SHC Rapkyns Group Limited

Wisteria Lodge

Inspection report

Horney Common
Nutley
Uckfield
East Sussex
TN22 3EA

Tel: 01825714080
Website: www.sussexhealthcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 13 and 14 March 2018. This was a comprehensive inspection and it was unannounced.

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

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

Wisteria Lodge is registered to provide nursing and accommodation for up to 20 people who may have a learning disability, physical disabilities and complex health needs. At the time of our inspection there were 19 people living at the home. Accommodation is provided across two units called Wisteria Lodge and Stable Lodge. Each unit has a separate living room, dining room and kitchenette. Rooms were of single occupancy and had en-suite facilities. The home offers the use of specialist baths, a spa pool and physiotherapy.

A registered manager was in post. 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.

Wisteria Lodge has not been operated and developed in line with the values that underpin the Registering the Right Support and other best practice guidance. Wisteria Lodge was designed, built and registered before this guidance was published. However, the provider has not developed or adapted Wisteria Lodge in response to changes in best practice guidance. Had the provider applied to register Wisteria Lodge today, the application would be unlikely to be granted. The model and scale of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs.

These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen, but this was not always the case for people. Wisteria Lodge is a large clinical setting rather than a small-scale homely environment. Wisteria Lodge is geographically isolated on a campus in rural East Sussex with many people having moved to East Sussex from other local authority areas and therefore not as able to retain ties with their local

communities. For some people, there were limited opportunities to have meaningful engagement with the local community amenities. Most people's social engagement and activities took place either at Wisteria Lodge or at another service operated by the provider, such as the provider's day centre.

Records did not always demonstrate the correct action had been taken after an incident had occurred including whether it had been shared with the local authority safeguarding team for their review. We found inconsistencies within how risks were being managed on behalf of people who had a diagnosis of epilepsy.

People's consent to care and treatment was not always gained in line with the requirements of the Mental Capacity Act 2005 and people were not always treated with dignity and respect.

Care records were not accessible for the people being written about and they did not always reflect that people received personalised care that met their needs. We identified staff were not working in accordance with some aspects of agreed care planning such as supporting people with meaningful and preferred activities.

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

Staff received supervisions and appraisals and they found the registered manager's approach supportive.

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

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

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

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.

Staff had received training in safeguarding adults at risk. However, on one occasion staff failed to accurately complete an account of what had happened during an incident and report the concern to the local authority.

Risks were not always managed safely on behalf of people who had epilepsy.

There were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider did not work consistently in accordance with MCA legislation.

Staff had not always attended training specific to the needs of the people they were supporting.

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

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff did not consistently demonstrate caring values when supporting people.

Confidential information relating to people was not always maintained securely.

People and their relatives were given opportunities to attend resident meetings and care reviews.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Personalised care was not always delivered to people.

Care plans were not accessible to all people.

Complaints were responded to and managed effectively.

Is the service well-led?

Requires Improvement

The service was not consistently Well-led.

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

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

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

Wisteria Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 14 March 2018. The first day was unannounced and the inspection team consisted of two inspectors, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included learning disabilities and people with complex health needs. The second day of inspection consisted of an inspector, an inspection manager and the same specialist advisor. The specialist advisor had specialist clinical experience in supporting people with a learning disability, autism and/or complex heath needs.

Prior to the inspection, we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider had also completed a Provider Information Return (PIR) as the inspection took place prior to the publication of the previous inspection report. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Shortly after the inspection we spoke with a tissue viability nurse who agreed to have their comments used in this inspection report.

Due to the nature of people's complex needs, we were not always able to ask people direct questions. The majority of people who lived at the service could not tell us about their views of the service they received. Therefore we spent time observing the care and support that people received during the morning, at lunchtime and during the afternoon over both days. We spoke with the deputy manager, who was also a registered nurse. We talked with one agency registered nurse, three care staff, the registered manager and the area manager and the chef. We spoke with two relatives to gain their views.

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

Requires Improvement

Is the service safe?

Our findings

A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support.

