

Affectionate Care Home Limited

Ersham House Nursing Home

Inspection report

Ersham Road
Hailsham
BN27 3PN

Tel: 01323442727

Date of inspection visit:
10 February 2022
14 February 2022

Date of publication:
25 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ersham House Nursing Home is a care home with nursing and accommodates up to 40 people in a purpose-built building. The service supports adults whose primary needs are nursing care. Some people also live with additional mental health disorders, and dementia. At the time of our inspection there were 22 people living at the service.

People's experience of using this service:

People told us they were comfortable living at Ersham House. comments included: "Nice friendly staff," "The staff try hard to make us happy, the food is nice and my room comfortable."

The providers' governance systems had improved and were being used to improve the service. There had been improvements made, but there were still areas that needed to be further improved to ensure people's safety. For example, there was a lack of clear and accurate daily records regarding some people's care and support. Food and fluid charts were inconsistently completed which meant that staff would not be able to monitor their health and well-being effectively.

There had been improvements to the management of risk. However, there were environmental areas that needed to be risk assessed to keep people safe. Such as using unlocked rooms for storage of flammables. Risk of harm to people had not always been mitigated as there was information missing in respect of people's specific diabetic needs and some pressure relieving equipment was not set correctly. This meant that people's safety and welfare had not been maintained at all times. Not all staff had received an appropriate induction, training, or had their competencies checked to enable them to perform their roles effectively.

We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. Safe recruitment practices had been followed before staff started working at the service. The home was clean with dedicated housekeepers. One person told us, "They keep my room nice and clean."

People's dietary needs were assessed, and people were provided with a choice of cooked meals each day. Feedback about the food was positive and people said they enjoyed the meals most of the time. People's health needs were met with involvement from a variety of health and social care professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring in their approach to the people they supported and we saw people were treated with respect and dignity. People and visitors to the service were consistent in their views that staff were kind, caring and supportive. One health professional said, "The home atmosphere is much more positive, and people seem to be content." People were relaxed, comfortable and happy in the company of staff and

engaged with them in a positive way.

People confirmed they were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

Complaints made by people were taken seriously and investigated. Resident and family meetings were recommencing.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "It's a good place to work, communication is good, and we share information. We all feel we can contribute, and we work as a team."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (11 June 2021) there were five breaches of Regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider had met three of the five breaches of regulation.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous ratings. We also used this opportunity to look at the breaches of Regulation 9, 10, 12, 17 and 19. As a result, we undertook a comprehensive inspection to review all the key questions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ersham House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Ersham House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications

and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and seven further staff members. This included care staff, housekeeping, administrative, and catering staff.

We reviewed the care records of five people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas and records relating to health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and four health care professionals and completed these discussions on 14 February 2022.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement.

At this inspection this key question has remained Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide safe care and treatment to people, including failing to assess and mitigate risks and ensuring staff were competent. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements were seen, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People told us, "I am looked after well, I haven't been here long, I was not safe at home anymore, but I'm safe here," and "The staff look after us, I do feel safe here."
- Improvements had been made to the management of risk. For example, people's skin integrity had been assessed and mitigated. However, there were still areas that needed to be improved. For example, some people on continuous bed rest had no rationale documented for being in bed for long periods of time. There was no reference to gentle exercise to ensure people's limbs would not be contracted. The decision for continuous bed rest had not been risk assessed for what impact this may have on people's mental well-being, or physical strength.
- Air mattresses used for relieving pressure were not all set on the correct pressure based on the person's weight. One person's air mattress was set on 150kgs instead of 70 kgs. Incorrect pressure mattress settings can cause further skin damage. This was brought to the clinical leads' attention and immediately changed.
- People who lived with diabetes had detailed care plans and risk assessments to manage their health and well-being. There was however no record of a target range of individuals' blood sugar levels to monitor their health. One person had recently been taken off their insulin and staff were asked to do bi-weekly blood sugars. When we asked if the recorded reading after fasting all night was a safe blood sugar for that person, staff could not tell us.
- Fluid charts were used for people at risk of dehydration and who were not able to drink independently. However, there was no target set and no evidence of what action was done at the end of a 24 hour period if they were not drinking. We spoke with one staff member who said it was discussed at handover and on the handover sheet. However, we were not assured that some people received adequate fluids on the day of the inspection. This was fully discussed with the registered manager and would be investigated.
- Environmental and fire risk assessments had not been updated to reflect empty bedrooms filled with old paperwork, Christmas decorations, furniture, and clothing. A communal room was packed full of boxes of

personal protective equipment and boxes of alcohol hand sanitisers. These rooms were a potential fire risk and were also found unlocked.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we received confirmation that pressure mattress settings had been checked and were now correct for each person. Specific details for those who lived with diabetes had been added to their care plans. We were also informed that fire risk assessments had been completed immediately.
- Despite the issues identified above, we saw some improvements had been made to people's care plans and risk assessments since the last inspection. Care plans set out the risks and control measures to mitigate the risks. For example, people with mobility problems had an assessment that was used to give clear guidance for staff to follow. This included specific equipment to be used, such as hoist, type of sling and sling size.
- Documentation for existing pressure damage and wounds had improved.
- People who were identified at risk from falls had an assessment that highlighted the risk and described the actions staff should take to reduce that risk. Sensor mats were used in people's bedrooms to alert staff that a person was up and was at risk of falls.
- People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Preventing and controlling infection

