

Shaw Healthcare Limited

Croft Meadow

Inspection report

Steyning Health Centre
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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

This unannounced inspection took place on 11 October 2018. Croft Meadow 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.

Croft Meadow is situated in Steyning in West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. Croft Meadow is registered to accommodate 60 people. At the time of the inspection there were 58 people accommodated in one adapted building, over three floors, which were divided into smaller units comprising of ten single bedrooms with en-suite shower rooms, a communal dining room and lounge. These units provided accommodation for older people, those living with dementia and people who required support with their nursing needs.

The management of the home had been through a period of transition. The home had a registered manager who had been on long-term leave from work. A registered manager is a '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 home is run. The management team consisted of team leaders, a deputy manager, a clinical lead registered nurse and the registered manager. An operations manager also regularly visited and supported the management team.

The provider's and staffs' practices were not always responsive to people's specific needs. Not all people received their medicines in a timely way. Some people had specific healthcare conditions that required their medicines to be given at specific times. Records showed that people had not always had their medicines according to the prescribing guidelines. One person, had consistently been given their medicines outside of these times. People did not always have timely access to medicines to manage their symptoms or healthcare condition.

Not all risks to people's safety had been identified, considered or mitigated. Some people smoked and had documented risk assessments to guide staff's practice to ensure people's safety. One person who smoked used an emollient cream to maintain the condition of their skin. Staff had not learnt from a safety alert that had been issued in relation to this. Risks to the person had not been considered and measures had not been taken to mitigate the potential risks. The provider had not done all that was reasonably practicable to assess and mitigate risk. This was an area of concern.

Staff had not demonstrated a caring approach when caring for one person who had not been protected from the risk of harm. The person had been assessed as being at high-risk of malnutrition. They had not had their weight monitored frequently, as outlined within the provider's policy and within the person's care plan. It was not evident if they had access to fortified food to increase their calorie intake. There were concerns that risks for the same person were not always identified or managed appropriately. There had been two separate incidents where the person had come to harm. The provider had not considered these in

accordance with their safeguarding policies and procedures. This was an area of concern. Following the inspection, CQC made a safeguarding referral to the local authority.

There were concerns about the provider's oversight and overall ability to maintain standards and to continually improve the quality of care. Areas that were identified as part of this inspection had not always been picked-up and acted-upon by the provider's own quality assurance audits. When the provider had identified issues that needed improvement, it was not evident what action had been taken to ensure those improvements were made. This was an area of concern.

People were not always supported to have maximum choice and control of their lives. Staff did not always support them in the least restrictive way possible. The policies and systems in the home did not always support this practice. This was identified as needing to improve.

Staff had access to learning and development opportunities. There were concerns with regards to staff's understanding about MCA and DoLS as well as supporting people with their specific healthcare conditions. This was an area of practice identified as needing to improve.

At the previous inspection on 10 February 2016, an area identified as needing improvement related to people's access to activities and stimulation to meet their social and emotional needs. At this inspection, it was evident that improvements had been made. People were supported to take part in activities, events and trips to offer stimulation. People who spent time in their rooms had access to interaction and stimulation from staff. People were complimentary about the social aspects of the home. Comments from people included, "I enjoy myself, I laugh a lot" and "I do enjoy most of the entertainment and I get out into the lovely well-looked after garden when the weather is good".

People were cared for by sufficient numbers of staff to meet their needs. Staff knew the signs and symptoms to look for if there were concerns about a person's care. The provider had worked with the local authority when there were concerns about people's wellbeing.

People were protected from infection and staff demonstrated correct techniques to ensure that cross-contamination was minimised.

People had access to external healthcare professionals. There was a coordinated approach to people's healthcare.

People were complimentary about the food and drink. They told us they had choice and staff respected their right to change their mind. One person told us, "The meals and food are very good. I like most meals but they would do something else if I asked".

People were happy living at the home. They told us that staff were kind, caring and compassionate. Comments from people included, "Staff are kind and considerate, I can talk to them all very easily" and "I'm very fond of the staff, they are very good to me. They do ask how I am".