Mostly, risks to people were managed safely and this was reflected in people's care plans. However, we identified insufficient detail in one person's care records relating to the management of epilepsy. The person had learning, physical disabilities and complex health needs. Their care plan identified the need for them to be supported with epilepsy. The epilepsy care plan identified the person experienced two different types of seizures. The person was also prescribed an emergency rescue medicine and referred the reader to an associated, 'seizure management protocol'. The protocol was generic in style and failed to describe whether there were any warning signs for staff to be aware of and how the person presented at the time including the differences between different seizure types. The protocol failed to include what side effects the person may experience after emergency epilepsy medicine was administered to them and did not state how many doses a staff member was able to administer to them over a 24 hour period. We identified a further four epilepsy protocols that similarly, lacked detailed information in how to support people. They were not personalised to the individual needs of the people they were discussing and the types of seizures they experienced.

Whilst staff we spoke with knew people and their epilepsy needs well, we were unable to speak with all staff during the inspection to assess their understanding of epilepsy. Therefore, the lack of detail meant there was a potential risk people would not have their epilepsy needs met safely. Guidance in place to support people with epilepsy needed to ensure the necessary detail was accessible for staff so that the associated risks were minimised. We fed this back to the registered manager and area manager at the time of the inspection. They assured us they would amend the seizure management protocols to address issues discussed.

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

Staff had been trained in safeguarding adult procedures. However, the training received was not always implemented in practice. Accidents and incidents were recorded. However, on one occasion there was insufficient detail available to assure us that staff had taken the correct action at the time to minimise further risks on behalf of people. This included whether the incident had been reported to the local safeguarding team for their review. We read a 'behaviour record sheet' which was in place on behalf of one person living at the home. It described an incident whereby the person had scratched another person. The description did not include any details regarding who the other person was and failed to describe whether an injury had occurred as a result. The information provided very limited details regarding the actions staff had taken after the incident to minimise the risk to the person and others.

We spoke with the registered manager about the incident who shared it was because the person 'possibly' needed their nails cutting. However, they could not provide any further details about whether it was an accident or not. They had also not considered this as a potential physical assault which would need to be

shared with the local authority East Sussex safeguarding team for their review. It is the responsibility of the local authority to decide whether an incident meets the threshold for a safeguarding enquiry, not the provider. Other locations operated by the provider were subject to safeguarding investigations and police investigations. Therefore improvements were needed to ensure lessons had been learnt. We recommend the provider reviews their accident and incident procedures to ensure records completed at the time of the event, reflect what happened and describe the actions staff took to minimise any further risks to people.

We sampled other risk assessments which had been carried out about people's needs. They included step by step guidance on how people should be supported and monitored with their moving and handling needs. They also considered risks associated with diabetes, constipation and/or swallowing difficulties. Some people living at Wisteria Lodge could not manage to eat, drink and take medicines orally. They required the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes. A PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and oesophagus. Permanent and agency registered nurses we spoke with during the inspection were knowledgeable about the management of supporting people using PEG and we observed them carry out this support safely. Care plans and associated risk assessments provided detailed guidance specific to the individual for staff to refer to.

We also found examples of risks being managed appropriately relating to the premises and equipment; these were monitored and checked to promote safety. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electrical safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms were tested regularly by the provider's maintenance engineer to ensure they were in good working order. Records confirmed that maintenance staff attended immediately when contacted by staff to repair damage, which ensured people were protected from environmental risks. Other service checks such as hoist equipment, wheelchairs and legionella checks were managed effectively through prompt and regular servicing.

We spoke with registered nurses who were based at the Wisteria Lodge, working at the time of the inspection. They confidently discussed how they administered medicines to people. Registered nurses were knowledgeable as to the reasons why people had medicines prescribed to them, any known side effects and what to do in the event of any concerns. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty, when they took their medicines. Oral medicines were administered by nurses only.

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

There were enough staff working across each of the two units. A relative told us, "There are sufficient staff", and added, "I like that they have a mix of ages of staff, some younger, some older". The provider used a dependency tool to ensure there were enough staff on duty. Some people received one to one support and we observed staff were allocated accordingly. In addition to nursing and care staff the provider employed the support of a physiotherapist, activity co-ordinators, an administrator, a chef and other domestic staff and maintenance staff including drivers to support people. Relatives we spoke with felt there was enough staff to meet people's needs and care was delivered safely. One relative told us, "Yes [named person] is safe. They're good at looking after [named person]. The surroundings and staff are very good. [Named person] has a special bed and a specially adapted wheelchair". Another relative told us, "Absolutely 100% safe. That's the lovely part of it, I trust them, never had an issue". They added, "Agency staff are always shadowed".

