

SHC Rapkyns Group Limited

Forest Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 23 and 24 May 2018. This was a comprehensive inspection and it was unannounced.

Services operated by the provider had been subject to a period of increased monitoring and support by commissioners. As a result of concerns raised, the provider is currently subject to a police investigation. We used the information of concern raised by partner agencies to plan what areas we would inspect and to judge the safety and quality of the service at the time of the inspection. Between May 2017 and May 2018, we have inspected a number of Sussex Health Care locations in relation to concerns about variation in quality and safety across their services and will report on what we find.

Forest Lodge is a care home that provides nursing and residential care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Forest Lodge is registered to provide nursing and accommodation for up to 73 people. People cared for were older people who needed nursing care, some people had complex health needs and/or some people were living with dementia. At the time of our inspection there were 56 people living at the home. Accommodation is provided across three units Ash, Cedar and Beech. Eight people shared bedrooms and the rest were of single occupancy. People shared communal areas such as a large lounge and dining room.

A registered manager was in post who was not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run.

On one occasion the service did not demonstrate the correct action was taken after an incident involving a person had occurred. This included any routine health checks to ensure harm had not been caused. We found inconsistencies with how risks were being managed, by the service, on behalf of people.

Staff were not always adequately trained to assist them in carrying out their role and responsibilities safely and effectively. We found there was an offensive odour related to urine incontinence in some communal areas. We recommended the provider reviews how many staff were deployed at night time as there was a lack of information available about how decisions were made about how many staff were needed to meet people's needs.

Group activities were offered to people. However, personalised activities and stimulation were not always provided. We observed caring approaches used by staff when supporting people. However, some aspects of

the service were not consistently caring.

Systems were not always effective in measuring and monitoring the quality of the service provided. There were ineffective systems in place to drive continuous improvement.

People's consent to care and treatment was gained in line with the requirements of the Mental Capacity Act 2005. People were supported to have choice and control of their lives and for staff to support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received supervisions and appraisals and they found the registered manager's approach supportive.

People were provided choices on a daily basis regarding what food they ate and clothes they wore. Complaints were managed effectively. The provider sought feedback from people and their relatives regarding the care received.

The registered manager had sought information about the new Key Lines of Enquiry (KLOE) which the Commission introduced from 1 November 2017. They were keen to improve the quality and safety of care provided to people living at the home.

At this inspection we found the service was in breach of five of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We imposed conditions on the provider's registration. The conditions are therefore imposed at each service operated by the provider. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care at a number of services operated by the provider. The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

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 consistently safe.

Risks to people were not always managed safely.

Staff had attended safeguarding adults training. However, on one occasion the correct action was not taken to ensure a person had not come to any harm.

There were offensive odours in some communal areas.

There were sufficient staff on duty to meet people's needs. However, further clarity required on the dependency tool used to ensure safe staffing levels at night time.

Lessons had not been consistently learnt by the provider.

Medicines were managed safely.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff did not always attend training specific to the needs of the people they were supporting.

Pre-admission assessments regarding people's physical, mental health and social needs prior to them moving into Forest Lodge. However, these were not always used effectively.

The provider worked in accordance with MCA legislation.

People were supported to access health care professionals when needed.

People were supported to have sufficient to eat and drink and people's individual physical needs were met by the adaption of the premises.

People's needs were met by the physical adaptation of the home and there was a re-decoration plan in place.

Is the service caring?

The service was not consistently caring.

Caring values had not been consistently applied across the service.

We observed people received care from staff who were kind and caring.

Staff promoted people's rights to choice, privacy and independence.

People were consulted and involved in decisions about their care.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Personalised care was not always delivered to people. Activities were provided but individual needs and preferences for some people were overlooked.

Care plans were not accessible to all people.

Complaints were responded to and managed effectively.

People received the appropriate care and treatment at the end of their lives.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was a lack of effective and robust auditing systems to identify and measure the quality of the service delivered to people.

There was a lack of robust management structure in place in the absence of the registered manager.

The staff complimented the hands-on approach used by the registered manager and appreciated the support they provided.

Relatives were asked their views on the care provided to their family members and people spoke positively about the support they received and the service as a whole.

