Sussex Clinic Limited

Sussex Clinic

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 28 September 2016 and was unannounced.

Sussex Clinic is a nursing home providing accommodation and support for up to 40 people. At the time of our visit there were 28 people living at the home. The registered manager explained that although they are registered for up to 40 people the home can only accommodate a maximum of 31 people as some double rooms were being used for single occupation. The home was registered for adults with physical disabilities and older people. The majority of people living at Sussex Clinic at the time of the inspection were older people but there were also some younger people. The ages of people ranged from 37 to over 90 years old.

The home had a registered manager. 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. Accommodation is arranged over two floors with a lift and stairs connecting all floors. The home is located in a residential area on Worthing.

Care provided was not always responsive to the needs of people living at the home. The social needs of some younger people were not always supported. Some people who were living with dementia did not have meaningful activities to occupy and stimulate them. We identified this as an area of practice that requires improvement.

People received their medicines safely however some poor practice in the administration and recording of medicines and inconsistencies in labelling of topical creams were identified as areas of practice that requires improvement.

Staff understood how to keep people safe from harm and abuse and risks to individuals were assessed and managed. People told us they felt safe. One person said, "I feel safe because there's always someone around." There were sufficient numbers of staff on duty to keep people safe. The provider had a robust recruitment system to ensure that staff were suitable to work with people.

People told us they had confidence in the staff. Their comments included, "They definitely know what to do," and "I think they are well trained." Staff told us that they had access to the training and support they needed and records confirmed this. Communication within the home was good and staff were clear about their responsibilities when on shift.

The registered manager had ensured that the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff understood their responsibilities with regard to seeking consent from people before providing care.

People told us they had access to health care services when they needed it. A visiting health care

professional told us that staff were proactive in contacting them and seeking advice when needed.

People told us they enjoyed the food at Sussex Clinic. One person said, "It's magic, I've only had one meal I didn't like." Risks associated with people's nutritional and hydration needs were identified, monitored and managed. People who needed support to eat and drink were provided with help in a patient and sensitive way by the staff.

Staff had developed positive relationships with people and knew the people they cared for well. People told us that the staff were kind and caring. One person said, "I have nothing but praise for the staff here; they are all very kind and very nice." For a number of staff English was not their first language. People told us, and we observed that, communication was sometimes difficult. The registered manager told us they were supporting these staff to improve their English skills and there were always experienced, familiar staff on duty to ensure the impact was minimised for people living at Sussex Clinic. People confirmed that this was the case.

People told us that their views were listened to and they felt respected by the staff. They said that staff protected their dignity and maintained their privacy and we observed examples of this throughout the inspection. One person said, "Staff always knock on the door," another said, "They make sure my door is shut before attending to me." People knew how to make a complaint and said they would feel comfortable to do so.

People and staff told us that they felt the home was well run and that the management team were approachable. There were robust systems in place to check the quality of the service and to provide effective governance. The registered manager used a range of audits and ensured that actions were taken to make improvements when issues were identified. There was a clear plan for developing the service going forward. This included improving the care plan format to become more person centred and to update the provider's policy and procedures. The provider told us that a redecoration programme was underway to improve areas of the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
People received their medicines safely, however some aspects of recording and managing medicines required improvement.

Staff had a firm understanding of how to keep people safe and risks were managed appropriately.

There were sufficient staff on duty to keep people safe. Recruitment systems ensured staff were suitable to work with people.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to meet their needs.

Staff understood their responsibilities with regard to MCA and DoLS.

People were supported to have enough to eat and drink. People had access to health care services when required.

Is the service caring?

Good

The staff were caring.

People were supported by staff who were kind and knew people well.

People and their relatives had been involved in developing their care and support plans.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive personalised care that was

responsive to their needs because they did not always have suitable activities to occupy and stimulate them.

Care plans reflected people's preferences and described how they would like care to be delivered.

People and relatives knew how to raise concerns and complaints and these were responded to effectively

Is the service well-led?

Good

The service was well-led

There were effective systems in place to monitor the quality of the service.

There were consistent governance arrangements embedded within the practice of the home.