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

Wisteria Lodge had a safe and clean environment. Equipment was seen to be readily available that promoted effective infection control such as antibacterial hand wash, disposable gloves and clinical waste bins. The antibacterial hand gel positioned at the entrance was empty on the first day of the inspection. However, we informed the registered manager and this was rectified during the inspection.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty, were being met. There were 15 DoLS applications made to the local authority on behalf of people. We read four people's mental capacity assessments, which had been carried out by the registered manager prior to the application of a DoLS. We identified that three people had authorised DoLS in place. We asked the registered manager if there were any conditions within the authorisations and if they had been reviewed. The registered manager told us there were no conditions, however, this was not what we found. For example, one person who had an authorised DoLS had a condition to review the person's care plan six weeks before it was due to expire. Another person had a condition to ensure an up to date record was maintained of best interest decisions in relation to restrictions on their freedom of movement. The condition also discussed the need for the provider to ensure the use of any covert medicines were kept under review. We checked the persons care plan to see if the conditions had been reflected within it however they had not and the registered manager told us they were unaware of this.

The Mental Capacity Act 2005 provides detailed guidance on the statutory principles to be applied in relation to capacity. For example, everyone is presumed to have capacity unless it is established otherwise. It states that people should receive support to help them make their own decisions before it is concluded that they might lack capacity. The Act also refers to the kind of support people might need to help them make a decision, such as a different form of communication or information in an accessible format. Considering most people had complex communication needs, we saw no evidence that these different types of support were readily available to ensure they were involved with decisions made about their care. For example, MCA assessments we checked were generic in their style, did not include any time scales and did not state what specific decisions in relation to people's care they focused on. They therefore, did not demonstrate an understanding of how to carry out personalised mental capacity assessments in accordance with the principles of the MCA 2005. Whilst staff had attended MCA and DoLS training and they could demonstrate some understanding of the importance to their role and responsibilities, the provider had failed to consistently ensure that consent to care and treatment was sought in line with the requirements of the MCA and associated legislation under DoLS.

The provider had not ensured service users consent to care and treatment had been sought in accordance with the Mental Capacity Act (MCA) 2005. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had its own training academy. This was accessible to staff working for the organisation. We read the training courses provided to staff throughout 2017 and 2018. However, opportunities had been missed to ensure all staff had attended relevant training courses to enable them to meet the needs of the people they were supporting. For example, 10 out of 19 people living at Wisteria Lodge had a diagnosis of epilepsy, some of which were prescribed emergency rescue medicines due to their needs. However, four out of 11 care staff had not attended epilepsy training. One of the four staff was a senior care staff member who worked waking night shifts where there was less support available from other staff.

There were five people living at Wisteria Lodge who required the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes. A PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and oesophagus. The provider used registered nurses to provide all PEG management support to people. The home had five permanent registered nurses, one bank registered nurse and used four agency registered nurses. Two of the permanent registered nurses, who regularly worked night shifts, had not attended PEG management training. We checked rota's and found both of them had worked a total of 23 night shifts together. This meant for 12 hours for each night there were no registered nurses present with that specific essential training. In addition, the bank registered nurse and one agency registered nurse had also not attended PEG management training. This meant the provider had failed to assure themselves registered nurses had the competency and skills to carry out this area of care effectively or safely. We fed back the need for all registered nurses to have attended essential training at the time of the inspection with the registered manager and area manager.

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

Other training was attended by staff routinely. This included health & safety, infection control and learning disability training. Staff also received additional support in the form of supervisions, appraisals and opportunities to attend staff meetings. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff meetings took place every 6-8 weeks and minute's demonstrated staff were provided with opportunities to discuss all matters relating to the home. This included changes in people's needs and other changes such as best practice guidance and legislation. For example, in January 2018 a discussion was held surrounding safeguarding training opportunities for staff and a reminder to all that consent from people must be sought prior to staff carrying out any personal care. Staff we spoke with told us they were happy with the support they received. The deputy manager told us the provider was, "Very supportive".

