Shaw Healthcare Limited

Forest View

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?	**Inadequate**

Summary of findings

Overall summary

About the service
Forest View is situated in Burgess Hill, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 60 people some of whom are living with dementia, physical disabilities, older age and frailty. At the time of the inspection there were 53 people living in the home.

People's experience of using this service and what we found
The provider's values were not always demonstrated through their systems and processes. There was a lack of person-centred care to ensure people were treated as individuals. There was mixed feedback about the leadership and management of the home. Some staff were complimentary about the management team. Others felt unsupported by them. They told us that when issues were raised these were not always listened to or acted upon. Quality assurance processes had not always identified concerns found at inspection. There were concerns that the provider had not made enough improvement to ensure that the concerns found at the previous inspection, as well as those identified at the provider's other services within the Sussex area, were addressed and resolved. We continued to have concerns about the quality of care people received which had decreased since the last inspection. The provider was working alongside health and social care professionals to help improve staff's understanding and the quality of care that people were provided with.

The provider had not always considered people's assessed needs when allocating and deploying staff. People, relatives and staff told us that there was insufficient staffing to meet people's needs and our observations and findings confirmed this. Medicines management was not always safe, and people did not always have their medicines administered according to prescribing guidance. Some people at risk of falls had not always been adequately assessed and staff had not always worked in accordance with the provider's policy to ensure that when one person had experienced falls, they were appropriate monitored to ensure their condition did not worsen. There was good oversight of people's hydration and nutrition to ensure they maintained good health. People were not always safeguarded from abuse as one person was not always receiving support to meet their needs. Following the inspection, CQC made safeguarding referrals to the local authority for them to consider as part of their safeguarding duties. When there had been other concerns about people's safety, the management team had liaised with external health and social care professionals. People were protected from the risk of infection and staff ensured good infection control was maintained. Incidents were used as opportunities to learn and improve practice.

We observed most people spent extended periods of time without interaction or stimulation with others. People and staff told us that staffing levels did not enable staff to spend time with people to meet their social and emotional needs and our observations showed that there were sometimes missed opportunities for interaction. The provider was receiving support from external professionals to help ensure that people's needs were appropriately planned for and met. People had received appropriate end of life care to maintain their comfort. We have made a recommendation that the provider seeks guidance and advice about

appropriate and stimulating environments for people living with dementia.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems did not support this practice. The provider lacked oversight and consideration of the skills staff might need to support people's specific needs, such as when people were living with dementia. People had access to external health care professionals and were supported to maintain their health. People had access to sufficient food to ensure they received a balanced diet.

People's privacy and dignity was not always maintained, and they did not always receive respectful care. Most observations showed that staff were kind and caring and people spoke fondly of the staff that supported them. People told us that staff were kind and caring and they were complimentary about staffs' compassionate nature. Staff knew people well and they were considerate and caring.

Rating at last inspection and update
The last rating for this home was Requires Improvement. (Published 10 January 2019). There were two breaches of regulation in relation to people's safety and the leadership and management of the home. The provider completed action plans after the last inspection to show what they would do and by when to improve. At this inspection, we found the provider had not always complied with their action plans and not enough improvement had been made. The provider was still in breach of regulations. The home remains rated Requires Improvement and has been rated Requires Improvement at the last three consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to people's safety, safeguarding people from improper treatment, staffing, the promotion of person-centred care and privacy and dignity and the leadership and management of the home. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow-up
We will continue to monitor the intelligence we receive about this home. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor progress. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate

Forest View

Detailed findings

Background to this inspection

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

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

Service and service type
Forest View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home did not have a manager who was registered with the Care Quality Commission. This means that the provider is legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the home since the last inspection. We liaised with health and social care professionals for their feedback. We had not asked the provider to submit a provider information return (PIR) since the last inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection
We observed the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. We spoke with 13 people and three relatives, seven members of staff, the deputy manager, the acting manager, the regional operations manager and a visiting healthcare professional. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for 13 people. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection
We sought assurances from the provider in relation to people's safety and the care they received.

Requires Improvement

Is the service safe?

Our findings

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

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

At the last inspection this key question was rated as Requires Improvement. This was because there were concerns about people's safety. Medicines management was not always safe, and some people had not always received their medicines according to prescribing guidance. Substances, that could cause some people harm, were not securely stored. We found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection, the provider had not fully complied with their action plan and not enough improvement had been made. The provider was still in breach of the regulation. We found new concerns in relation to staffing and this key question remains Requires Improvement. This means some aspects of the service were not always safe.