Staff said they were well supported and felt able to raise issues or concerns with managers. They described an open culture.

Sussex Clinic

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 was planned to check 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 28 September 2016 and was unannounced. The inspection team consisted of 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 service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to nine people who use the service and one relative. We interviewed eight members of staff and spoke with the registered manager and the deputy manager and spoke with the provider. We looked at a range of documents including policies and procedures, care records for five people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems for allocating care visits and other information systems.

The previous inspection of 17 October 2014 identified no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Sussex Clinic. Their comments included, "I feel safe because there's always someone around," "The staff are all friendly," and "There's quite a few people about, that makes me feel safe." However some aspects of practice relating to administration of people's medicines required improvement.

There were appropriate arrangements in place for people to receive their medicines which had been prescribed. Medicines were stored in secure cabinets inside a locked medication room. There was a system in place to record the disposal of unused medication and regular stock control audits were undertaken. Fridge temperatures were recorded daily to ensure the safety of medicines that needed to be stored at a safe temperature.

We observed that two staff administered the lunch time medication and were told that this was standard practice within the home. Nurses took their time when administering medication; they explained to the person what the medicine was for and offered people a drink of their choice.
People told us they received their medicines when they needed them. One person said, "They are on time 99% of the time, on the odd occasion you have to wait for it." Another person said, "They give me my tablets three times a day, I don't have any pain."

Staff used a Medicine Administration Record (MAR) to check the required medication, when it was due and the quantity required. Where a medicine was to be administered only when required (PRN), there were clear guidelines for staff to follow to ensure people received their medicines as prescribed. For one person that required PRN medication for anxiety, there was a clear plan in place that described when the medication needed to be administered

A MAR chart is a formal record of the administration of medicines. The person giving the medicine should sign the MAR chart to confirm that the person has been given the correct dose of the right medicine, at the specified time as prescribed. This means that the chart should only be signed after the medicine has been given to ensure that the record is accurate. We noted that on a number of occasions during the medication round, the nurse signed the MAR before the person had taken the medication. On one occasion the MAR had to be changed because the person had refused. This was discussed with the Nurse who was aware that this was not best practice.

A number of topical creams and lotions did not have the date of opening displayed and also for some labels, the person's name had worn off. This meant that people could receive cream or lotion that was inappropriate for them or that was no longer in date and therefore less effective.

We noted a number of gaps in signing in the MAR chart. When checked, we found that this was when people had said they did not require their PRN medication.

Although medication was generally well managed, these errors in administration constitute a breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had the local authority's safeguarding procedure in place for reference. Staff we spoke with demonstrated a good understanding of safeguarding, they were able to give examples of different forms of abuse and how they might relate to the people they supported. One staff member said, "If I was not comfortable about anything at all I would report it to the manager or the senior nurse. No kind of abuse is acceptable." Another staff member told us, "I would report any concerns straight away to the senior on duty or to the manager. We also have a whistle blowing policy if nothing was done about it." Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. A third staff member said, "There are many forms of abuse and none of them are ever acceptable. I would report and record any concerns and then see what was done about it. If I was still not satisfied I would ring the whistleblowing number". All the staff we spoke with said that they would use the home's whistle blowing procedures if they had concerns. They were not all aware of where the telephone number could be located. We noted that there was a safeguarding flowchart posted in the hall of the home, but this did not display the relevant telephone numbers of the West Sussex Safeguarding team. This was brought to the attention of the registered manager who agreed that these phone numbers should be visible and accessible for the staff, residents and visitors and agreed to arrange this to ensure the information was available.

Risks to individuals were identified and managed with appropriate plans in place to keep people safe. For example, where people had nursing needs specific risk assessments were in place. One person had developed a sore area, a risk assessment was completed including photographs of the wound and a body map to indicate the position of the wound on the body. A wound care programme was put in place and recording showed that the sore had healed. The care plan was reviewed to ensure that staff continued to provide vigilant care as the risk assessment described the area as remaining vulnerable.

Another person had been assessed as at high risk of developing urine infections. The care plan included clear guidance for staff in how to prevent such infections and signs that might indicate an infection. A continence management plan was in place that included guidance for staff, this was reviewed on a monthly basis to ensure it remained effective in preventing infections.