People's privacy was maintained. They were involved in their care. People were supported to plan for their end of life care.

People were aware of how to raise concerns and complaints. Residents' and relatives' meetings, as well as surveys enabled people to voice their opinions and make suggestions about the way the home was run.

People had space to be with others, spend time on their own or enjoy the gardens in warmer weather. People were complimentary about the environment and told us that it was laid out well and met their needs.

People, relatives and staff were complimentary about the management of the home. People and their relatives told us that they could approach the management if they had queries about people's care.

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

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 home was not consistently safe.

Most people had access to medicines when they required them. However, some people, who had a specific healthcare condition, did not always receive their medicines in a timely way.

Not all risks to people's safety had been considered, identified or mitigated. Measures were not always in place to minimise risks to people's safety.

There were sufficient staff to ensure people's needs were met.

People were protected from the spread of infection.

Requires Improvement ●

Is the service effective?

The home was not consistently effective.

The provider had not always assessed people's capacity when making specific decisions.

Staff had access to learning and development. There were concerns, however, that staff did not always have understanding to meet people's specific needs.

People's needs had been assessed. They were supported to maintain their health and their healthcare needs were met.

People had enough to eat and drink. They were complimentary about the food.

Requires Improvement ●

Is the service caring?

The home was caring.

Staff and management were kind and caring.

People were involved in their care.

People were treated with respect; their privacy and dignity was maintained. People could continue to be independent.

Requires Improvement ●

Is the service responsive?

The home was responsive.

People were supported to engage in meaningful activities, interaction or stimulation that enriched their lives.

People and their relatives were made aware of their right to complain.

People could plan for their end of life care.

Requires Improvement ●

Is the service well-led?

The home was not consistently well-led.

There was a failure to continually improve the service.

The provider's quality assurance processes had not always identified the shortfalls that were found at the inspection.

Feedback about the leadership and management of the home was positive.

Requires Improvement ●

Croft Meadow

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 11 October 2018. The inspection team consisted of two inspectors and two experts-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. In this case the experts-by-experience had experience of older people's services.

Before this inspection we looked at information we held, as well as feedback we had received about the home. We also looked at notifications that the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 12 people, eight relatives, six members of staff, the deputy manager, the registered manager and the operations manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care records and medicine administration records for nine people, two staff records, quality assurance audits, incident reports and records relating to the management of the home. 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 observed the care and support people received as well as the lunchtime experience and the administration of medicines.

Is the service safe?

Our findings

People and their relatives told us that people were safe. One person told us, "Yes, I do feel safe here. I like it that there's people around who know me and look out for me". Another person told us, "I feel safe here. There's people around who can help me". Despite these positive comments, we found areas of practice that required improvement.

Medicines were not always managed safely. Some people were living with Parkinson's disease. Medicines had been prescribed to help manage their condition and associated symptoms. Parkinson's UK recognise the importance of medicine optimisation for people living with Parkinson's disease. It states that getting Parkinson's medication on time is essential for symptom management. Guidance for the person's medicines advised, 'Try to take the medicine at the same time each day. Do not change the times at which you take your tablets'. Records for three people showed that they had been given their Parkinson's medicines outside of prescribing guidelines. One person, had consistently had their Parkinson's medicine outside of these times and had sometimes not received their medicines until one and a half hours after the prescribed times. When staff were asked why the person had consistently had their morning dose of medicine late, they explained that this was because it coincided with staff's handover meeting. This did not demonstrate a person-centred approach to people's care.

Records showed that when medicines had been given outside of the prescribed times, staff had not ensured that the next scheduled dose of medicine was altered to ensure that there was the correct time in-between doses. A member of staff told us that the person was sometimes stiff and rigid when being supported with their personal care needs. They explained that the person was supported before they received their medicines. Staff had not recognised that the person's symptoms may have been managed better once they had received their medicines. There was a risk that because people did not receive their Parkinson's medicines according to the prescribing guidelines, that the symptoms of their condition were not well-managed. The ineffective management of these people's medicines may have been a contributing factor in their mobility and the management of their condition.