● Medicines were not always effectively managed to ensure that people received their medicines as prescribed. At the last inspection, there were concerns about the poor management of medicines for some people living with Parkinson's disease. This has been a provider-wide theme across some of the provider's services within the Sussex area. Parkinson's UK advises that Parkinson's medicines should be given at the prescribed times. They state, 'If someone with Parkinson's doesn't get their medication on time, every time, this can mean their symptoms are not well controlled and it is more difficult to manage day to day.' At this inspection, this continued to be a concern.
● Three people were living with dementia and Parkinson's disease and were reliant on staff to manage and administer their medicines. One person had been at the home for one week for respite care. Records showed that on two occasions they had been administered their Parkinson's medicines up to 30 minutes later than the prescribed time. Records showed that on one of these occasions the person had been found on the floor. Additionally, at the inspection, a member of staff alerted another member of staff that the person should have received their Parkinson's medicines 26 minutes earlier. The person was administered their Parkinson's medicines shortly after the member of staff had been alerted. However, records later showed that the person had only been administered half of the required dose and that when staff had accessed the electronic care records 30 minutes later, they had recorded that this had been given only eight minutes after the prescribed time. This was not correct and raised concerns about the accuracy of records and staff's practice and integrity. This was immediately fed back to the acting manager.
● One person had not been administered their Parkinson's medicines according to prescribing guidance. On one occasion this had not been administered until over three hours after the prescribed time. There was no explanation provided by staff as to why this had occurred. Another person was prescribed their Parkinson's medicines via a trans-dermal patch once each day. Prescribing guidance advised that staff should ensure this was changed 15 minutes either side of the prescribed time. Records showed that the person had not been supported in accordance with the prescribing guidance on several occasions. On one occasion they had not been supported to have a new patch administered until almost four hours after the prescribed time.

● Two people were living with dementia and were prescribed medicines to help manage their conditions and symptoms. The patient advice for this medicine was available to staff, and staff had also been advised by the management team, that the medicine should be taken at the same time each day to ensure its effectiveness. Records showed that these people were sometimes receiving their medicines outside of the guidance. Staff had informed us that one person had been displaying behaviour that challenged others and that they had made an urgent referral to an external mental health team. Records showed that the person had not been supported to have their prescribed medicines according to the patient advice nor had they been supported to have medicines that were prescribed to manage their mental health according to prescribing guidance and this increased the risk that the person's conditions were not well-managed. Staff had not identified this and therefore had not considered that this might be a contributing factor to the person's behaviour and health.
● One person who was living with dementia had been assessed as being at risk of falls. Staff were provided with guidance that advised them they needed to observe and monitor the person following a fall. When we asked the member of staff responsible for overseeing the care the person received, they were not aware that the person had fallen twice, one of which was unwitnessed, two days previously. The member of staff and the management team, confirmed to us that staff had not monitored the person to ensure that there were no changes in their condition that might necessitate seeking external medical advice and no 72-hour monitoring had been completed. Staff were not ensuring that the person's condition was stable following their fall and there was an increased risk that should the person's condition deteriorate, staff might not recognise or associate it with the falls the person had experienced.
● Staff had been provided with guidance which advised them that falls risk assessments needed to be completed for people four hours after moving into the home. This was to help identify any known risks, and ensure appropriate measures were implemented to help reduce them. Records showed that staff had not assessed the person's risk of falls and three days after moving into the home, staff had found the person on the floor. Despite this, a falls risk assessment was still not completed and staff were not provided with guidance about how to support the person to reduce the risk of falls.

The provider had not ensured that people always received safe care and treatment and people were sometimes placed at increased risk of harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had learned from some issues found at inspections of the provider's other services within the Sussex area. Changes in policy and procedures had been made to ensure improvements. This related to people who were at risk of malnutrition and dehydration having access to enough, appropriate food and fluids.
● The provider had introduced new learning and development for staff as well as revised protocols regarding modified diets to ensure that people who required a modified diet were supported safely and in accordance with their needs. People were being supported safely and appropriately and in accordance with their assessed needs.
● Medicines were stored securely and there were safe systems in place to dispose of medicines.
● One person was living with dementia and did not understand the importance of receiving their medicines. Staff had liaised with the person's GP and pharmacist to ensure that the person was supported to have their medicines according to their needs and in their best interests.
● GP's reviewed people's medicines to help ensure these continued to meet people's needs.
● People were supported to move and position in a safe way. Staff were provided with guidance advising them about people's needs and the type of equipment to use to support the person safely.
● People and their relatives told us people were safe and their right to take certain risks was respected. For example, people at risk of falls were able to continue to mobilise independently. The provider had ensured

they had access to a means of calling for help should they require assistance.
● Equipment was regularly checked to ensure it was safe to use. Plans ensured that people could safely evacuate the building in the event of an emergency.