People had been involved in decisions about how to manage risks. For example, records showed that people were consulted about plans and where appropriate had signed to give their consent. Accidents were recorded in a log as well as on individual files. The registered manager had oversight of all accidents and incidents.

Personal emergency evacuation plans (PEEPs) were in place to ensure that people could be evacuated safely in an emergency. Staff told us they were aware of the emergency evacuation plan for people living in the home and they were able to say where the plans were located.

Most areas of the home were clean and bright, however some areas looked "tired" and dated. For example there was a hole in the ceiling on the first floor, the carpet on the landing was stained and one person's bathroom floor was cracked and broken which was a potential hazard for infection control. The provider said that a programme of refurbishment was underway and plans to rectify these issues were included as part of this work.

Staff had access to personal protection equipment (PPE) such as gloves and aprons. We observed that the staff used the protective equipment when offering personal care and they changed gloves and aprons when going from room to room. Antiseptic hand wash gels were located throughout the home and in private

bedrooms. There were colour coded containers in use for laundry; we noted that staff made use of these. There was an infection control audit chart in each bedroom, these were completed daily. One person told us "I am quite happy, I have all my things around me and my room is cleaned every day."

There were enough staff on duty to keep people safe. Staff rotas showed that the number of staff on duty remained consistent with between 6 and 8 people providing direct care every day and three care workers and a nurse on duty at night. People told us their call bells were usually answered in a timely way. One person said, "Staff usually answer the bell within a couple of minutes." Another person told us they sometimes had to wait for assistance because they needed two staff to assist them. Most people told us there were enough staff on duty, but one person said, "We could do with a couple more staff," and another person told us that when medicines were being administered there were not always enough staff around to support people. Our observations were that staff were busy and had little time to spend with people because they were focussed on the tasks that they needed to complete, however people were receiving the care they needed. One person said, "The staff are always busy but I never feel rushed when they are attending to me. I always get the help I need." The provider used a dependency tool to determine how many staff were needed. A staff member explained that this was based on people's needs and when their needs changed the tool was updated to ensure there were enough staff to safely care for people. Care records confirmed this.

The provider has robust recruitment practices in place when employing new members of staff. This included the completion of an application form with a full employment history and evidence of the interview process. Two references and a Disclosure and Barring Service (DBS) check were also gained to ensure staff were suitable to work with people. Records seen confirmed that staff members were entitled to work in the UK. The registered manager gained copies of the professional registration checks for nurses to ensure they were appropriately registered with the Nursing and Midwifery Council and we saw an up to date list for all the nurses currently employed. Two recently recruited staff confirmed that they had not been able to take up their posts until all the relevant documentation was in place.

Good

Is the service effective?

Our findings

People told us that the staff had the skills, knowledge and experience to care for them. Their comments included, "They definitely know what to do," and "I think they are well trained."

Care staff were able to attend a range of suitable training courses however the training plan indicated that some essential training was not up to date for all staff. The deputy manager told us that there was a system for identifying when training was due and staff were booked to attend relevant courses. This was indicated on the training plan.

Some staff had attended training specific to their role, including dementia awareness training. However, some staff had attended this training more than five years ago and others were yet to attend. Records showed that more than half the staff team needed to attend or refresh this training. We asked how the provider ensured that staff had the knowledge they needed to care for people living with dementia. The deputy manager told us that dementia training was planned and that staff who had not yet had this were supported through induction, supervision and by working with experienced staff until they received formal training.

Staff told us they felt well supported and had opportunities for training in subjects that were relevant to the needs of the people they were supporting. For example, one staff member who was a nurse told us that they were given opportunities to support their professional development and to attend courses relevant to their role. We saw training certificates in individual files. Recent training included a bereavement study day, train the trainer course, Phlebotomy and Nutritional needs in Palliative Care. One nurse had undertaken a full overseas nursing programme at university.

Staff had regular supervision meetings with the registered manager or deputy manager. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided staff with the opportunity to raise any concerns or discuss practice issues. They told us they found supervision to be of value and said that advice and support was always available to them. The registered manager provided clinical supervision for the nursing staff.