Not all risks to people's safety were considered or mitigated. In April 2016, the Medicines and Healthcare Products Regulatory Agency issued a safety alert. It warned of potential fire risks for people who used paraffin-based skin emollients. It advised people not to smoke, use naked flames or be near anything that may cause a fire whilst emollients were in contact with their medical dressings or clothing. Some people smoked. There were inconsistent practices with regards to assessing and mitigating the risks that this had a potential to cause. Some people had safety precautions and documented risk assessments in place, whereas others did not. One person who smoked, was prescribed a paraffin-based skin emollient. Staff had not identified that this created a risk for the person. When staff were asked what precautions were taken to mitigate risk, they informed us that the person was provided with a portable call bell to take into the garden with them. Staff had not considered the potential fire risk that using an emollient cream could cause. Measures to reduce this risk had not been taken and there was no documented risk assessment to mitigate risks to the person's safety or to guide staff's practice. This was fed back to staff and the management team who advised that a risk assessment would be implemented.

The provider had not done all that was reasonably practicable to assess the risks to the health and safety of people receiving care and treatment. Neither had they done all that was practicable to mitigate any such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured that all people were being protected from the risk of abuse. Staff had undertaken training and told us what they would do if they had concerns over a person's safety. People and relatives were aware of the importance of keeping safe. They told us that people were safe and that staff worked hard to ensure that they remained safe. People and relatives knew who to report their concerns to and told us that they felt confident that these would be listened to and acted upon. Observations showed that one person was at risk of harm. The person was living with dementia. An assessment in relation to their personal hygiene needs, showed that their capacity and level of understanding was compromised. They were observed to be wearing a thin nightdress and stated that they were cold. They had long toenails and their feet were heavily soiled. Staff told us that the person preferred not to wear shoes and was offered personal care but often refused, although records did not reflect this. It was not evident how staff had supported the person in their best interests to ensure that their hygiene and wellbeing were maintained.

The same person, had gradually lost weight and had a Body Mass Index (BMI) that indicated that they were underweight. They had been assessed as being at high-risk of malnutrition. Guidance within the person's care plan advised that the person should be weighed weekly, have nutritional supplements and that they should have access to a high-calorie and high-protein diet. Records of the person's weight showed that they had not been weighed for almost two months. When staff were asked about the reasons for this they explained that the weighing scales had sometimes been faulty and that the person had often refused to be weighed. Neither of these reasons had been documented. There were concerns that the person's food had not been fortified with high-calorie and high-protein products as had been advised by the provider. Staff demonstrated a mixed understanding about whose responsibility it was to fortify the person's food. Staff who worked in the kitchen informed us that the person's food had not been fortified and that care staff were responsible for adding additional items such as milk powders or cream to the person's food. Care staff told us that the kitchen staff fortified people's food. They explained that sometimes they added cream to people's meals but that the person had not had this added to their meals on that day. The person had not been weighed regularly to ensure that they were not losing any further weight. Neither did they consistently have access to high-calorie or high-protein food as was advised within their care plan.

Concerns were raised to CQC that the same person had sustained a serious injury. The provider had not considered that the person was at risk of harm when displaying behaviours that challenged others. They had not considered that a safeguarding referral should be made to the local authority to ensure the person's safety. Neither had the provider notified us of the serious injury the person had sustained. Although the person received appropriate treatment once they were injured, there were concerns about the provider's ability to recognise that the person was at risk and needed to be safeguarded from harm.

On a separate occasion, the same person had experienced unexplained bruising. Staff were unaware of how the bruising had occurred. They were asked if they had considered this in accordance with their safeguarding policies and procedures. Initially we were told that they had not and that the person often hit or kicked people or items and that it was most likely that they had sustained the injuries by doing this. It was not evident that the provider had taken precautions to ensure that the unexplained bruising was investigated to ensure that the person had not experienced harm. Following the inspection, once the concern was raised with the provider, they analysed the person's care and records. They explained that they were considering making a safeguarding referral to the local authority. The concern is that the unexplained bruising had been identified seven days prior to this and had not yet been referred to the local authority for

consideration under safeguarding guidance. CQC made an immediate referral to the local authority to ensure that the person was protected from potential harm and incidents could be investigated by an external party.