Staffing and recruitment
● Staffing levels were not always sufficient and were not always aligned to people's assessed levels of need. It was not evident what consideration had been made to people's assessed needs to ensure there was sufficient staff to care for people safely and effectively. Staffing levels raised concerns about how people's assessed needs could be met in a timely way. Staffing rotas during the night showed that there were six support workers deployed across six units of up to ten people. The provider told us that usual staffing levels would be 12 support workers during the morning, 11 during the afternoon and six at night. On several occasions throughout November 2019, due to staff sickness, staffing rotas showed that staffing had sometimes fallen below these levels. On several occasions during the mornings there were 11 support workers to meet people's needs during peak times. Some people had been assessed as needing two members of staff to support them. This increased the potential that people would need to wait for support. If people needed assistance a member of staff would have to leave their unit to support the other member of staff. One person told us, "There aren't quite enough staff here, the response to calls for help is not very good." Another person told us, "They are short of staff here. The response to calls for help is a bit slow."
● Most people, relatives and staff told us that there were not enough staff and our observations confirmed this. A relative was heard asking a member of staff why their relative was in the bedroom with the lights off and the curtains closed at 12:30 in the afternoon. The relative explained that it was not apparent if the person had had a drink or eaten and that on days when the person was supported to get up and go to the lounge they became more alert and communicative. The member of staff told the relative that they were unsure if the person had been supported that day and that perhaps they had not been as they were short-staffed as one member of staff had not arrived for their shift. Records showed that it was not evident that the person had received support that day. When this was raised with the management team they explained that the person has one day in bed and the next day in the lounge. This did not correspond with the support that was later provided to the person, as once staff had been made aware that the person hadn't been supported, the person was assisted to get out of bed and spend time in the lounge.
● Staff told us that staffing levels did not correlate with people's needs. One member of staff told us that one unit had three people who required assistance from two members of staff and a further four people who needed support as they often displayed behaviours that challenged others. When speaking about the number of staff allocated to support people on that unit, the member of staff told us, "It's not enough." Another member of staff told us, "We are trying to cover between the units because there is not enough staff. We have reported to managers that there is not enough staff but nothing changes."

The provider had not ensured that there was sufficient staff to meet people's assessed levels of need. This increased the risk of people's needs not being met in a timely way. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had assured themselves that staff were of good character and suitable for the role before they started work. Recruitment processes had been revised to help the provider to appoint staff who shared their values.

Systems and processes to safeguard people from the risk of abuse;
● People were not always protected from the risk of abuse. Staff understood the signs and symptoms that could indicate that people were at risk of harm. But the management team had failed to consider that they had sometimes neglected people's needs when they had not been provided with medicines according to

their needs and prescribing guidance. Neither had they considered making a safeguarding referral when it was apparent that one person had not been supported with their needs by staff. Following the inspection, CQC made safeguarding referrals to the local authority for them to consider as part of their safeguarding duties.

The provider had not ensured that they consistently safeguarded people from abuse and improper treatment. This contributed to a breach of Regulation 13 (Safeguarding from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other incidents where people had been at risk of harm, had been shared with external health and social care professionals. The provider had worked with them to assist them with their enquiries.
● People told us they felt safe and comfortable with staff and they knew who to speak to if they were ever worried about their care.

Preventing and controlling infection
● People were protected from the spread of infection. Staff used protective equipment and disposed of waste appropriately. The environment was clean, and people told us they were happy with the cleanliness of the home.
● The provider assured themselves that infection prevention and control was maintained by conducting audits and taking action when needed.
● Staff responsible for preparing food had received appropriate food hygiene training.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This was because when people had a health condition that had the potential to affect their decision-making abilities, the provider had not always assessed their capacity to consent to care and had instead involved others to act on their behalf who did not always have the legal authority to do so. At this inspection, this key question has remained rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff did not always have a good understanding of MCA and DoLS. Some staff were unaware of who had a DoLS in place and what this meant for the person.
- When staff had assessed people's capacity to consent to specific decisions it was not evident that staff had reviewed and reassessed people's abilities to ensure any decisions made remained current. For example, staff had assessed one person as having capacity to consent to staying at the home in 2013 and again in 2018, but had not reviewed this since to ensure the assessment remained current, despite the person living with dementia, a condition that could change and progress over that time.
- Some people had DoLS authorisations which had conditions associated to them. This meant that the local authority had authorised the DoLS upon the condition that certain aspects of the person's care were met. One person had a DoLS authorisation and conditions which advised staff to encourage the person's independence by enabling them to make their own hot drinks, it also advised to encourage the person to access the garden, so they could enjoy time outside of the home. Staff and the management team were not aware of these conditions and when asked they were not able to provide assurance that they had worked in accordance with them and the person had received the necessary support.

The provider had not always ensured that the systems operated safeguarded people from improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● When people had a health condition that had the potential to affect their understanding and decision-making abilities, staff had worked in accordance with the MCA. They had undertaken mental capacity assessments for specific decisions relating to people's care. When people were unable to make decisions for themselves, staff had liaised with people's relatives and external health professionals to ensure any decisions made were in people's best interests.