We observed a staff handover meeting during the morning. Staff communicated effectively about the people they were looking after, providing an update on relevant information that staff needed to be aware of, such as any health care professionals that were expected to visit that day or any appointments that people had. Other information included updates on people's health and their general mood. Staff said that this information helped them to ensure they were providing effective care. A shift plan was used so that staff were clear about their responsibilities and the registered manager discussed any changes that were needed during the handover meeting.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

We asked staff to explain their understanding of the MCA. One staff member said, "If people are not able to make some decisions, then there must be other people involved and there has to be a meeting. Restrictions must be in the resident's best interests." Another staff member said, "Everybody can decide for themselves and we have to promote independence, even if there are restrictions made in one area, it does not mean that people can't make other choices in their lives". A third staff member told us, "If you notice that a person is not making safe decisions and they might be at risk, you must report and record it and then ask for that person to have a mental capacity assessment." This showed that staff had an understanding of the principles of the MCA.

We asked people if staff always sought their consent before providing care. One person said, "No, not all the time." Another person said, "No they don't ask me." Other people told us that staff always asked them before providing care. One person said, "They always check with me first." A staff member said, "If someone doesn't want me to do something then I would leave it and try again later, it's up to them." Our observations were that staff were seeking people's consent in line with the MCA. For example, we heard a staff member ask someone if it was a good time to offer care, a second staff member was seen to offer someone a cup of tea and then asked the person if they would like some help to have a drink. Another staff member was heard checking with a person and waiting for their response before assisting them to move and a fourth staff member was seen offering to help someone saying, "Are you going to do that yourself or would you like some help?" This showed that the service was working within the principles of the MCA.

Some people who were living with dementia had been assessed as lacking capacity to make certain decisions about their care. Mental capacity assessments recorded why they were not able to make specific decisions and we saw that best interest decisions were recorded. The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body to ensure that actions were taken in line with the legislation. For example, one authorisation was in place because someone living with dementia was subject to continuous staff supervision. This DoLS application had been authorised with a condition imposed that the provider should fit sensors to the persons chair and bed to enable staff to monitor their well-being in a less restrictive way. The registered manager was aware of this and had ensured that the sensors were in place to comply with the conditions of the authorisation.

People told us they were supported to have access to health care services when they needed to. One person said, "If I was ill I would expect to see the doctor, touch wood I haven't needed to." They went on to tell us that they had seen a dentist, an optician and a chiropodist who visited the home. Another person said, "I have seen the doctor and an optician and the dentist." A third person said, "I saw my own doctor recently." Records confirmed that staff were proactive in contacting health care professionals when people needed support or staff needed advice. There were numerous examples in records showing visits from health care professionals including GP's, district nurses, a tissue viability nurse and a mental health social worker.

People told us that they enjoyed the food at Sussex Clinic. One person said, "The food is very good." Another person said, "It's magic, I've only had one meal I didn't like. Usually you get two or three choices." A third person told us, "We get told what is on the menu so we can pick." We heard staff explaining the options for

the next day's lunch and supper menu. We noted that people were offered drinks throughout the day and heard staff offering choices between hot and cold drinks.
The main meals for the home were prepared and cooked at another of the provider's homes nearby. Staff told us that they went round to people the day before and asked them for their choice for the next day. We observed this process and noted that staff took time to explain the options available to people.

We observed the lunchtime meal. Some people were eating in the main dining room. Staff were attentive to people who needed support. One person had a pureed meal which was well presented with each element of the meal blended separately. A staff member assisting the person to eat was careful to offer each food group and didn't mix the puree together. One person did not eat their food and pushed the plate away. Staff offered sandwiches instead, and later a banana and yoghurt were offered. Three people did not want any of the meals on offer and we saw that they were provided an alternative meal, one person also had a fresh salad of their choice. The kitchen staff said, "It's no problem at all if people change their mind at the last minute, I am a trained cook and can quickly make them something else."

Some people had their meals in their rooms. We observed a staff member supporting a person being cared for in bed. They sat by the person and chatted to them throughout the meal and offered a drink on a regular basis. One person did not want their meal and asked if they could have it later. We saw that this was acted upon. People told us "The food here is very good, far better than in the other homes I have been in," and "I like the food here, it's always tasty and hot when you get it."