Requires Improvement ●

Forest Lodge

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 inspection took place on 23 and 24 May 2018. The first day was unannounced and the inspection team consisted of three inspectors, a specialist advisor 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. Their area of expertise included services for older people and people living with dementia. The second day of inspection consisted of two inspectors and the same specialist advisor. The specialist advisor had specialist clinical experience in supporting older people and/or complex health needs.

Prior to the inspection, we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with five people who lived at the home to gain their views of the care they received. We also spoke with ten people's relatives about their views on the care their family members received. Due to the nature of some people's complex needs, we were not always able to ask people direct questions about the care they received. Some people who lived at the service could not tell us about their views of the service. In order to obtain these, 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 spent time observing the care and support that people received during the morning, at lunchtime and during the afternoon over both days.

We spoke with three registered nurses, the deputy manager, four care staff and the chef. We also spoke with the area manager and the provider's safeguarding lead. We spoke with the registered manager separately over the telephone.

During the inspection, we observed medicines being administered to people. We reviewed a range of records about people's care which included nine care plans. We also looked at three care staff records which included information about their training, support and recruitment record. We read audits, minutes of meetings with people and staff, policies and procedures, accident and incident reports, Medication Administration Records (MAR) and other documents relating the management of the home.

Is the service safe?

Our findings

Risks to people's safety and wellbeing were not consistently managed. For example, one person was at risk of behaviour which may challenge and cause themselves harm. This had been identified within their care plan and was highlighted in a handover sheet. The handover sheet is a document the staff team used which included a brief summary of each person and their needs. We read two incidents which had occurred six months prior to this inspection. They provided details about how the person had placed themselves at risk from harm. The management team at Forest Lodge had supported the person to receive support from the appropriate health professionals. A specialist registrar had reviewed the person at two visits since the incidents had occurred and referred to the person as presenting as stable. However, the provider had failed to carry out a thorough environmental risk assessment on the person's bedroom to ensure the premises continued to be as safe as they possibly could be. It is the providers responsibility to ensure the premises are assessed as suitable for all people using services. In this case this had not happened. We shared our concerns with the management team, including the provider's safeguarding lead on the first day of the inspection. The management team took action to minimise any further risks by the end of the inspection. We also raised the concern with the local authority safeguarding team at East Sussex County Council for their review. Since the inspection, the local authority have confirmed with us the provider had taken steps to mitigate this risk to the person and no further investigation was required.

The staff team had completed a hospital passport for this person. This is a document which is used to give key information about a person to hospital staff, if there is a need for the person to be admitted to hospital. The hospital passport had made a general reference to identified risks to the person. However, they lacked any details and guidance for hospital staff to refer to. This placed the person at an increased risk when being supported by hospital staff that did not know them and how to manage risks safely on their behalf.

Another person presented behaviours which may challenge others when they became agitated. The person received one to one care from staff members. Risk assessments gave some guidance on how to manage and support the person safely to de-escalate an incident. We read care records which were completed by staff. One referred to an incident where the person had hit their head. There was a lack of information available to state the severity of the incident and what action the staff supporting them had taken at the time. This included whether any assessment, such as a neurological observation, had taken place at the time to ensure the person's head had not been injured. It is the responsibility of the provider to assess a person after such an incident and access further medical support if required. The registered manager was not available at the time of the inspection so we discussed the incident with the deputy manager and area manager. They told us they had not been informed of the incident. Due to the lack of records and information available at the time of the inspection, we discussed with staff the need to ensure the person was supported to access medical advice. The GP assessed the person had come to no harm. However, due to the lack of action taken at the time by the staff team supporting the person we raised the concern with the local authority safeguarding team for their review.

After the inspection, we were provided with information from the registered provider about the incident. The staff member supporting the person at the time had stated the person had not come to any harm. We spoke

with the registered manager after the inspection. They agreed the provider's head injury policy, on this occasion had not been applied. Other accidents and incidents were recorded and reported at the time to the local safeguarding authority. Staff had been trained in safeguarding adults at risk training. However, people have the right to be protected from harm and this incident was of particular concern as the provider had been under increased scrutiny from partner agencies regarding how risks on behalf of people were being managed.

We checked two other people's care records. We found risks had been identified associated with behaviours which may challenge themselves or others. Whilst care plans had identified the risk, there was a lack of guidance available for staff to refer to so they knew how to de-escalate situations and incidents when they occurred consistently and safely. This risk was increased as the home used agency staff throughout the year who may not know people well and how their needs should be met.