Staff support: induction, training, skills and experience

● The provider had not always assured themselves that staff had the appropriate knowledge and understanding to support people according to their needs. Records to document staff's training showed that training which the provider considered essential, had not always been provided to all appropriate staff. For example, all units of the home were for people living with dementia, despite this, only 30 out of 82 staff had undertaken training to support people living with dementia effectively. Some people in the home who were living with dementia, sometimes displayed behaviours that challenged others. Staff had not always been provided with training about how to support people effectively during these times. These findings corresponded with observations of some poor practice by staff who had not undertaken training on how to support people living with dementia. One person was displaying signs of apparent anxiety and was observed to be shouting, swearing and banging the table. Staff intervened but appeared unclear about how to support the person in the most effective way. Records for the person did not provide staff with appropriate guidance about how to support the person when they became anxious. This increased the risk that the person would not be supported consistently or in a way that was appropriate to their needs. Following the inspection, the provider informed us that 10 more staff had completed training on supporting people who were living with dementia.

● There has been an increased focus by the provider, the local authority and clinical commissioning groups to improve the quality of care planning, to help ensure that people's needs were appropriately identified, assessed and planned for. Despite this, 37 out of approximately 62 staff had undertaken the training which the provider had identified for understanding care planning and this did not always include staff that were responsible for writing and reviewing people's care plans to ensure they provided clear and accurate guidance on how to meet people's needs.

● The skills mix and experiences of staff when allocating and deploying staff had not always been considered. Staffing rotas showed that there were a high-proportion of agency staff working overnight. During one night in November 2019, although they had previously worked at the home, all support workers were agency staff. This increased the risk that people might not be supported in accordance with their assessed needs or preferences as agency staff were not always provided with accessible information about people's needs.

● Staff told us that they did not always feel supported by the management team or provider. Records showed, and some staff confirmed that staff had not always been supported to undertake the care certificate or have access to supervision and appraisal meetings in accordance with the provider's policy. The care certificate is a set of agreed national standards that care workers can work towards. These define the knowledge, skills and behaviours expected of specific job roles within health and social care. The provider had recognised this through their own audit process and had plans in place to ensure this improved.

The provider had not always ensured that staff were suitably qualified, competent and skilled. This contributed to the breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had introduced competency checks for agency staff. The provider had ensured that they assessed agency staff's skills in relation to moving and positioning, before they supported people.

● The provider had ensured that staff had received specific training to increase their knowledge and awareness of potential risks around modified diets. People had been supported safely and risks had been reduced.
● The provider had identified that the quality of training could be improved further. Staff had previously completed on-line training for supporting people who were living with dementia and the provider was in the process of arranging face-to-face training for staff to help increase their understanding and awareness and improve people's experiences.
● The provider was working with the local authority and was encouraging staff to undertake courses provided by them to further develop their skills. Shared learning had been encouraged and the provider had worked alongside the local authority to help improve staff's awareness of providing good quality and effective care.

Adapting service, design, decoration to meet people's needs
● The environment did not always help people to navigate their surroundings and people did not always have access to objects that were meaningful or provided stimulation or orientation. For example, we were told by the management team that all units of the home were for people who were living with dementia. Some communal corridors had been decorated with murals to provide interest and a form of stimulation for people. Other areas of the home were bare and there was a lack of prompts to aid people's orientation in line with best practice guidance when supporting people who are living with dementia. For example, white boards, which informed people of menu options, did not provide information in a way that would support some people living with dementia to understand. One member of staff told us they had suggested making communal areas homelier to help people to feel at ease and comfortable in their surroundings. They told us this had not been listened to and nothing had been changed in response to their feedback.

We recommend the provider considers current guidance on providing stimulating, meaningful and appropriate environments for people who are living with dementia.

● Work was on-going to further improve the environment for people living with dementia. The management team told us they planned to improve the decoration of areas within the home to help prompt people's memories and orientation.
● People had adequate space to move around the home. People were observed mobilising independently with their mobility aids. A relative told us, "It is well-designed."
● People had private rooms if they wished to spend time alone or receive visitors in privacy. Some people had been encouraged to personalise their rooms with items that were important to them. This helped to create a homely atmosphere.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's needs were assessed in accordance with best practice guidance. Nationally recognised tools were used to assess people's risk of malnutrition and skin integrity. The provider had worked with external health and social care professionals to reassess and review people's needs to ensure that there was a better focus and emphasis on their needs and preferences. People's needs in relation to their oral health had not been identified. Staff were not provided with guidance as to what support a person might need to maintain their oral hygiene. The provider had identified this and was in the process of implementing oral hygiene assessments to ensure people's needs were identified and staff supported them appropriately.
● People assessed as being at increased risk of malnutrition and dehydration had received safe and effective care. There was clear guidance for staff and an increased oversight of people's care to ensure they

received effective support to maintain their health. People who were at risk of malnutrition had their weight monitored. This showed that people's weight had stabilised as they were provided with food and snacks that were fortified to increase their caloric intake. When people's fluid intake was lower than their recommended daily allowance, staff had contacted external health care professionals for further advice and guidance.

