite being assessed as being at high-risk of sustaining pressure wounds, staff were not provided with guidance about how to support one person in the most effective way to minimise risk and help ensure their needs were met.
- Another person had a history of experiencing seizures. Staff had not been provided with guidance about how they should support the person should they experience a seizure. Staff provided different approaches when asked how they would support the person. This demonstrated there was a potential risk that the person would receive inconsistent care.
- People's personal hygiene needs had been assessed and staff had been provided with guidance which informed them of the type of support people required. Two people had been assessed as requiring assistance from staff to maintain their personal and oral hygiene. Records showed that both people had

often declined support. Staff had not been provided with guidance about what they should do when this occurred over an extended period, to ensure both people's health needs were not adversely affected.

- A daily audit had been introduced to ensure that medicines to treat the symptoms of Parkinson's disease were administered according to prescribing guidance. The audit was sent to the manager and the regional operations manager daily to enable them to monitor compliance. Records showed, and staff confirmed there had been three occasions during one month when Parkinson's medicines were not administered in accordance with prescribing guidance. This had been identified by the management team on one occasion and appropriate action had been taken. There were two other occasions when it had not been identified by the person responsible for conducting the audit, the manager or the regional operations manager, that the person had not had their medicines according to prescribing guidance. When this was raised with the management team, they explained it had been an oversight and immediately sought assurances from the member of staff responsible. It had not been identified however, that neither member of staff responsible for the errors had their competence assessed to ensure they understood about the importance of administering Parkinson's medicines according to the prescribing guidance and knew how to use the provider's electronic medicine recording systems (eMAR). When this was raised with the manager, they explained that all permanent employed and agency staff have their competence assessed, yet when agency staff are required to cover shifts at shorter notice, they do not have their competence assessed prior to being responsible for administering people's medicines. Not assuring themselves of agency staffs' competence before they support people had been an area of concern found as part of the last inspection and has been a reoccurring theme found at some of the provider's other services within the Sussex area.
- Despite a recommendation being made at the last inspection with regards to people being provided with accessible information to meet their needs, the provider had not made enough improvement to ensure they fully complied with the Accessible Information Standard (AIS).
- Records that provided guidance to staff about people's assessed needs, were not always consistent. Some documentation had improved since the last inspection and staff were providing evidence of what support they had given in relation to people's food and fluid intake as well as support to reposition. Not all records were well-maintained, and the management team were still in the process of implementing new care planning systems that would provide improved person-centred guidance to ensure staff knew about people's needs and how they should be supported.
- Not enough improvement had been made since the previous inspection to ensure there were effective systems in place to sufficiently assess, monitor and improve the quality and safety of people's care. The provider has now been in breach of Regulation 17 at the last five consecutive inspections. The home has been rated as Requires Improvement at the last seven consecutive inspections.

The provider had not always assessed, monitored or improved the quality and safety of the service provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was confidence that once the new systems and processes that have been introduced have been fully implemented and embedded in practice, these will help ensure people's care improves. The manager was receptive to our feedback and when concerns were fed back to the manager, they took immediate action to ensure plans were implemented, to help ensure people received appropriate care. They provided assurances that the issues raised would be addressed and improved.

- Since the last inspection, there has been an increased focus on the provider's services within the Sussex area, by the provider, the local authority, the clinical commissioning group and CQC, due to ongoing concerns about their failure to address and improve reoccurring themes. Since the last inspection, the provider had acted to help improve the service people received. They had worked with external health and

social care professionals and had employed dedicated quality improvement managers. They had recognised that the service people received would benefit from having a home that was led by trained, clinical staff and had recruited a registered nurse manager as well as a clinical lead nurse. The management team consisted of the manager, a deputy manager, and a clinical lead. A quality improvement manager as well as a regional operations manager visited the home regularly to conduct quality assurance audits and provide support to the management team. All these professionals had made changes and helped ensure improvements to the concerns found as part of the last inspection, were being made.