Other people were having their meal in small lounge areas. One person was having some difficulty with getting their food to their mouth. The staff member noticed this and immediately offered support, saying, "Would you like a bit of help?" They chatted to the person whilst assisting them, keeping good eye contact and giving them time to finish each mouthful before offering more. The person was clearly enjoying the interaction and their food, they said, "This is lovely, very tender."

There were records of people's likes and dislikes in place and also information regarding special diets. This included records of allergies and pureed or soft diets. Where people had difficulty with eating and drinking, we saw that nutritional care plans and food and fluid charts were in place. Five that we looked at had been fully completed to date. We saw that when there were concerns noted about nutrition, people were referred to the relevant healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were caring and kind. One person said, "I have nothing but praise for the staff here; they are all very kind and very nice." Another person said, "They are all caring, they always come when you call. " A visitor to the home said, "They are nice staff and they seem very kind."

Observation of staff practice showed that there were positive interactions between people and the staff supporting them. The atmosphere was open and friendly and there were lots of smiles. We saw staff bending down to talk to people, making eye contact and using gentle touch on the arm to get people's attention. Staff told us they knew people well. One staff member said, "We know people very well and that means we are able to respond if their normal behaviour changes. You need to then find out what is wrong and what they need." Another staff member gave an example saying, "We know and record what people want in their lives. For one person here they do not want their personal care to be carried out by younger staff as they get embarrassed. That is very important to them."

For a number of staff English was not their first language and we saw that this sometimes was a bar to effective communication. People told us, "There is sometimes a bit of a problem understanding some staff," and "Sometimes it is a bit tricky understanding some staff." One person said, "They are all lovely people but I don't think they always understand what I say to them and that can be difficult." We spoke with the registered manager about communication between some staff and people living at Sussex Clinic. They told us that they were aware that there were occasional difficulties. The registered manager explained that they assessed staff as part of the interview process and they were experienced, qualified people. They were supporting them to improve their English skills and new staff were always supported by experienced, familiar staff to ensure the impact was minimised for people living at Sussex Clinic. We observed one conversation between a staff member and a person where there appeared to be some miscommunication. However, this was quickly resolved when another staff member realised what had happened and stepped in to clarify the situation. A staff member said, "There can be communication issues sometimes but it doesn't cause a problem and their English is improving very quickly."

People told us they were happy with the care they received. One person said, "I never feel rushed, they take their time to help me," another commented, "The care is very good, I can't complain at all," and a third person said, "I like having a change of nurses sometimes, they all do a good job." One person who was cared for in bed told us, "The way staff deal with me, they are caring." Staff knew people well and had developed positive relationships with them. One person told us that they liked all the staff but had a particular favourite. They explained, "She goes out of her way for people, for example she knows I love curry and when she makes one at home she always brings me in a dish because it's my favourite. She doesn't have to do that, but it makes such a difference to think someone cares enough to bother."

We asked people if they had been involved in developing their care plans. Most people said they had been involved and their views were listened to. One person said, "I think that's it over there, my son helped with it." Another person said, "Yes I was involved," and a third person said, "I think we did one when I came from the hospital." A sample of care plans showed that where possible people or their family members had been

engaged in providing information about people's life history and personal preferences. Consent forms were signed by people or their representatives where legally authorised to do so. Care plans were detailed and specific according to people's individual needs. For example, one person with mental health needs had a care plan detailing their mental health history and how their symptoms could be recognised. The care plan included known triggers that might increase anxiety and detailed what staff should do to help the person manage their symptoms. The language of the care plan was written in a sensitive way to maintain the person's dignity and had been regularly reviewed.

People told us their views were listened to. One person said, "We are always having meetings, yes they listen to our views." Another person said, "We can make our views known and make suggestions." People were able to bring personal items to the home. One staff member said, "It helps people to feel that it's their home, we encourage them to have their own things around." We saw that one person had a collection of miniature cars displayed in their room, another had a wide range of films on DVD and music with a music system in their room. Other people had family photos and other memorabilia that was important to them.