● People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists or mobilising wheelchairs to support them to move and position.

● People told us they had access to external healthcare professionals to help maintain their health and to seek medical assistance if they were unwell. Staff liaised and worked alongside external healthcare professionals to help ensure people received coordinated care.

● Technology was used so that people were able to call for staff's assistance by using call bells. For people who were unable to use call bells, due to their level of understanding, sensor mats were used so that when people stepped on these, staff were alerted and were able to go to the person's aid.

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

● People were complimentary about the food. They told us they had choice and were provided with alternatives if they disliked the food served. Staff encouraged people to eat and drink. People were observed having drinks and snacks throughout the day. One person told us, "The food is mainly to my liking, it's okay and we can have drinks anytime."

● When people required a modified diet and had their meals softened, staff had ensured that these were presented in an appetising way. Each item of food had been softened and presented as separate portions on the plate so that the person would be able to differentiate the flavours and types of food.

Requires Improvement

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant people were not always well supported, cared for or treated with dignity and respect.

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

- Senior staff were observed to not always support people in a respectful or dignified way. We observed one person who was living with dementia, who was not supported to have their medicine administered in a respectful way that maintained their privacy. The person was sitting at the dining table with three other people when a member of staff approached the person to support them with their medicines. Without asking the person if they minded being supported at the dining table in front of others or offering the person the opportunity to go to their room, the member of staff administered a trans-dermal patch onto the person's back by lowering their top and exposing their back and shoulder. This was not respectful and did not promote the person's privacy or dignity.
- Another person who was living with dementia, was sitting in the lounge with others and was showing signs of apparent anxiety. They were calling out and touching their mouth. A member of staff noticed that the person did not have their dentures in and collected these from the person's room. They did not offer the person the opportunity to go their room to be supported in privacy and instead applied adhesive to the person's dentures and placed these into the person's mouth. This was undignified and did not consider the affect this might have on the person's feelings when they were surrounded by others.
- The same members of staff were preparing for a GP visit. They were in the lounge area where five people were spending time, some of whom were eating their breakfast. The members of staff did not consider people's right to privacy or dignity. They spoke about people's health conditions, bowel movements and urinary tract infections in front of others. This was not respectful to the people this concerned and was not pleasant for people who were eating their meal.

People were not always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These observations were fed back to the management team who informed us they would raise these with the members of staff concerned to help their understanding of the importance of promoting respectful and dignified care.

- The provider had not ensured that staffing levels and the deployment of staff, enabled staff to spend time with people to meet their needs. Staff did not always have time to listen to people, answer their questions, provide information or involve them in decisions due the demands of their role. One member of staff told us, "Definitely not enough staff, residents here don't get a good deal, it is stressful, and staff are always rushing."

Staff told us that staffing levels were stretched and they struggled to sometimes meet people's physical needs or provide compassionate care. They explained that staffing levels did not enable them to spend enough time with people to meet their social and emotional needs and some of our observations confirmed this. We observed that staff did not always have time to spend with people and although in the vicinity where people were, they were busy with tasks and completing documentation and there were missed opportunities for interacting with people.

The provider had failed to ensure that there were sufficient staff to meet people's needs. This contributed to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Most people were supported in a respectful and dignified way. The management team had a visible presence throughout the home and demonstrated a kind and caring nature. Most staff were kind and caring and took time to explain their actions to ensure people's comfort and wellbeing. People who were comfortable with a tactile approach were observed hugging staff and holding their hands. People were observed smiling and responding well to their interactions with staff. One member of staff told us, "We are close to people, we muck around a lot and make people laugh and have fun with them."
● People told us they were treated with kindness and compassion. One person told us, "Staff treat us well." Another person told us, "I like the people that work here." A third person told us, "I do feel I am well looked after by all of them." We observed one person who was living with dementia, smile and hug a member of staff that they had not seen for some time. A caring, compassionate interaction took place which the person responded positively to.
● When people required assistance with their personal care needs, staff supported them in a discreet and sensitive way. People told us that staff maintained their privacy.
● When people who were living with dementia displayed signs of apparent anxiety, staff took time to speak with them and offer reassurance. For example, one person kept attempting to stand and was calling out asking for their relative. Staff interacted with the person in a kind and patient way and continually reassured the person, explaining when they would see their relative. The person was reassured by this and their behaviour visibly calmed.
● Independence was respected and encouraged. One person accessed the community independently. Others were observed mobilising independently around the building using their mobility aids. People who required adapted crockery and cutlery were provided with suitable equipment to enable them to remain independent when eating and drinking. People were able to choose how they spent their time and staff respected their right to make decisions.
● People's religious and cultural needs were established when they first moved into the home and people were able to continue to practise their faith if they so wished. One person told us about a church service they attended monthly.
● People were supported to have contact with their family and friends who told us they were made to feel welcome.
● Daily meetings, where staff discussed people's care needs, were conducted in offices so that people's privacy was maintained. Information held about people was securely stored in locked cabinets and offices.