We have inspected nearly all other locations owned by the same provider in the past twelve months. We have consistently found concerns relating to the way risks have been managed on behalf of people. We found lessons had not consistently been learnt and applied across the organisation. We have written more about this throughout this inspection report .

The above evidence demonstrates that not all was reasonably done to mitigate risks to service users. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was generally clean and tidy. People and their relatives commented that the home was kept clean. There were instructions for staff to follow regarding hand hygiene procedures and infection control training was provided to all staff. However, odours caused by urinary incontinence were noticeable in the main front entrance area, some corridors and some communal areas. Whilst by day two of the inspection we noted additional cleaning had taken place to address this, offensive odours remained in some communal areas of the home and in one unit outside a person's bedroom. We spoke with the deputy manager and area manager about this who were aware of the persistent odours. The deputy manager told us they were in the process of recruiting more domestic staff to support with the cleaning of the home. They assured us they would investigate this further. However, at the time of the inspection the provider had not taken sufficient action to ensure adequate cleaning took place to combat odours caused by incontinence.

This is in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we observed there were enough staff working across each of the three units to ensure people's needs and requests were responded to. We saw that staff responded within a reasonable time to those who required assistance and care in their bedrooms. One person told us, "There seems to be enough staff". A relative said, "There seems to be sufficient staff". Another relative said, "When [named person] is in their room the response to calls for help are always quick". Staff told us there were enough staff on duty. One staff member told us registered nurses and the registered manager stepped in and helped if they needed additional support. "The nurses will help us and [named registered manager] is very good". They also told us, they were able to request the support from staff who lived nearby in accommodation owned by the provider to cover permanent staff's leave. They also told us they accessed agency staff when they needed to. Agency staff were provided with an induction and where possible the same agency staff were used who knew the people they were supporting. The deputy manager told us they were reviewing whether they required additional staff in the morning to support staff with personal care needs. They told us this was to ensure staff had time to talk with people outside of providing personal care.

Staff rotas varied as to how many care staff were deployed in each unit at night time. Rotas showed two to three registered nurses worked at night time. The rotas also showed between three and four care staff worked each night shift. We asked for information from the management team during and after the inspection as to why this was and what staff dependency tool they used, they told us that on occasions night staffing levels are increased depending on the needs of the people living at the home at the time. The area manager told us the registered manager used a dependency tool to establish safe staffing levels.

People and their representatives, such as their relatives told us they were happy with the care provided and that safe practices were applied by the staff team. One person told us, "It is good here, I'm safe". Another person said, "Yes, I've felt safe here". A third person told us, "Yes, I'm safe, I like it here".

We spoke with registered nurses working at the time of the inspection. They confidently described how they administered medicines to people in a safe way that reflected best practice guidance. Registered nurses were knowledgeable as to the reasons why people had medicines prescribed to them, any known side effects and what to do in the event of any concerns. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty, when they took their medicines. Oral medicines were administered by registered nurses only. People told us they were happy with the way they received their medicines. One person said, "I do get my medication when I should". A relative told us, "[Named person] does get their medication".

Guidance was provided for staff when administering "When required" (PRN) medicines. Registered nurses and more experienced staff supported new staff on how to apply prescribed topical creams. Topical creams, such as skin barrier creams to prevent pressure wounds, are prescribed medicines which are often applied when a person receives their personal care. Support was provided from registered nurses and the registered manager to new care staff with the administration of topical creams. Body maps and associated guidance highlighted for care staff when, where and how much cream to apply to a person. Records were completed to demonstrate they had been applied as prescribed. Care staff were able to tell us how they applied topical creams safely and effectively and if they had any concerns they would highlight them to one of the registered nurses.

Staff recruitment checks were thorough. Staff were only able to start employment once the provider had made suitable recruitment checks. This included; two satisfactory reference checks with previous employers and a Disclosure and Barring Service (DBS) check. Staff record checks included validation PIN number for all qualified nursing staff. The pin number is a requirement which verifies a nurse's registration with the Nursing and Midwifery Council (NMC). This process ensured as far as possible, that staff were of good character and had the skills and experience to meet people's needs.