People told us they felt their privacy and dignity was respected. One person said, "Staff always knock on the door," another said, "They make sure my door is shut before attending to me." Staff demonstrated a good understanding of how to maintain people's dignity. We observed staff assisting people to transfer with a hoist and noted that staff made sure the person's body was covered to maintain their dignity throughout the process. People's personal information was kept securely and staff understood the importance of maintaining confidentiality. People told us they felt staff protected their confidentiality. One person said, "The staff are very careful about confidentiality, they never talk to me about anyone else." Another person said, "I think they respect us and I don't think they talk about me."

Requires Improvement

Is the service responsive?

Our findings

People told us that they did not always have enough to do and they were often bored. One person said, "There's nothing to do all day really, I just read, watch the television and sleep." Another person said "We have someone who comes to play music twice a month, we don't do anything else." A third person said, "There's not enough to do, its meals, television and that's about it." Some people told us they would like to go out into the community. One person said, "I can't go out by myself but sometimes a carer takes me up and down the road." Another person said, "I need support to go out but the staff are always too busy." A third person said, "I can go out with my friend sometimes." Staff told us that outings were arranged for people but that the mini-bus could only accommodate a small group of two or three people and not everyone was able to go.

Our observations were that people had little to occupy them. During the afternoon a musician came and sang songs with people in the lounge area for about an hour. Most people who attended appeared to enjoy this. However, during the rest of the inspection we noted that people had nothing to occupy themselves and there was no stimulation for people other than watching the television. Staff were busy and we observed very little one to one time spent with people apart from when they needed assistance with care needs or help with food or drinks. A visitor said, "I don't feel there is enough staff as they don't have time to spend one to one with people. They sit people in front of the television and I feel there could be a lot more interaction."

We observed that people were left unattended for quite long periods of time unless care was being provided. This was particularly true for people who remained in their bedrooms all day. One person said, "My room is stuck right in the corner, the staff don't get time to come and talk to me."

We did not see risk assessments and care plans to reduce social isolation for people living at Sussex Clinic. The home had a part-time activity co-ordinator, employed for two hours per day. They told us that various organised activities were provided. We saw an activities schedule that showed that an organised activity was arranged every week day, including painting, bowling, quizzes and film shows. However, when the activity co-ordinator was not working staff did not have time to arrange activities. We did not see evidence that people had things to do or to look at that would give them some stimulation or interest. People told us they enjoyed the organised activities such as the musical events but that they had nothing else to occupy them during the day and there were no organised activities planned at the weekend. Not everyone was able or wanted to take part in the organised activities. For these people there was no evidence of how their social needs were addressed. The registered manager told us that 75% of the people at Sussex Clinic were living with dementia. We did not see any evidence of how people were supported with opportunities to remain mentally and physically stimulated and active when the activities co-ordinator was not there to arrange organised activities.

We asked the activity co-ordinator how people's interests and hobbies were incorporated into the activities programme. They told us that they spoke to people to ask for their ideas and suggestions about activities. Whilst most people living at Sussex Clinic were older people there were also some people who were under 65 years of age and one person who was significantly younger. There were no specific arrangements to meet

the social needs for the younger people. Two people told us that they preferred not to join in with the organised activities as they did not feel relevant to them. This meant that care provided to meet the social needs of people was not always personalised and responsive to their needs. People's need for social interaction and stimulation were not being consistently met and care was not always personalised and responsive to people's needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had been assessed before coming to live at Sussex Clinic and care plans were developed from these assessments. The deputy manager told us that a new care plan format was in the process of being introduced to promote a more personalised approach to care provision. Most care records contained information about people's background and each file contained information about the person's likes, dislikes and what was important to them. For example, one care plan stated, 'Likes to sleep naked, staff to ensure the door is closed to respect privacy.' Another care plan described someone's love of wildlife and nature. They told us that some staff reminded them if there was a natural history programme on the TV. A third care plan described someone as a 'big music fan' and noted that staff should ensure they close the door to avoid disturbing other people or encourage the use of headphones. People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. One example showed that a mental health social worker had attended a review to determine if there had been a change in the person's needs.