Supporting people to express their views and be involved in making decisions about their care
● People told us they were involved in day-to-day decisions that affected their care and our observations confirmed this. People were asked what drinks they would like or what they would like to wear. People were observed wearing clothes of their choice that reflected their individuality and preferences.
● People could choose to take part in residents' meetings where they could raise issues and make suggestions. A member of staff told us there were plans to redecorate some of the hallways which led to

people's rooms. They explained that choices of decoration had been discussed during meetings so that people could make suggestions and be involved in any decisions made.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. This was because people's communication needs were not always met and some of the practices within the home did not always demonstrate person-centred practice. At this inspection, the provider had not made enough improvement and we continue to have concerns. This key question remains Requires Improvement. This meant people's needs were not always met.

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

- People did not always receive person-centred care that met their needs or preferences. Records for one person who was living with dementia, provided guidance to staff to state that the person preferred female members of staff to support them with their personal care needs. Daily records showed that this had not always been respected and staff confirmed that the person had been supported with their personal care needs on several occasions by male members of staff. When this was raised with the management team they explained that this had usually occurred during the night when there were a high-proportion of male agency staff. This did not correspond with staffing rotas which showed that although there were a high-proportion of agency staff who worked overnight, these were both female and male staff. This response raised concerns about their consideration of people's expressed needs when allocating and deploying staff.
- It was not always evident how some people or their relatives, if appropriate, had been involved in discussions about people's care. One person told us, "They don't discuss much with me." Another person told us, "We're not sure they involve us in our care." When discussions had taken place with people or their relatives, it was not always evident that their views had been listened to and acted upon. For example, records for one person who was living with dementia, showed that their relative had asked staff about the person's oral health and access to a dentist. Staff had recorded that a referral to the dentist would be made. Staff were unaware of this request and when asked were unable to explain or show that a referral had been made, despite this being agreed with the person's relative three-months previously.
- One person was living with dementia and Parkinson's disease and therefore had conditions that could change and progress over time. The person received respite care and had stayed at the home on previous occasions. Records showed that staff had recognised that the person's cognition was deteriorating when they had first started to stay at the home. Despite this, records showed that each time the person had stayed, staff had not reassessed or reviewed the person's needs to ensure the guidance provided to staff was appropriate and met the person's current needs. Records showed that some of the person's needs had not been assessed for a period of 16 months.
- Staff had not always been provided with information about people's life histories, their interests and hobbies. When this information had been obtained, it was not apparent how people had been supported to pursue their interests. We observed people spent large amounts of time with little to occupy their time. There was a lack of stimulation and interaction between some people and staff, most of whom were task-

focused. Staff told us they wanted to spend more time having conversations with people but were restricted by the demands of the role and the impact staffing levels had on their ability to do this. At the inspection there was a high-proportion of agency staff, who did not always know people's needs when we spoke to them. Some observations showed that some of these staff explained their actions and attempted to interact with people, whilst others sometimes missed opportunities for interaction. When the lack of stimulation and interaction was raised with the management team, they told us there was one activity coordinator responsible for providing stimulation and interaction for people and that at other times this was the responsibility of staff. One person who spent time in their room told us, "I get a bit bored, there is not much to see." Another person told us, "There is not enough entertainment and activities." A relative told us, "They haven't had the stimulation here." A member of staff told us, "Yes, they get a bit bored and agitated most of time. It depends if we have enough staff."

● There was a lack of person-centred approaches to ensure that people received coordinated care that met their assessed needs. For example, records for one person who was living with dementia, showed that they had had a career working nights. Staff had documented that the person often stayed up late and wanted to sleep during the day. Support had not always been adapted to meet the person's needs. For example, the person's weight was being monitored as they had been assessed as being at risk of malnutrition. Observations showed that the person was asleep when their meal was served, and they did not eat it. Staff demonstrated good practice by explaining they would save the person's meal for later in the day when they were more alert but had not considered adapting the person's meal times to better suit their needs and preferences and therefore support their access to food. Instead, meals had been provided at pre-sent times due to the routines of the home. This demonstrated a service-led approach to people's care.

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

● Most people were living with dementia. Information had not been adapted to meet the needs of some people living with dementia. Complaints procedures as well as an annual survey that was sent to people, had not been adapted to provide a more user-friendly way of enabling people to share their views. The provider was in the process of looking at ways to improve these.