Risks relating to equipment had been managed appropriately; these were monitored and checked to promote safety. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electrical safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Records confirmed that maintenance staff attended when contacted by staff to repair damage, which ensured people were protected from environmental risks. Other service checks such as hoist equipment, wheelchairs and legionella checks were managed effectively through prompt and regular servicing. Fire equipment such as emergency lighting, extinguishers and alarms were tested by the provider's maintenance engineer. At the time of the inspection the fire risk assessment we read did not show all the actions had been completed. Shortly after the inspection, the registered manager sent to us a list of

all the actions which had been completed prior to the inspection.

Is the service effective?

Our findings

Systems were not always effective in ensuring staff had completed the necessary training to meet people's needs in a safe and effective way. The provider had its own training academy. The training academy facilitated a rolling training programme throughout each year. Some training sessions were face to face sessions, whilst other courses staff were able to achieve through an on-line process or with the use of a workbook. We read the extensive list of training courses the training academy offered throughout 2017 and 2018. This included subjects such as fire training, health & safety and making meal times safe.

People living at Forest Lodge had various needs and diagnosis. The provider's website described the service the home offered; 'Forest Lodge specialises in the care of older people who are mentally frail with confusion, dementia or Alzheimer's disease, and the staff team is skilled in this specialist area'. However, we found, not all staff had attended training in subjects relevant to the specific needs of the people they were supporting. People living with types of dementia may, depending on their needs, become confused and on occasions agitated. Due to this level of need some people may display behaviours which may challenge themselves or others. We were told by staff, and care records confirmed, some people were described as having 'challenging behaviours'. This included behaviours which may challenge others physically and verbally.

We checked to see how the provider was ensuring staff were skilled to respond to such situations safely. We spoke with the management team at the time of the inspection and requested this information which was provided after the inspection. Records showed 15 staff, both permanent and bank staff, needed to attend de-escalation training. One of the staff members was a permanent registered nurse. The nurse was leading one of the units at the time of the inspection in the absence of the registered manager. A further three staff, who had not attended this training, were bank registered nurses who we were told, complimented the staff team in the absence of permanent registered nurses. This meant there was a potential risk incidents where people presented behaviours which may challenge others were not managed effectively as not all staff had attended this necessary training.

The above evidence showed that staff had not always received appropriate training to enable them to carry out their duties they are employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff attended an induction and were provided with opportunities to shadow more experienced staff. They were also provided with opportunities to achieve other qualifications. This included health and social care diploma's. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Shortly after the inspection, the registered manager sent us information about staff who had additional responsibilities and were named as, 'champions' in various subject fields. The registered manager told us this meant they had received additional training to support other staff. For example, the deputy manager was a dementia champion.

Staff told us they appreciated the support they received from the registered manager and the provider. Staff received regular formal supervision and appraisal opportunities. A system of supervision and appraisal is

important in monitoring staff skills and knowledge. Staff meetings took place monthly and minutes demonstrated staff were provided with opportunities to discuss all matters relating to the home. This included changes in people's needs and other changes such as best practice guidance and legislation. One relative told us, "Staff do seem well trained".

Forest Lodge is an older style Edwardian building. A lift provides access for people who have difficulty walking to all areas of the home. Some people used wheelchairs to aid their mobility and we noted corridors were wide enough for people to move safely. Some areas of the home were more personalised and decorated in a way that met people's needs than others. This included a renaissance room which was filled with items relevant to people from a certain era and age. There was a re-decoration plan in place which included some areas which looked more 'tired' than others.

Consent to care and treatment was sought in line with legislation 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 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 that the home 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 records showed how consent from people had been obtained and capacity assessed thoroughly and where deemed necessary a DoLS application completed. The registered manager confirmed 12 out of 44 people had an authorised DoLS in place. They were waiting on application decisions from the local authority for the others. Other people were assessed as having capacity to make decisions for themselves regarding their own care. One person told us, "They (staff) always ask before doing anything". Training records confirmed staff had attended training in both MCA and DoLS. Staff were able to share some knowledge on the topic and provided assurances they were aware of its importance.

People were supported to have enough to eat, drink and maintain a balanced diet taking into account individual needs. One person said, "The lunch was good and the food is usually good here". A relative told us, "[Named person] likes the food".