The provider had not identified that the person was at risk of harm and abuse. They had not effectively investigated, immediately upon becoming aware of any allegation or evidence of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate pre-employment checks had been made before staff started to work. Their employment history and references were obtained. This helped to ensure that staff were safe to work with the people that they supported. Registered nurses all had current registrations with the Nursing and Midwifery Council (NMC). People had access to sufficient staff to meet their needs. When people called for staff's assistance they received this in a timely way. One person told us, "I think there probably is enough. I press my bell and they come pretty quickly. Service is good here night and day. I have nothing to complain about at all". Another person told us, "Yes, I think they have enough staff. They are busy and that's good. You don't want to be paying people for sitting around". Consideration of staff's skills and levels of experience were made. New or temporary staff were allocated to work alongside existing staff to ensure that they were supported to have a good awareness of people's needs.

People were supported to take their medicines by trained staff and registered nurses. Staff were respectful when administering medicines and involved people in the process, explaining their actions and respecting people's wishes when they refused medicines. There were clear guidelines for staff to follow, as well as information that could be passed to other healthcare professionals if a person had to transfer to another setting. Guidance identified people's needs and preferences and informed staff of how to administer people's medicines according to their needs and preferences.

Accidents and incidents that had occurred had been recorded, monitored and analysed to identify trends. Lessons were learned and information from the analysis of incidents was used to inform staff's practice and supporting documentation. For example, risk assessments and care plans were updated to reflect changes in people's needs.

People had access to equipment that were safe. These were regularly checked to ensure people's safety. Infection control was maintained and the home was clean. Staff used personal protective equipment when supporting people with their personal care needs. They disposed of waste appropriately to minimise the risk of cross-contamination.

Is the service effective?

Our findings

People told us that staff respected their right to be involved in decisions that affected their care. People's consent was gained when staff supported them with day-to-day decisions. Despite this, we found an area of practice that required improvement.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service 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.

Some people, had a condition that had the potential to affect their decision-making abilities. They required constant support and supervision from staff. Most of these people lived on the floor for people who were living with dementia. Staff told us that these people were unable to leave the home without staff support to ensure that their safety was maintained. Signs were displayed on the lift and exit to the stairs. These stated, 'Do not let anyone off this unit without checking with a member of staff first'. The registered manager had not always considered people's capacity to consent to this. They had not made DoLS applications for one person who resided on this floor. When this was raised with staff they explained that they would make an urgent application to the local authority.

Three people had a DoLS authorisation, two of whom had conditions associated to their DoLS. Records showed that staff had worked in accordance with these. For example, one person's DoLS condition advised staff to ensure that the person had access to person-centred activities that reflected pastimes they used to enjoy. Records, as well as conversations with the person, showed that they had been supported to take part in engaging and meaningful activities.

Staff had not always worked in accordance with the MCA to ensure that people's capacity was assessed when making specific decisions. Records showed that one person's relative had been contacted to seek permission for the person to have a flu injection. Although this was proposed to ensure that the person maintained good health, staff had not considered the person's own ability to consent to this. The person's relative did not have a Lasting Power of Attorney (LPA) to legally be the sole decision-maker. When staff were asked how decisions were made for people who were living with dementia, they explained that their family would be asked to give consent. Staff did not understand the steps that needed to be considered before this occurred. For example, formally assessing people's capacity in relation to specific decisions and ensuring that only people who had a legal right to make decisions on people's behalfs were the sole decision-