Staff demonstrated a good understanding of person centred care. One staff member told us, "I think you have to look after each person as an individual and in the way they want to be cared for. It's little things like choosing your own clothes, when you want to get up and what you want to eat." Another staff member said, "It is giving care to a person that meets their needs and in a way that is their choice and not just beneficial to the staff". A third staff member said, "Everyone is different and different people need to be treated as individuals. You can't provide the same care in the same way for everyone."

A complaints system was in place and the registered manager ensured that all complaints were logged. We noted that complaints were responded to in a timely manner and recording included details of how issues were resolved. The registered manager told us that learning from complaints informed improvements in practice. An example of this was a photograph being taken to confirm items of value for the inventory when people were admitted to the home. People told us that they felt comfortable to raise complaints. One person said, "I would speak to the manager," another said, "I'd probably speak to the manager." A third person said, "There's not an awful lot to complain about." People said they felt their concerns were listened to and taken seriously.

Good

Is the service well-led?

Our findings

People told us that they felt the home was well- led. One person said, "I think it runs quite smoothly," another person said, "Yes, the manager is very good." A third person said, "It's as well run as it can be." People knew who the registered manager was and spoke highly of them saying, "They go out of their way to look after people," and "They are a very nice person."

There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and a team of nurses and senior care assistants. Staff that spoke with us described the management team as open and approachable. Staff said that they were very supportive both personally and professionally. One staff member commented, "The manager is very supportive and we can go to her at any time. If there are concerns she will listen and sort them out". The registered manager said that the provider was supportive and involved in the running of the home. The provider was present during the inspection and people knew who they were and spoke highly of them. One person said, "The owner is often here and is a nice person."

The provider's mission statement includes an assertion that they, 'aim to provide care within a warm and friendly atmosphere in a safe and secure home.' Staff we spoke with understood the aims and objectives of the home. One staff member said, "I like working here because it is a friendly place to live and for us to work. People are happy here and that is the main thing, to provide a home from home." People told us that they were happy with the care and felt that there was a homely atmosphere. This showed that the values of the provider were embedded in every day practice and understood by the staff.

Staff had developed good links with the local community and had regular contact with a range of health and social care professionals. One visiting health care professional told us that the staff were proactive in seeking advice and acting on their suggestions.

The registered manager and the deputy manager had a clear awareness of the day to day culture within the home. Daily handover meetings took place with the registered manager to ensure good communication within the staff team. Staff and people living at Sussex Clinic described the registered manager as approachable and said that they had a visible presence within the home.

The registered manager had a range of systems in place to check the quality of care provision. This included an annual questionnaire for people and their relatives to gather their views on the home. The registered manager said that any issues that were identified from this process were discussed with individuals. There were also regular meetings arranged for people living at Sussex Clinic and for their relatives. A 'Resident of the Day' system had been introduced to ensure that everyone's care plan was reviewed and updated on a regular basis. This included gaining the views of the person and their family about care provided. An example was given of a change that was made as a result of feedback, one person had requested that their relative be included in trips out more frequently and this was actioned. Another person asked for a different chair to be provided when their relative visited. This was also actioned.

There were a number of audits that the registered manager used as part of the governance arrangements within the home. This included spot checks to ensure that staffing levels were maintained and that documentation was being completed in a timely way to maintain accurate records. Care plans were also looked at through the audit process to ensure they were accurate and fit for purpose. We noted that this system had identified where a care plan needed to be reviewed and this had been actioned.

Other audits included checks on equipment such as pressure relieving mattresses and walking aids, laundry and medication audits and infection control audits. We noted that where issues were identified as part of this process the actions taken were also recorded and this demonstrated the improvements that were made. External audits were also undertaken including a medication audit by a pharmacist. Accidents and incidents were logged and the registered manager had oversight of these and identified any patterns to ensure preventative action was taken.

There was an improvement plan in place. This included a schedule for updating policies and procedures, reviewing all care plans using a more personalised format and a redecoration programme.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not designed with a view to achieving their preferences and ensuring their needs are met

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not protect service users against the risks associated with the unsafe management of medicines.