The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into Wisteria Lodge. However, they did not always utilise this information in developing care plans effectively over a period of time. The initial assessment processes in place considered certain protected characteristics as defined under the Equality Act. For example, religious status and disability. However, we have discussed how opportunities were missed by the provider to ensure the assessment of people's needs were consistently applied, in practice in other sections of this report.

The provider had ensured the environment and adaptations of the premises met people's physical disabilities. Most people living at the home were wheelchair users. Corridors and doorways were wide enough for people who used wheelchairs to move around the shared areas. Where required, bedrooms were equipped with an overhead tracking hoist to assist with safe moving and handling. Some signage was in use, for example, pictorial signs were displayed on doors to toilets and communal areas to assist people with their orientation in the building.

People were supported to have enough to eat, drink and maintain a balanced diet taking into account individual needs, likes and dislikes. The food was presented and smelt and looked appetising. A choice of drinks were offered to people throughout the inspection including at lunchtime. There were allocated kitchen and domestic staff employed to prepare meals on behalf of people. Care plans we looked at included information with regard to people's nutritional needs, for example, in relation to their appetite and how they should receive their nutrition, either orally or via PEG. The type and volume of nutritional fluid was determined by the dietician and guidance was followed by staff. Where people required supplements to augment their calorie intake, these had been recorded in their care records. In addition, if people had difficulties with swallowing, their care plans contained advice about the use of thickeners for fluids. We observed people using a mixture of adaptive cutlery to feed themselves and staff offered them garments to protect their clothing. A relative told us, "The food is nice. They have a BBQ in the summer. [Named person] has a choice of two menus, they make an effort to give [named person] new things." Another relative told us their family member had intolerances to certain foods and said, "That's always taken into account". They also said, "They (staff) bend to fit in with what [named person] wants".

Care plans we looked at reflected the involvement of health care professionals and people had been referred to specialists and consultants when needed. We noted people had attended Annual Health Checks in line with current guidance. The Annual Health Check scheme is for adults and young people aged 14 or above with learning disabilities, who need more health support and who may otherwise have health conditions that go undetected. Where people required support from the provider's physiotherapy staff, their needs had been appropriately assessed and recorded. We saw from records that people had regular check-ups with their dentist and optician as needed. Hospital passports had been completed for people. These were documents which included information about people's health care needs, including likes and dislikes, in an accessible format for hospital staff. A relative told us how pleased they were when the home involved the use of a speech and language therapist (SaLT) for their family member as they had experienced difficulties with swallowing in the past. They said, "They got SaLT involved and they phoned me at home as well".

Requires Improvement

Is the service caring?

Our findings

Wisteria Lodge is made up of two units, Wisteria Lodge and Stable Lodge. During the inspection we observed care provided in both units. This included the interactions between staff and the people they were supporting. We observed inconsistencies regarding the approaches used by staff when supporting people.

For example, on the first day of the inspection we observed the lunch time experience. The atmosphere was quiet and subdued, a TV in the background offered some noise however staff offered very limited interaction to the people they were supporting. There were nine people in the dining area being supported; one person used a PEG feeding tube. We noted one staff member approached them during their meal and checked their PEG meal, which was positioned at the back of their chair. However they missed an opportunity to speak with them at the same time to check that they were comfortable and had everything they needed. One person required their meal to be cut up into smaller bite sized chunks; staff did so away from them at the kitchen area and didn't involve them with the process. We also observed there were three people sat at the table without their lunch whilst staff attended to other people first. Whilst we appreciate there are practical issues regarding how many people staff can support at any one time, opportunities had been missed to either stagger the mealtimes, or provide those waiting with an activity to offer stimulation during this period. Instead we observed they sat at the communal table and watched whilst others ate.

Most information relating to people and their care needs was kept securely, within offices. However, we found some guidance about people's nutrition and hydration needs on the outside of cupboard doors in the communal dining areas. This meant personal information relating to people was placed in a public area accessible to any visitors to the home. We discussed this with the registered manager who stated this was so it was accessible for staff to refer to when needed. However they agreed it could be moved to a more discrete and secure position to protect and maintain people's privacy.