makers. Records for another person showed that one member of staff had made decisions in the person's best interests on their own and had not consulted others who were involved in the person's life. There was a lack of understanding from staff as well as a lack of oversight by the provider about MCA and DoLS. This contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff were competent and had the skills required to meet their needs. Comments from people included, "I'm impressed with the staff. To me they appear to be well-trained and experienced and despite how hard they work, they always have a smile for you" and "They're very good. They know what they're doing and look after you". Staff had access to an induction and on-going training which the provider felt essential for their roles. Information sheets about people's specific healthcare conditions were included within their care plans to provide additional guidance for staff. Links with external healthcare professionals were maintained to provide additional sources of support. Staff felt that they had access to training and support that enabled them to carry out their roles. Areas that were identified at the inspection raised concerns about staff's understanding. For example, not all staff were aware of the importance of ensuring that people received their Parkinson's medicines on time to manage their symptoms. Neither did staff's practice always demonstrate that they understood MCA and DoLS or safeguarding procedures. These shortfalls and lack of awareness had not been identified by the provider. There was a lack of daily supervision of staff to ensure that they held the appropriate skills to effectively meet people's needs. This is an area of practice that needs improvement.

People's needs were assessed before they moved into the home and were reviewed on an on-going basis. Care plans provided staff with guidance about people's health conditions. People's skin integrity and their risk of developing pressure wounds was assessed. For people who had wounds, regular monitoring took place and appropriate treatment provided by either registered or community nurses. Appropriate equipment to relieve pressure to people's skin, such as specialist cushions and air mattresses were used, as well as regular support from staff to frequently reposition.

People's health was maintained. Staff recognised when people were not well and worked with external healthcare professionals to ensure people received coordinated care. Timely referrals had been made to the GP and other external healthcare professionals when there were concerns over people's health. People, and their relatives were informed about decisions so that they were aware of how their health was being managed. One person told us, "I could ask to see a doctor at any time".

Staff acknowledged that there had been a period of transition with the management of the home. They told us that despite this, they felt supported and valued. They felt that the management team were friendly, approachable and helped them in their roles. Regular formal supervision was provided to enable staff to receive feedback on their practice and enable them to identify any learning and development needs. Staff told us that they felt that they could always approach the management at any time if they had any concerns or queries.

People told us that they felt that the environment was effective in meeting their needs. One person told us, "I think it's well-designed. It's open and airy and there lots of nooks and crannies, always somewhere to go to". Another person told us, "The home is actually very well laid out. The corridors are wide and it's easy to get around". Communal areas as well as private bedrooms, provided people with different spaces to meet their needs. Communal areas were light, bright and spacious and enabled people to mobilise from one area of the home to another. People could personalise their bedrooms with paint colours, furniture and ornaments that were important to them. When people were living with dementia, efforts had been made to decorate the walls of the corridors with bright, stimulating murals.

People were complimentary about the food. People told us that they had choice and that staff respected their right to change their mind if they disliked their original choice. One person told us, "I have difficulty eating some meals and they do things especially for me". People had a positive dining experience. Some people preferred to eat in their own rooms, whereas others chose to eat in the main communal dining areas. Background music created a relaxed atmosphere and tables were laid with tablecloths, placements, cutlery and menus which displayed the options people could choose from. Staff were attentive and ensured that people had sufficient quantities to eat and drink. One person told us, "I enjoy going to the dining room. I sit on a table with friends I have made here. Yes, I find it sociable". People's diversity was recognised. Some people had specific healthcare conditions, such as diabetes. All people were supported to follow a healthy diet. As well as this, staff ensured that they made cakes and desserts with sugar replacement products so that people living with diabetes could still enjoy eating things that were sweet. One person told us, "I enjoy the food very much. There's a few of us diabetics here and we're well catered for by the chef".

Is the service caring?

Our findings

People and relatives told us that staff were consistently caring, compassionate and kind. Comments from people included, "Staff are kind and considerate, I can talk to them all very easily" and "I'm very fond of the staff, they are very good to me. They do ask how I am". Despite these comments, we found an area of practice that needed improvement.

One person, who was living with dementia, was not always supported in a dignified way. The person's level of understanding meant that they did not fully understand or cooperate when staff offered support to maintain the person's personal hygiene. We observed that the person was sitting in the communal lounge and had very long, dirty toenails and that the soles of both of their feet were heavily soiled. They were wearing a thin nightdress and were informing staff that they felt cold. Records of the person's care as well as concerns that were shared with us, raised concerns about how often they were supported with their personal hygiene needs and to wear clean and weather appropriate clothing. Staff had not ensured that this person was supported in a way that promoted their dignity. This was fed back to the provider to address immediately.