We observed staff provided people with choices and responded to people if they changed their mind about what they wanted to eat. All staff were aware of any specialist diets including any allergies people had and adjusted the menu accordingly. There were allocated kitchen and domestic staff employed to prepare meals for people. The chef demonstrated he knew about people's specialist diets. They showed us information they referred to about people's diets and they were knowledgeable about people's needs such as those at risk of malnutrition. The chef told us they gave people options and choices. They told us, "I speak with the families and I ask people what they like. Some people like a cooked breakfast". Meal times were a busy period and we observed staff support people to eat using a sensitive and discrete approach. A relative told us, "[Named person] needs help at meal times and she gets it from the carers".

People and their relatives told us they had access to health and medical professionals when they needed. GP's visited the home and any changes to people's health needs were discussed and any actions to support people carried out. One person told us they have, "[Named person] sees the doctor when they need to". Another relative said, "[Named person] sees who they should see, like the chiropodist". Care plans we

looked at reflected the involvement of health care professionals and people had been referred to specialists and consultants, such as psychiatrists, when needed. Where people required support from the provider's physiotherapy staff, their needs had been appropriately assessed and recorded.

Is the service caring?

Our findings

There were occasions where staff did not give due consideration to people's dignity and did not take all measures to protect people from risk of neglect. The provider had failed to consistently provide person-centred care to people and support their needs. Staff did not always have guidance about how to meet people's preferences. We also found a lack of care and attention had been given to who was left in charge of the home during the registered manager's absence. Therefore, a culture of caring values was not always evident across the home. We elaborated on these concerns in more detail in other sections of this report.

Some people, who were living with dementia, shared bedrooms with other people that they had not known prior to moving into Forest Lodge. Staff and the deputy manager, at the time of this inspection were unable to confirm how each person had been supported to make an informed decision about sharing a room. There was no information available to show how decisions about who shared bedrooms had been made in people's best interests. Rooms were sectioned with the use of a curtain. We asked staff how they ensured this was managed sensitively to ensure people were given the correct level of privacy and dignity. Staff explained how they did this by attending to personal care when the other person was not in the bedroom. However, it was not clear what occurred if people required support at the same time in their shared bedroom. This was of a particular concern as two people sharing a bedroom were identified as displaying behaviours which challenged others. The deputy manager told us 30 minute observations were made by staff when both people were in their bedroom to manage any associated risks. However, there was little consideration given and no assessment within people's care records to state how people were involved in decisions about who they shared a room with. There was no guidance available for staff to ensure people's privacy, dignity and their well-being were continuously considered and respected when supporting them in their shared bedrooms. The use of shared bedrooms did not provide people with private space that they could access when they wished to. We recommend that the registered provider reviews how they ensure people sharing rooms have made an informed decision to do so.

Despite this, we spoke with both people and their relatives and received positive comments about the approaches staff used when providing care and support. One person told us, "They (staff) seem to be very caring". Other comments from people included, "I like it here, they (staff) are good to me" and "The girls who work here are good, kind and caring". We were also told, "They are very friendly kind and caring". A relative told us, "My [named person] gets very good treatment". They added, "I've got no concerns as far as care is concerned". Another relative said, "[Named person] gets good care and attention from staff". [Named person] is always very clean and in different clothes every day. They don't leave [named person] alone in their room for very long". A third relative we spoke with said, "They are not only looking after [named person] him well, they look out for me".

Staff treated people with kindness over the two days of the inspection. We observed staff spoke to people in a polite, friendly and caring way. This included smiling to people as they asked them how they were, asking them how they wished to be assisted and intervening when people were in discomfort or needed help with something. For example, we observed one person offered a cup of tea after their meal and asked whether they would like to put on their cardigan before they left the dining room. We noted staff held people's hands

to provide assurances including when they were guiding them from one part of the building to another.

We observed people were consulted when staff assisted them with daily routines. Staff told us how they encouraged people to be involved in their care and promoted their independence. This included when they were supporting a person with washing themselves and choosing their own clothes. A staff member told us, "We will talk to them (people)". They also told us, "If we are feeding them, if they can hold a glass we encourage them to do so". They also described how you can pull open their clothes drawers, so they could choose their own clothes.

Staff demonstrated in their interactions with people they had values of treating them as individuals who had a right to a good standard of care and respected their privacy and dignity. They recognised information about people was to remain confidential. We observed they did not talk about private information in front of other people living at the home. We observed staff were sensitive and discrete when supporting people to access the toilet. One person told us, "I feel I am given privacy". We observed staff knocked and waited before entering people's bedrooms. A staff member told us, "Windows and curtains are always closed", when providing personal care. "We talk with them (people). We will explain what we are going to do for them".