On the second day of the inspection, two people returned from an appointment and we observed them being supported to have a later lunch in Stable Lodge. We observed their lunchtime medicines administered to them, however no water was offered at the same time. We also observed staff stood over them, to assist them with eating their meal rather than using a more dignified and appropriate position. One staff member spoke with the person they were supporting however the other staff member failed to engage with the person they were supporting. We fed back our observations to the registered manager and area manager for their review. We also asked the registered manager their expectations of how staff should be positioned when supporting people with their meals. They told us staff should be sat seated on the high stools provided and showed there were three of them on each unit. People living in both units at Wisteria Lodge were completely reliant on staff to meet all their physical and communications needs. Therefore, we recommend the provider reviews how all staff engage with people to ensure a consistent caring culture is embedded and used throughout the home by the staff team.

We also observed other occasions whereby staff used positive approaches. Staff engaged with people to ensure they were comfortable and responded to their requests in a timely manner. We observed staff chatting with people and laughter could be heard coming from communal areas and people's bedrooms.

Staff bent down to address people at their own eye level and maintained good eye contact. They positioned themselves appropriately and used high stools if they were required when supporting people with their food. Staff spoke with people calmly and warmly, touched people sensitively and offered reassurance throughout the mealtime experience.

We observed staff knocking on people's bedroom doors before entering and doors were closed behind staff when personal care was being provided. A staff member told us, "We are allocated roles but if you see something needs doing, you do it". The same staff member described how they encouraged and promoted people's independence when supporting them with their personal care. They told us how patient all the staff were with people and said they, "Wait and pause for a response", when asking a person a question. The same staff member also said they were here to, "Give them (people) an enjoyable life. Doesn't mean they can't do just because they have a disability".

Relatives we spoke with complimented the care provided to their family members. One relative told us, "They treat [named person] with dignity and respect 100%. They have their own routines, e.g. they pull the blinds down". People had their own en-suite toilets; the same relative told us people were always supported to use their own toilet. They added, "It's hard to accept that someone can look after [named person] as well as you can but they do".

Resident meetings and care plan reviews provided people and their relative's opportunities to discuss what was important to them. We discussed the resident meeting minutes with the registered manager. We noted they were presented in a written format which was not necessarily accessible to people living at the home who may be reliant on pictorial images. We have discussed whether all information relating to people's care was consistently accessible to them within the Responsive section of this report.

In comparison, we read an annual pictorial newsletter which described to the reader all events which had happened over the course of a year. The decorated leaflet displayed photographs of people at birthday parties, an open day at a club some people attended and a Christmas party in December 2017. Care plan reviews included the person, their family representative and the relevant health and social care professionals. A relative who represented their family member told us they were very much involved in the person's care and said, "We don't get persistent calls, [named persons] daily care is dealt with as a matter of course, there are no big issues made". They added, "We're given confidence because they listened, we've spent a whole day with them telling them about [named person], their eating routine etc."

Requires Improvement

Is the service responsive?

Our findings

Personalised care that was responsive to people's needs was not always provided. Care records, including care plans, provided details of people's likes and dislikes with regards to how they wished to spend their time and what they needed staff to do to have their needs met. However, we found inconsistencies within how care planning guidance was applied, when staff were supporting people.

The Accessible Information Standard (AIS) is a requirement of NHS and adult social care services to ensure that people with a disability or sensory loss are given information in a way they can understand. No assessment had been completed to show how information should be recorded or shared with the person in an accessible way that specifically met their communication needs. This was true of all the care plans we looked at. Reasonable adjustments had not been made to ensure that people's information needs had been identified or consistently met according to their needs. People did not have an AIS plan to show how their specific needs had been identified, assessed or met. This meant that people could not contribute fully, or as much as they were able to, with planning their care and support.