There was a warm, friendly and welcoming atmosphere. Most people were cared for by staff that took an interest in their lives and who knew them well.

One person was displaying signs of apparent anxiety. Staff took time to interact with them, asking them what the matter was and if there was anything that they could do to help. This calmed the person and they spent time with staff talking about their feelings.

People and their relatives could express their needs and wishes. They told us that they were asked about and involved in their care. One person told us, "I do feel involved in matters about me". Regular residents' and relatives' meetings were held. These enabled people to be kept informed of what was happening at the home. They were also able to share their views and opinions. Surveys were sent to people and their relatives to gain their feedback so that the provider was aware of their experiences. People could have access to advocacy services if they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

People told us that staff ensured that their privacy was maintained. Staff knocked on doors and waited for an answer before entering people's rooms. They spoke discreetly to people and with other staff about people's needs, to ensure that other people did not overhear. People had been asked about their preferences with regards to the gender of staff and told us that this was respected. People's privacy, with regards to information that was held about them, was maintained. Records were stored in locked cabinets and offices and conversations about people's care were held in private rooms.

People, could remain independent. Some people told us that they could use the kitchenette areas to prepare their own drinks. People were observed independently walking around the home and choosing how

they spent their time.

People's diversity was respected and people were treated as individuals. Staff adapted their approach to meet people's needs and preferences. People maintained their identity and they wore clothes of their choice. Information about people's religious preferences was documented in their care plans. People had access to visits from religious groups and could choose if they took part in these. People told us that staff respected their preferences.

People could maintain relationships with those that were important to them. People had access to telephones so that they could contact family and friends. Staff supported people to access the local community to meet up with others at the local 'hub' coffee mornings.

Is the service responsive?

Our findings

At the previous inspection on 10 February 2016, an area identified as needing improvement related to people's access to activities to occupy their time. People who spent time in their rooms did not always have access to stimulation and interaction. At this inspection, it was evident that improvements had been made. Staff had worked hard to ensure there was a 'whole team' approach to providing stimulation for people and had developed good relationships with the local community. However, not all people received a service that was responsive to their needs.

The provider had demonstrated some good practice for people who were living with Parkinson's disease. Staff had recognised that people might feel isolated due to the affect this might have on their lives. A Parkinson's support group had been introduced for people who had the condition. They met on a regular basis to share their experiences. A relative of a person who belonged to the group told us that it had helped their relative to relax as they did not feel self-conscious of how the condition had affected them as they were surrounded by others who had similar experiences. Despite this positive practice, the provider had not ensured that they were responsive to these people's needs. There was a lack of person-centred practice when supporting them to have access to medicines to manage their health condition. Another person had consistently experienced unplanned weight loss. The provider had not ensured that they acted in a person-centred way to ensure the person had access to sufficient monitoring and support to enable them to maintain a healthy weight. More information about these examples can be found within the Safe section of this inspection report.

People had access to meaningful activities and sources of stimulation. People were happy with the activities, events and trips that were organised. One person told us, "They get singers and I go along and clap if I don't know the words. There's quizzes, Bingo, they do lots of things. I'm never bored, not at all". Another person, who spent their time in their room, told us, "The staff are a caring lot. They do pop in and ask how I am".

Staff were responsive to people's needs. People had been asked what activities they wanted to be involved in. People had made suggestions and these had been listened to and acted upon. People had fed back to staff that they preferred something to do during the evenings. In response, activities and clubs were provided during the evenings by the activities coordinators or volunteers. People's skills had been recognised and they were supported to retain and develop these. A woodwork club had been introduced and people had made various items, some of which they sold at the home, whereas others were displayed in a local shop within the village. People were encouraged and supported to take part in activities that were of interest to them, such as 'Knit and Natter' groups. Staff made efforts to ensure that the clubs met people's social needs. People were observed to be having fun listening to music, chatting with friends and enjoying glasses of wine whilst engaging in the wood work activity.