Resident meetings and care plan review meetings provided people and their relative's opportunities to discuss what was important to them. We were told, and records confirmed a care plan meeting happened each year. Relatives were also encouraged to discuss care provided informally when they visited their family members. Relatives told us they were kept informed with events A relative told us, "The nursing staff do discuss issues with me about [named person]. I feel I have input". Another relative told us, "My [named relative] takes an active role with the management of my [named person's] care". A third relative said, "Staff do involve me in meetings about [named person]". The deputy manager confirmed people's relatives are supported to be involved in the home with no restrictions on visiting times. A relative told us they were made to feel welcome and said, "There are no restrictions on visiting times".

Is the service responsive?

Our findings

The provider had missed opportunities to provide personalised care that was responsive to people's needs. This included gaps within care records, including care plans and what activities were offered to some people.

On the first day of the inspection, we commenced our observations in the communal areas of the home at 11 am. We observed support provided in the main lounge and conservatory area of Forest Lodge. Eleven people were up and dressed. However, the TV was on very loudly in the corner of the room and nobody in the room was watching it. Shortly after, a music session, which included a music quiz, facilitated by an external company commenced. The external co-ordinator and Forest Lodge staff were enthusiastic in their approach and encouraged people to join in. However, whilst some people enjoyed the session and what it offered not all people did. We observed one person leaving the room. However, a staff member did not seem to consider this and tried to get them to dance. Our observations were they did not want to participate in the dance and the music session and should have been given the option to leave if they so wished. We continued to observe this staff member who was potentially overwhelming, in their approach, for some people. Whilst we appreciate they were trying to encourage people to join in, people should be able to take a back seat, or opt out of such sessions if they want to. We were told this session took place twice a month.

On the second day of the inspection, a visiting pianist encouraged all present to join in with an age appropriate 'sing a long'. Singing was heard and some people seemed to enjoy themselves. This met the needs of some people living at the home who enjoyed this type of group activity. We also noted a sensory pet dog visited the home, we were told people enjoyed this. However, outside of the group activities we were told about, we found that opportunities had been missed to ensure all people were consistently provided with activities and stimulation in accordance with their individual preferences, likes and dislikes.

For example, the staff team had carried out some life history work with people living at the home. This included a record of occupations people had undertaken, family members who were important to them and hobbies they had enjoyed prior to moving to Forest Lodge. This information had been used to develop people's care plans. One person's social care plan referred to interests they had. They included gardening, walking, arts and fishing. We checked their activity notes from January 2018. There were no entries made by staff to show the staff team had explored the person's area of interests, including accessing the community. The plan also stated the person liked being supported to take a walk outside in the garden when the weather was good. This did not happen on the first day of the inspection despite the weather being pleasant and the person receiving one to one support from a care staff member. We observed the person was supported to walk up and down the corridor only.

We observed another person who received one to one care from a staff member throughout the day and night. We read their care plan which discussed their previous hobbies and interests. However, this information had not been used to deliver personalised care to the person and there was a lack of stimulating interaction provided to them from the staff member supporting them. The staff member supporting them did not encourage them to be involved with the group activity or, if that was not suitable,

consider something they enjoyed doing on a one to one level in or outside of the home. Their stimulation consisted of being supported to walk around the home. The person did not tell us they were unhappy with this, however, they were not offered what was agreed in their care plan. We were told care plans were completed with the involvement of people and their representative's.

The providers website describes the outside space for people to use, 'The house which has been tastefully extended, is set in eight acres of safe gardens'. Forest Lodge was set within spacious grounds, which included secure patio areas and an open grass and flower boarded area at the front. However, only a few people over the two days of the inspection were taken outside for walks. We spoke with one registered nurse about the patio area near the dining room. They told us people did use the patio area for sitting in and walking around. This was a missed opportunity to support people in enjoying some fresh air and for people to familiarise themselves with the surroundings of their own home. We spoke with the deputy manager and area manager about this as it is important people living at the home have this as an option.