One person had limited verbal communication. They were fully reliant on the staff team to advocate on their behalf. Their care plan had captured their 'dreams and aspirations' and it said they would like to use sign language effectively. Their care plan referred to the person using Makaton which is a type of sign language. We did not observe any staff using Makaton with them, despite Makaton being referred to throughout the person's care plan and the signs they used available in pictorial format within their care plan. We fed back our findings to the registered manager, who told us the person had stopped using them. However, they had not considered that this may have been influenced by staff not using Makaton signs with the person. They had not also considered reviewing what was written in the person's care plan. This person's communication needs were not being met or fully explored. The registered manager and area manager agreed to refer the person to a local speech and language therapist team to ensure their communication needs were reviewed in their best interests.

During our inspection, we observed that people living in Wisteria Lodge were not consistently provided with activities which were meaningful and reflected all people's needs and preferences. We were told activity planners were developed in accordance with a person's preferences. Daily notes, activity logs and unit diaries were completed by staff and reflected how a person spent each day. Staff told us they worked in accordance with the individual activity plans in place and these were based on people's individual needs. However, considering people's complex physical and learning disabilities, not all the options were stimulating and suitable. For example, on the first morning of the inspection, a group of people were sat around a communal table in the dining area. The activity was to draw a template of a butterfly, then use it to draw on some coloured paper and cut that out ready to be used as a hanging display in the windows. We sat with four people during the activity session. People sat around the table were limited to the extent they could be involved due to the level of their physical disabilities. From what we observed, people were not engaged with the activity and staff were doing things for people, rather than with them.

We checked the activity logs for a further two people throughout February 2018. One person's care plan had

stated they enjoyed going out regardless of the weather conditions. However, out of 28 days reviewed in February 2018 entries made by staff included one occasion only where they had been taken out by care staff. Whilst we established their relatives had taken them out on Sundays, their time, at the home was spent indoors with care staff. The same person was visually impaired. We observed them earlier in the inspection as part of the group attending the butterfly arts and crafts session. They were not engaged with what the activity had to offer. The activity logs for another person had similar activities, however, both people had very different needs. There was no rationale recorded as to whether the activities were meeting individual needs or whether they participated.

Another person's care plan stated they liked to attend a Church of England church on Sundays. We found in the past 14 months they had been to church five times only. We queried this with the registered manager who was unaware of this and felt the records might be inaccurate. However, they could not demonstrate the person had attended the church as frequently as they preferred. The registered manager told us the church used was a local Baptiste church not Church of England. This meant that the person was not being given an opportunity to access their preferred church as stated in their care plan.

Opportunities to engage or participate in the wider community were more limited. We looked at the activities that people engaged with and what they were able to access. This included a local college where some people attended a morning or afternoon session once or twice a week. There was an opportunity to attend an activity club for a few hours every other Saturday and staff and relatives spoke of a few big days out in the summer months. However, routinely people were often restricted to activities offered at the home or at another of the provider's facilities. The registered manager also shared they had recruited additional drivers. They told us it had been difficult recently due to having not as many drivers employed. However, they expressed people would now be able to get to where they needed more frequently.

Wisteria Lodge was set within spacious grounds, yet throughout the inspection we failed to see staff supporting people to access the garden/patio area for a walk. This was a missed opportunity to support people in enjoying some fresh air and for people to familiarise themselves with the surroundings of their own home.

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

Despite this, the relatives we spoke with complimented the activities provided to people. One relative said, "[Named person] seems to have plenty to do, a lady comes in on Thursday to do cooking and making stuff". Another relative said, "[Named person] is not made to do anything they do not want to do. Some things they can all do together" They told us the person went to hydrotherapy and has reflexology. During the inspection we also observed 14 people enjoying a music session. We saw some staff engaging positively and dancing with people who were appreciative of their enthusiasm and efforts.

The registered manager told us they had booked all staff on Makaton training and they would be attending on 21 March 2018 to support and maintain people's communication needs. The registered manager also explained they were going to be introducing the National Early Warning Score (NEWS). This is a standardised system for recording and assessing baseline observations of people to promote effective clinical care. For example, it will include a baseline for what a person's temperature, pulse rate and oxygen saturations should be and what actions nurses should take if physiological checks they take are outside of the baseline and a person's health deteriorates further. This was currently being piloted in other locations owned by the same provider, following allegations that people did not have their acute health and medical needs met in a

timely way.