● People were asked to choose their meals for the following day. Some people were able to make this choice and staff respected their right to change their mind on the day if they preferred an alternative option. This approach did not accommodate some people who were living with dementia who might find it hard to remember what they had chosen the previous day. The Social Care Institute for Excellence states, 'As dementia progresses a person might have difficulty choosing and deciding on the food they want to eat. Calling out a list of options can be confusing and difficult for the person as they may not recognise what the food is from hearing the words alone'. Notice boards, where staff could write information about the menu options, were sometimes blank and observations showed that people were not always reminded of what they had chosen before being provided with their meal or before staff supported them to eat.

The provider had not always ensured that the care and treatment provided to people was appropriate, met their assessed needs or reflected their preferences. This was a beach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had engaged with social care professionals from the local authority to help enhance stimulation for people to ensure they had meaningful, person-centred interactions with others.

● Staff told us that they did not always have time to read people's care plans and therefore did not always

know people's assessed needs and preferences. The provider had recognised that staff were not always provided with accessible information about people's assessed needs. They were in the process of implementing a new care planning system. This was of relevance due to the use of agency staff and new staff who did not yet know people's needs. Revised care plans were more specific to people's needs and contained information and guidance for staff to better equip them, to help them provide person-centred care.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy. When concerns had been raised, these had been dealt with appropriately and in accordance with the provider's policy.

● People and relatives told us they felt comfortable raising issues of concern to the management team.

End of life care and support

● People were able to plan for end of life care. Staff were provided with guidance about how the person wanted to be cared for at the end of their lives. This included where they wanted to be and who they wanted with them. There was no one currently receiving end of life care at the time of the inspection, however, records showed that when people had passed away they had been supported according to their expressed needs. Records for one person showed that staff had stayed with the person at the end of their life to ensure they were not on their own.

● Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that when these were required, their comfort was maintained.

● Compliment cards and letters had been received from relatives which thanked staff for their caring approach and attitude when caring for their loved one when they were at the end of their life.

Inadequate

Is the service well-led?

Our findings

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At the last inspection this key question was rated as Requires Improvement. This was because there were continued concerns about the provider's ability to maintain standards and to continually improve the quality of care. The provider had not always assessed, monitored or improved the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection, the provider had not fully complied with their action plan and not enough improvement had been made. The provider was still in breach of the regulation. This key question has deteriorated to Inadequate. This means there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. The home has been rated as Requires Improvement at the last three consecutive inspections.

● There has been an increased focus on the provider's services within the Sussex area, by the provider, the local authority, the clinical commissioning group and CQC, due to ongoing concerns about their failure to address and improve reoccurring themes. Since the last inspection, the provider had acted to help improve the service people received. They had worked with external health and social care professionals and had employed dedicated quality improvement managers to help drive improvement. These professionals had worked with the provider to help make some of the changes that were required to help improve the quality of care people received. Despite this, we continue to have concerns about the provider's ability to make sufficient improvements and to continually improve. Since the last inspection, there has been a decrease in the quality of care people have received. We have found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
● Since the last inspection, the registered manager had left. The management team consisted of an acting manager, who had been in post for three weeks, and a deputy manager. A regional operations manager regularly visited the home to offer support to the management team and to undertake quality assurance audits.
● The provider's values of wellness, happiness and kindness were not always demonstrated through their practice or within their systems and processes. There was a lack of oversight by the provider to ensure that people received good quality, person-centred care. Shortfalls in the delivery of care found as part of this inspection, had not always been identified by the management team or the provider. There was no process for auditing staffing levels to ensure they were sufficient and it had not been identified that there was insufficient staffing to meet people's assessed needs or that staff had not always been supported to gain the necessary skills to support people effectively.

● Audits had not always taken into consideration people's holistic needs or experiences. For example, medication audits had identified that medication room and fridge temperatures had not been recorded. A care plan audit had highlighted issues such as certain documents not being completed. Both audits had failed to identify that the person had not always received their medicine, prescribed to treat their Parkinson's disease, according to prescribing guidance.

● Following the last inspection, when there were concerns that some people living with Parkinson's disease were not always having their medicines according to prescribing guidance, the provider had implemented a new audit. This had failed to identify the concerns we found at this inspection in relation to three people not receiving their medicines according to prescribing guidance.

● The management team and provider had failed to identify that there was insufficient monitoring and that staff had not followed the provider's policy when one person had experienced a fall. Neither had they ensured that people's needs were assessed and reviewed in a timely way to ensure people received appropriate support and staff were provided with current guidance.