Another person's care plan referred to how they enjoyed being read to. The person had a visual impairment and the care plan instructed staff to spend some time with them each day reading as they enjoyed books, magazines and poems. Activity records from March 2018 did not show that this activity had happened.

We also found care plans didn't always include the level of detail required to ensure staff had the guidance they need to meet their needs in a personalised way. The provider used a written format for care plans which was appropriate for some of the people living at the home but not all. The Accessible Information Standard (AIS) is a requirement of NHS and adult social care services to ensure that people with a disability or sensory loss are given information in a way they can understand. Whilst care plans referred to the AIS there was a lack of assessment completed to show how information should be recorded or shared with the person in an accessible way that specifically met their communication needs. Reasonable adjustments had not been made to ensure that people's information needs had been identified or consistently met according to their needs. People did not have an AIS plan to show how their specific needs had been identified, assessed or met. This meant that people could not contribute fully, or as much as they were able to, with planning their care and support.

The above evidence demonstrates that the provider had failed to ensure that people received care or treatment that was personalised specifically for them. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst the activities provided were not personalised to people's needs people told us they enjoyed what was available to them. An activity programme stated planned events. For the week of the inspection the group activities, included in addition to the music sessions, bingo and crafts. One person said, "We have someone come in and do a 'knit and natter' session with us". Another person told us how much they had enjoyed the music session that morning. A relative said, "The activities staff are extremely helpful". Another relative said, "There seems to be enough to do here for residents". A staff member told us, "We try to provide a varied programme".

Records showed the registered manager had introduced the National Early Warning Score (NEWS). This is a standardised system for recording and assessing baseline observations of people to promote effective clinical care. For example, it will include a baseline for what a person's temperature, pulse rate and oxygen saturations should be and what actions nurses should take if physiological checks they take are outside of the baseline and a person's health deteriorates further. This was currently being piloted in other locations owned by the same provider, following allegations that people did not have their acute health and medical needs met in a timely way.

One relative told us how pleased they were with how the staff team had responded to their family member when they first moved in. The same relative told us, "[Named person] came from hospital in a mess". They added, "I do feel [named person] is getting good care".

Complaints were looked into and responded to in a timely manner. There was a complaints policy in place available for both people living at the home and their relatives. There was a clear log of all complaints and the actions taken by the management team. There were no formal complaints open at the time of our inspection. People and their relatives we spoke with, told us, they knew who to go to if they were concerned about a person. A person told us, "We've no concerns". A relative told us, "There is nothing to complain about". Another relative said, "I feel I can make or say comments any time".

At the time of the inspection, there were four people being supported at the end of their life. We sampled one person's care records who was receiving such care. Procedures were in place with the GP so that the person would receive a comfortable, dignified and pain free death. This included access to pressure relieving equipment and pain relief medicines.

Is the service well-led?

Our findings

Forest Lodge was inspected in December 2016 and rated as Good overall and there were no breaches of Regulation. However, we did find some improvement was required to ensure the provider's audits identified and rectified issues relating to care planning. We fed this back to the management team at the time of the inspection. At this inspection, we found the provider in breach of Regulations. Systems to assess and monitor the service were in operation, but were not always effective. This meant the provider had not identified shortfalls in the quality and safety of care, therefore the quality of care had deteriorated.

For example, the management team told us, and records confirmed, they carried out their own internal checks to evaluate the care provided to people. These included a review of care plans and associated risk assessments. This had failed to ensure a risk assessment on a person's bedroom had been carried out which placed them at further risk of harm. Checks also failed to highlight the need to provide detailed guidance for staff to ensure the support provided to people when they became agitated, was managed consistently and safely.

Efforts had been made to ensure staff were routinely provided with training opportunities. However, a large proportion of staff still needed to attend de-escalation training to support people safely and effectively when incidents occurred. Additional training opportunities were being provided in June 2018 on this subject. However, at the time of this inspection this had yet to be achieved. This held potential risks for people as the care plans we sampled referred to risks to people associated with 'challenging behaviour'. This meant the provider had not done everything reasonably practicable to mitigate risks on behalf of people living at the home.

Prior to this inspection, the area manager visited the home. During these visits they spoke with staff and people and sampled records relating to people's care and the management of the home. They had completed a report for the manager of the home that identified areas that required improvement. We read the reports for the checks carried out in January and April 2018. The checks had not identified all the areas in need of improvement we found such as gaps in training, risk assessments and the lack of personalised activities.