- The manager was skilled and experienced and had been in post for seven months. They had worked hard to make improvements to people's care and as a result risks to people's safety had decreased. They were motivated and enthusiastic about driving improvement and demonstrated an improved person-centred approach to care. They told us they had worked hard to change the culture from being task-focused to more person-centred. There was more emphasis on people having positive experiences. For example, they told us staff used to support people to get ready in the morning and then immediately tidy people's rooms. This had sometimes left the person without any interaction or stimulation whilst staff were busy undertaking task-related duties. The manager had encouraged staff to focus on people's experiences and staff had been encouraged to leave the tidying until later in the day to help ensure people's needs took priority over tasks. This shift in focus had been recognised by a relative within a recent survey, they had stated, 'I have recently noticed an improvement in the amount of attention [services user's name] is receiving.'

- Robust action plans had been introduced to help improve the service and ensure identified improvements were completed in a timely way. The manager demonstrated they understood the importance of providing person-centred care to meet people's specific needs and had acted to ensure staff were provided with more opportunities to learn and develop their skills. They had empowered and had identified staff who had interests or skills in certain topics. These members of staff had been given 'Champion' roles and had more responsibility to oversee certain aspects of people's care. This helped staff feel empowered and they told us this helped them feel valued and part of a team.

- The manager had adapted some of the provider's systems and processes to tailor them to people's needs as well as those of the service. For example, a daily meeting between all heads of department had been introduced by the provider across their services. The manager had adapted this to ensure more in-depth discussions about people's care took place. Types of infections, treatments and hospital admissions were monitored to identify if risks were being managed effectively and if lessons needed to be learned.

- Feedback about the manager's approach and the improvements they had already made as well as those yet to be implemented, was overwhelmingly positive from people, relatives and staff. The manager had made the decision to work over six days, with one being over the weekend, to ensure that staff had appropriate supervision and support. They were on-call along with other managers, outside of these times. This had been acknowledged by a relative within a recent survey who had commented, 'I have recently noticed an improvement in the service with management on the weekends.' During the inspection, a relative approached us to share their feedback. They told us since the manager had been at the service lots of improvements had been made and they could not fault the care provided to their loved one.

- People and relatives were complimentary about the management team and the way the home was led. They told us they were involved in the running of the home and were able to share their views and suggestions with staff. Three relatives told us, "I think it's well-run, they do their best with a very difficult job," "There is a new manager in place now and she seems to be keen to get things done. I would recommend the home to others" and "Yes, I think it is well-run. They've been making improvements recently to the décor and the beds and carpets are all new which make the place nicer. I can't think of anything in particular they need to improve on. We are happy with it."

- Staff praised the efforts made by the manager and told us they had seen an improvement in the way the home was managed as well as how they felt as a staff team. A member of staff told us, "We've come together as a team, we get on so well. The communication is so much better when the team runs well. I think people

sense it as well. We are all very included and we're always asked our opinion." Another member of staff told us, "I have support from my manager, and she makes me feel valued. She is strict, but in a good way and it needs to be this way. Staff respect this and you can see they are doing their job properly now. She tells me, well-done."

- The manager recognised the benefit continuing professional development could have on staff's skills and abilities. Staff had been supported to undertake additional training about supporting people who lived with dementia. Some staff told us they had been encouraged to undertake diplomas in health and social care.
- Staff were asked to complete reflective statements to recognise what could have been done differently when care had not gone according to plan. There was a no-blame culture and the purpose of this was to ensure people's care improved.
- The focus on improvements made by the management team enabled staff to continue to strive to implement the provider's values of wellness, happiness and kindness.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team demonstrated a candid, open and transparent approach. They had informed CQC and other external health and social care professionals, when care had not gone according to plan. People and their relatives told us the management team and staff were open and honest with them. Records further demonstrated people and relatives were made aware when there had been changes in people's care needs or health.
- The provider and manager were aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had accepted all the support they had been provided with by external health and social care professionals. Staff had taken on board their feedback and were working in partnership with them to help improve people's care.
- Staff were involved in discussions about the home and people's care. Staff meetings enabled staff to raise suggestions and ideas to the management team. Staff told us these were listened to and they were asked their opinions, and this had helped create a whole-team approach to the delivery of care. One member of staff told us, "The manager asked me what I thought about the door stickers when people are living with dementia and whether I liked them. They do include us a lot like that."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>