There had been an emphasis on encouraging the entire staff team to be on board with the delivery of activities. Although most care staff were busy, people told us that they took time to speak to them and engage in conversations. There had been a drive to engage with the local community. People had been

supported to visit the local pub, cafes and shops. One person, who used to work in the clothing industry had visited a local shop in the village. They had been offered the opportunity to volunteer within the shop. The person was supported to visit the shop on a weekly basis where they enjoyed having a drink and conversations with the owner and their customers. Staff had harnessed the local communities' enthusiasm and the same shop owner held regular lunches for a group of people who were supported by staff to attend. Another shop within the village heated up the food and they would enjoy a meal together.

External groups had visited the home such as a local nursery school. They had worked alongside people to produce a piece of art that was featured in the Steyning art project. A large forget-me-not flower, the symbol used by the Alzheimer's society, had been made using 13,000 buttons. This number reflected all the people who lived in West Sussex who had a diagnosis of Dementia. Children from a local school had decorated the walls of the communal corridors with colourful and stimulating murals. The crew from HMS Shoreham visited and had donated a flag which they had signed with messages that were meaningful to people who had served within the forces.

A 'You said, We did' initiative had been introduced. People had requested events and activities such as a street party, dinner dates with their family, karaoke nights, flower arranging, flying a drone, a cheese and wine evening, cake making and knitting for charity. These events had been held and photographs of people taking part in the different events were displayed. One person told us, "I enjoy myself, I laugh a lot". Another person told us, "I do enjoy most of the entertainment and I get out into the lovely well-looked after garden when the weather is good".

When people had differing needs, for example, if they were living with dementia. Staff ensured that they too had access to stimulation that they would find engaging. Music was played and people were observed tapping their feet or humming along to it. For people who had physical disabilities, adaptations had been made to enable them to continue to participate in activities. A relative told us, "My relative goes to the activities. Some they can join in with, one is the skittles. They have a slide for the wheelchair and the ball goes down that. My relative, does, I believe, feel they are participating. They like to be there for the music. If they're there, they're getting stimulation even if they can't join in and I'm grateful for that. I've always felt that there was plenty to do".

People and their relatives had been asked about their needs and preferences before moving into the home. Care plans were devised which were personalised and detailed and provided guidance for staff. People's life history, background, employment and interests had been documented to provide an insight into their lives before they moved into the home. Records showed that people and relatives had been informed if there had been changes to people's needs or care requirements. One person told us, "I do see my care plan and they ask me to sign things off".

People were provided with a call bell so that they could call for assistance from staff. For people who were unable to use a call bell, due to their capacity and understanding, pressure mats were used so that when people mobilised staff were alerted and could go to people's aid. Regular checks were also undertaken to ensure people's safety when they were in their rooms.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 25 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured people's communication needs had been identified at the initial assessment and formed part of their care plans. These documented the best way to communicate with people. Information for people and their relatives, if required, could be created in such a way to meet their needs and in accessible formats to

help them understand the care available to them.

Posters, informing people of how to make a complaint were displayed. Residents' and relatives' meetings as well as surveys provided opportunities for people and their relatives to share their opinions. People told us and records confirmed, that people could speak freely and air their views. People told us that they were happy with the care they received. One person told us, "I do believe I am getting good care for me. I've never needed to complain about anything". People and their relatives told us that they would feel comfortable raising concerns. When people or their relatives had done this, records showed that the provider had taken appropriate and timely action to deal with these.

People were provided with the opportunity to plan for their end of life care. People had chosen their preferred place of care, who they would like with them at the end of their lives and their funeral arrangements. Some people did not want to discuss this and staff had respected their wishes.

Is the service well-led?

Our findings

People, their relatives and staff were complimentary about the leadership and management of the home. Comments from people included, "I would certainly recommend the home. I think it is very good", "I think it is well-managed" and "I know the manager, she is a listener and I can go to her anytime". Despite these positive comments, we found areas of practice that required improvement.