Since the last inspection, the provider had developed a new senior management team. The area manager shared with us a new direction the senior management team were taking regarding how checks on care delivery was made. This included quality auditors carrying out audits on the service which were complete with areas which needed improvements. We were told this provided senior managers with themes and trends of what and when was happening in a particular service. We read the outcome of one of this new style of audits which was carried out on 1 May 2018. This highlighted eight actions to be completed by the registered manager. However, this did not identify shortfalls we had found during the inspection.

At the beginning of the inspection we requested a list of all people living at the home. We were presented with handover sheets. The handover sheets provided the name of each person and a summary of their needs. We established later in the inspection the list was not accurate as one person had passed away prior

to the inspection. At previous inspections, at locations owned by the same provider we had identified this as an issue, whereby there was a lack of accurate and complete records maintained.

Improvements were also needed to ensure there was clarity about who had responsibility and oversight in the absence of the registered manager. The management structure consisted of the registered manager and deputy manager. Registered nurses were also deployed in each of the three units. The registered manager was absent at the time of the inspection and the deputy manager was not rostered on duty. Upon our arrival it was evident that no one person had overarching responsibility and knowledge of people's needs, including their clinical nursing needs of people living at the home. The provider's area manager and safeguarding lead were present at the home during the inspection. However, they were not aware of some people's complex health needs until we discussed this with them. The deputy manager joined the inspection but had not been due to work that day. We spoke with the provider's safeguarding lead during the inspection about this. We discussed the need to have an allocated individual who had this governance and oversight. This was particularly concerning as the provider had been under much scrutiny by partner agencies regarding their monitoring systems.

The above evidence shows that the provider was unable to demonstrate that systems or processes in place operated effectively to ensure compliance with requirements. There was a failure to assess, monitor and mitigate the risks relating to health, safety and welfare of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were positive about the culture of the home and the support they received from the staff team, including the registered manager. One person told us, "This place is very good. I would not have stayed if it wasn't. It's nearly as good as being at home". A relative said, "The management is approachable". Another relative said, "The management is excellent and approachable". A third relative said, "I can go home and get some sleep knowing [named person] is being looked after".

We checked how the provider gained relative's views of the quality of care provided. Surveys were sent out monthly from the provider's head office. The ones we read were all positive and demonstrated the staff team adopted an open-door policy which helped promote an inclusive atmosphere. We spoke with a relative about the surveys they had completed. They said, "I have seen a survey and I have made suggestions at times". Another relative said, "The overall service here is good. I have recommended it to friends".

Staff complimented the approach used by the registered manager and appreciated she got involved and used a 'hands-on' approach. One staff member said, "I've been working here for two years and I am very happy working here". They added, "The management is fine, good to work for". A relative told us, "The manager is usually about the place, she is always available".

On the 1 November 2017 amendments to the Key Lines of Enquiry (KLOE) came into effect, with five new KLOE and amendments to others that all regulated services are inspected against. Shortly after the inspection we discussed this with the registered manager. They told us they were aware of the changes and shared with us communications by the provider about how the amended KLOE would impact on location inspections. The registered manager was positive about the support they received from senior management. They told us, "I am getting really good support from the CEO, she is excellent".

The deputy manager and registered manager told us they worked alongside other health and social care professionals and partner agencies. They told us they were keen for this to continue to benefit the people living at the home. The deputy manager told us, the local authority, East Sussex County Council were providing some support with improving care plans. They told us they, "Seek advice", when needed,

regarding people's mental and physical health. This included contacting the local authority mental health team and records confirmed this.

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 9 (1) (a) (b) (c) The provider failed to ensure care and treatment of service users was appropriate and met their needs and preferences consistently.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment 15 (1) (a) The provider failed to keep premises free from odours that are offensive and unpleasant.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) (2) (a) (b) The provider failed to do all that is reasonably practicable to mitigate risks on behalf of service users.

The enforcement action we took:

Imposed provider level conditions see overall summary

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) (2) (a) (b) (c)

The enforcement action we took:

Imposed provider level conditions see overall summary

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing 18 (2) (a) The provider failed to ensure all staff received the necessary training to enable them to carry out their duties they are employed to perform.

The enforcement action we took:

Imposed provider level conditions see overall summary