Complaints were looked into and responded to in a timely manner. There was an accessible complaints policy in place available for both people living at the home and their relatives. There was a clear log of all complaints and the actions taken by the management team. There were no formal complaints open at the time of our inspection. A relative told us, "If we see a minor irritation we'll talk to someone about it, we're listened to and action is agreed. They also told us about how pleased they were that they had been involved in personalising their family member's bedroom and their outside patio. They said, "We now have some pots outside [named person's] back door".

At the time of the inspection, there was no one who was being supported at the end of their life. However, procedures were in place with the GP so that people would receive a comfortable, dignified and pain free death. This included access to pressure relieving equipment and pain relief medicines.

Requires Improvement

Is the service well-led?

Our findings

At this inspection, we found systems to assess and monitor the service were completed. However, they had failed to ensure a delivery of consistent, good quality care across the service. Whilst the management team considered our findings during the inspection, they had failed to pro-actively identify all the issues we found during the inspection.

For example, the registered manager told us they carried out their own internal checks to evaluate the care provided to people. These included a review of people's care records. This had failed to assess and identify the need to ensure all activities offered and provided to people were meaningful and person centred. In addition, area managers visited the home on a monthly basis. During these visits they spoke with staff and people and sampled records relating to people's care and the management of the home. They would then complete a report for any areas that required improvement and present this to the manager of the home. A visit from the area manager prior to the inspection on 12 March 2018 had highlighted that 'care plans could be more person centred'. However, this and other visits had failed to highlight and capture other issues we found such as, gaps within essential training and how the principles of the MCA were being applied. Both areas had been highlighted as areas of concern, prior to this inspection, at other locations owned by the provider.

Shortly after the inspection, we were contacted by a social worker. They informed us of an allegation which had been raised by a family member acting on behalf of a person living at the home. Discussions had taken place between the provider and the local authority safeguarding team regarding the allegation, to ensure the person's needs were being met. However, the registered manager had not notified the Care Quality Commission of the allegation. We contacted the registered manager and area manager and requested further information. In response, the area manager sent to us a Statutory Notification. A notification is information about important events which the provider is required to tell us about by law. This includes any allegation of abuse and improper treatment. However, this information was not provided until we requested it. This was particularly concerning as the provider is subject to additional monitoring and scrutiny from partner agencies and had failed to recognise the importance of doing so.

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

Staff complimented the approach used by the registered manager. One staff member said, "[Named registered manager] helps out on the floor". They added, "If you have a problem you can talk with her in private". Another staff member said, "She really cares about the service users and staff, she helps". We spoke with the registered manager throughout the inspection and observed they were hands on in their approach. They told us, "I work night and day to make sure everybody is ok".

We checked how the provider gained people and relative's views of the quality of care provided. Surveys

were sent out monthly from the providers head office. The ones we read were all positive and demonstrated the staff team adopted an open door policy which helped promote an inclusive atmosphere. We also read cards and thank you notes the provider had received from relatives. One stated, '[Named person] looked very well and relaxed and I believe this is due to the care and dedication he receives from the staff".

On the 1 November 2017 amendments to the Key Lines of Enquiry (KLOE) came into effect, with five new KLOE and amendments to others that all regulated services are inspected against. The registered manager was aware of the changes and shared with us communications by the provider about how the amended KLOE would impact on location inspections. This included the introduction of a 'Lessons learnt' folder to show what action was taken when things went wrong to drive improvements regarding the quality of care provided to people living at the home.

The registered manager told us they worked alongside other health and social care professionals and partner agencies and were keen for this to continue to benefit the people living at the home. For example, some people required the support from tissue viability nurse (TVN) if they had experienced pressure damage to their skin. We wrote to a TVN who regularly visited the home, after the inspection and they agreed for their comments to be shared in this inspection report. They told us, "My team and I have always found nurses caring, safe, effective and responsive when we have visited Wisteria Lodge. They have followed all our advice and contact us appropriately if they have concerns". The registered manager also told us they attended the local authority training in West and East Sussex to ensure they kept themselves up to date with new legislation.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care 9 (1) (a) (b) (c) The provider failed to ensure care and treatment of service users was appropriate and met their needs and preferences consistently.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent 11 (1) The provider did not consistently work in accordance with the MCA 2005 legislation.