It was evident that the registered manager and staff had worked hard to address an area that had been identified as needing improvement at the previous inspection on 10 February 2018. This related to people's access to stimulation and interaction to occupy their time. Although improvements in this area had been made, the provider's quality assurance processes were not always effective. Areas that were identified as part of this inspection had not been picked-up and acted-upon by either the manager's, operation manager's or the provider's own quality assurance audits. For example, audits had not identified that people with specific healthcare conditions were not always getting their medicines in a timely manner. That risks to people's health and safety had not always been identified or mitigated. That safeguarding referrals were not always made to the local authority when there were concerns about people's wellbeing. Neither had they identified that people's capacity was not being assessed in relation to specific-decisions or that there was insufficient management of DoLS applications.

There are concerns about the provider's oversight and overall ability to maintain standards, to continually improve the quality of care and embed learning from their other services. It was not apparent, at this inspection, that appropriate action had been taken in response to concerns that had been found and that learning from the provider's other inspections had been implemented.

Records to document staff's actions and confirm the care that people had received were not always maintained. Records to document the administration and position of people's transdermal pain patches had not been maintained. Guidance for the administration of transdermal patches advised that these should be positioned on alternate areas of the person's body. Staff told us that they did not record where the patches were positioned. There was a risk that because of this the positioning of people's trans-dermal pain patches may not have been rotated as was advised within the prescribing guidance. Some people had their bowel movements monitored to ensure that their continence was well-managed. Records to inform staff's practice about when to offer 'as and when required' laxative medication were not clear and contained inconsistent information. Staff told us that one person frequently refused support with their personal hygiene needs. Records to document the person's personal hygiene were not well-maintained. They did not document how the person's needs were being managed even when they were refusing support from staff. It was not evident if the person had been offered the support or if staff had not recorded their actions.

The provider had not ensured that they assessed, monitored or improved the quality and safety of the services provided in the carrying on of the regulated activity. Including the experience of service users in receiving those services. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management of the home had experienced a period of change. The registered manager had been on long-term leave from work. The deputy manager had been in day-to-day management and had been supported by an operations manager who regularly visited to conduct quality assurance audits and to offer support. Staff were complimentary about how the home had been managed during this time and how much they had been supported. Some staff provided mixed feedback about their morale. The provider had acted in response to this and had arranged for staff to meet with a representative from their human resources team to offer them support.

Staff told us that they were involved in the running of the home. They told us that their suggestions and opinions were welcomed and listened to. Regular staff meetings and supervisions enabled staff to share their ideas and they told us that they found these supportive and that they made them feel valued. The provider continued to recognise the importance of valuing and empowering staff through their own national STAR awards. These recognised staff who demonstrated excellence.

People and their relatives had been invited to be involved in decisions that affected the home. Regular residents' and relatives' meetings ensured that people could air their views and discuss any ideas or suggestions. Regular surveys were sent to gain further feedback. Responses were analysed and actions were taken if required.

People and their relatives told us and records confirmed, that the manager and provider demonstrated their awareness of the duty of candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. Relatives told us that they valued the opportunity to be kept involved in their loved one's care. A relative told us, "Yes, that's the one thing that worried me. I felt I would be kept on the outside but I'm very involved and grateful for that".

The provider had complied with the CQC registration requirements. They had notified us of incidents that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

Links with external healthcare professionals and local authorities had been developed to ensure that people received a coordinated approach to their care and staff learned from other sources of expertise. There was a strong emphasis on engaging with the local community. They were welcomed into the home and people enjoyed trips to the local village. This helped to ensure people were not isolated and still felt part of a community.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment.</p> <p>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.</p>

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Regulation 13 (1) (2) (3) (4) (d) 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 prevent abuse of service users, investigate, immediately on becoming aware of, any allegation or evidence of such abuse.

The enforcement action we took:

We issued a Warning Notice to the provider as they had not ensured that they safeguarded all service users from abuse and improper treatment. The provider was asked to become compliant with this Regulation by 31 December 2018.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (a) (b) (c) 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).

Maintained securely an accurate, complete and contemporaneous record 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 issued a Warning Notice to the provider as they had not ensured good governance of the service. The provider was asked to become compliant with this Regulation by 31 December 2018.