● Following concerns found at some inspections of the provider's other services within the Sussex area in relation to people who required a modified diet having access to high-risk foods, the provider had implemented revised protocols and audits. Despite this, they notified us that in June 2019, their new protocols had failed to ensure that one person had been provided with food that was in accordance with Speech and Language Therapists (SALT) guidance. At this inspection, we found improvements had been made and people were receiving appropriate food to meet their needs. The provider was continuing to ensure these positive changes were embedded in practice.

● Despite some issues being identified at the previous inspection, the provider had not ensured that they maintained sufficient oversight to ensure improvements were made. For example, unsafe medicines management, a lack of person-centred care and appropriate adaptions to information provided to people living with dementia, were all fed back to the provider at the last inspection. At this inspection we found they had not made enough improvement to ensure these aspects of people's care improved and these areas of practice continued to be a concern.

●There has been a lack of oversight to ensure that reoccurring themes that have been identified at previous inspections of the home or within the provider's other services within the Sussex area, have been identified and improved. For example, there has been a reoccurring theme over the past two years in relation to MCA and DoLS. This is currently a concern in six out of 12 of the provider's services within the Sussex area. There was a lack of oversight by the management team with regards to who had a DoLS application made and if a DoLS had been authorised, if there were conditions associated to it.

● When shortfalls had been identified within the management team or provider's audits, it was not apparent what action had been taken to ensure improvements were made in a timely way. One audit had identified that people did not have access to their own hoist sling and instead had to share these with others. The management team had identified in August 2019 that this was not good practice. Despite this, we found that this continued to be an issue. When this was raised with the provider they told us that people should have access to their own individual sling and that they would look to implement this. This had been made known to them by staff three months previously and it was not apparent what action had been taken in response. One member of staff told us, "People should have their own sling but despite asking this hasn't happened."

● There was mixed feedback from staff about the management team and the provider. One member of staff told us they valued the support provided by the deputy manager and team leaders and that each day they were asked how they were and if they were okay. They explained that the management team was "Nice and helpful and the residents love them." Feedback about the previous management regime as well as the provider, was less positive. Some staff told us that they did not feel listened to and that there were mixed messages from the provider as to the requirements of their role and this made them feel confused and unclear as to what they were supposed to do. Two members of staff told us, "Morale is so low."

● The provider sought peoples' and relatives' feedback through annual surveys. Records showed that

feedback had been provided. It was not apparent that all feedback had been listened to or acted upon. For example, results from the survey showed that when people had been asked what could be improved, some people had stated that there needed to be more staff. On the action plan that accompanied the survey results, there were no plans on how this feedback was being used to make improvements to the staffing levels or to the care people received.

● Records, to document the care people had received were not always completed in their entirety or well-maintained. Some people had been assessed as requiring support with certain aspects of their personal hygiene and had sometimes expressed preferences about having a bath or a shower. Staff had not documented their actions accurately. Guidance for one person stated that they required support to have a bath three times per week. A review of the person's daily records for two weeks showed that they had not been supported to have a bath. This raised concerns about the care people received. It was not evident if people had received appropriate care or if staff had failed to document their actions. This had been raised with staff in a staff meeting but it was not evident what other action was taken to ensure this improved and the management team and provider were assured that people were receiving appropriate care to meet their assessed needs.

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

● Some improvements had been made since the last inspection and staff had been provided with guidance about people's recommended daily fluid intake. Records to document staff's actions when supporting people to eat or drink had improved.

● The provider was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

● The provider had embraced all the support that had been provided by external health and social care professionals. They were starting to take on board feedback to improve the delivery of care and were working in partnership with professionals to ensure people's experiences, as well as the care that was delivered, improved.

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

● The provider demonstrated a candid, open and transparent approach. They had informed CQC and other external health and social care professionals, when care had not gone according to plan.

● People and their relatives told us that the management team and staff were open and honest with them. Records also showed that they were kept informed of any changes in people's needs or if care had not gone according to plan.

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 Regulation 9 (1) (a) (b) (c) (2) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care. The registered person had not ensured that the care and treatment of service users was appropriate, met their needs or reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and Respect. The registered person had not ensured that service users were treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 (1) (2) (3) (4) (b) (d) (5) (6) (d) (7) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

The registered person had not ensured that service users were protected from abuse and improper treatment.

Systems and processes were not established or operated effectively to ensure that service user's were safeguarded from abuse and improper treatment and their liberty of movement was not restricted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The registered person had not ensured that there were: Sufficient numbers of suitably qualified, competent, skilled and experienced people That staff had received appropriate support, training professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

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 Regulation 12 (1) (2) (a) (b) (e) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment. The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.

The enforcement action we took:

We served a Warning Notice on the provider for the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and they are required to become compliant by 18 February 2020.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) (d) (ii) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person had not ensured that systems and processes were established and operated effectively to: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Maintain securely an accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

The enforcement action we took:

We served a Warning Notice on the provider for the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and they are required to become compliant by 30 March 2020.