- Improvements in the prevention and control of infection had improved since the last inspection.
- We were somewhat assured that the provider was admitting people safely to the service. Recent admissions from hospital did not have any recorded evidence that the person had had a negative polymerase chain reaction (PCR) test before discharge and arrival at Ersham House Nursing Home. Admissions had not been asked to self isolate until a further test had been undertaken.
- We were assured that the provider was preventing visitors from catching and spreading infections. Staff followed clear guidelines to ensure anyone visiting the service had completed a relevant COVID-19 test and asked for vaccination status.
- We were somewhat assured that the provider was using PPE effectively and safely. All staff were wearing facemasks and used gloves and aprons whilst undertaking personal care. However some staff were wearing wrist jewellery which was not following good practice guidance.
- We were assured that the provider was meeting shielding and social distancing rules. The space within the premises allowed people to follow social distancing guidelines.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

We have also signposted the provider to resources to develop their approach.

- Following the inspection, we were informed that peoples PCR was checked and recorded before admission to ensure a safe admission.

Using medicines safely

- Following the last inspection the way medicines were given had been reviewed and systems now ensured that people received their medicines in a safe way. Medication audits were completed on a daily and monthly basis.
- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills and have no worries." Another said, "No problem."
- All registered nurses who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- People who were able to manage their own medicines did so safely with support from staff. Systems and policies supported this practice.
 - Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested.

Staffing and recruitment

At the last inspection the provider had not ensured that there were sufficient numbers of staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Comments from people included, "Plenty of staff to help us," and "Nice staff, quite a few new faces" and "Staff are sometimes rushed, but it's understandable really."
- There were enough staff to give support when people needed it. However, it was difficult at times to locate staff during the inspection. Call response was slow at lunchtime and this was due to staff delivering meals to people on an individual basis and therefore all staff were busy. This was brought to the registered managers attention and a trolley would be used in the future allowing staff to respond immediately. We have received

information that a hot trolley is now being used.

- There were sufficient trained housekeeping staff deployed to ensure that the premises were kept clean and hygienic. Since the last inspection, there were two housekeepers on duty daily apart from one day where the housekeeper worked solo. A laundry person was currently being recruited to reduce pressure on the care staff and housekeeping team who have taken on this role
- Rota's provided identified consistent numbers of staff over the past three months.
- Some staff were in their first three months of employment. Staff told us that they felt supported by the management team and felt confident in assisting people safely. One staff member said, "I feel supported by the team, if I'm unsure then I can always ask." Another said, "Its early days but I do feel supported."
- Safe systems were used to recruit staff. Appropriate checks were made before staff began working with people including Disclosure and Barring Service (DBS) checks and references. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. Appropriate references had been obtained prior to staff being appointed. All registered nurses had a record of their personal identification number (PIN) and this was checked by the provider to ensure they were safe to practice.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the local authority and CQC.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. .
- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their freedom and this was clearly recorded. For example, people who were at risk of falls had a sensor mat to alert staff that the person was up and at risk.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I do feel comfortable, my legs don't work anymore, so staff help me, sadly I'm much safer here than at home," "Staff are polite, I think we are safe," and "I am here for support to stay safe, and I am."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "We have on-line safeguarding training, we get updates from seniors." Another staff member said, "I feel confident to report anything that is poor practice or abuse."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement.

At this inspection this key question has remained Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured that staff had the qualifications, competence, skills and experience to meets people's needs. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made at this inspection, the provider was still in breach of regulation 12.

- The training programme provided by the registered manager evidenced that training had progressed. However, as acknowledged by the management team, this is still in progress. This meant that some staff had not had the necessary training. For example, moving and handling, mental capacity training and first aid. Person specific training such as diabetes and epilepsy has not yet been undertaken by all staff.
- There was a lack of staff competency assessments following on-line training, which meant that the provider could not be assured that training was understood. One staff member said, "I found it hard learning this way and felt lost." This was discussed during the inspection with senior staff. The registered manager said that registered nurses would be running workshops to underpin training.
- Staff told us they had still not received palliative/end of life care training, but it had been discussed at meetings.
- The registered manager acknowledged that staff supervision and registered nurse clinical assessments were behind, but actions were being progressed by the management team to ensure that all supervisions, were brought up to date.
- We were told all staff received an induction and shadowed experienced staff before they worked with people on their own. This was confirmed by the registered manager. We saw that completed inductions were just signed off with no commentary or depth. Some staff inductions were missing.

The provider had not ensured that staff had the qualifications, competence, skills and experience to meets people's needs. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we were informed that the provider has recruited an in house moving and handling trainer and external training is continuously being arranged.

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

At the last inspection, the provider had failed to meet people's nutritional and hydration needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9

- People told us they enjoyed the food provided by the service. One person said, " Food is okay, we can choose, but I would like more fish," and "Not bad, some days it is not as good as others." Another person said, "Nice food, never had to complain."
- People's fluid and food charts were not consistently recorded for those at risk of weight loss and dehydration so staff could not be sure if people were eating and drinking enough. This is reflected in more depth in the Well-led question as it relates to poor documentation.
- Staff knew people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the staff confirmed they were knowledgeable about people's personal preferences and dietetic requirements. The food prepared was presented well and met people's individual needs. For example, soft and bite sized food.
- People's weights were monitored, and advice sought or referrals made when needed. Staff were knowledgeable when asked who needed fortified food and close monitoring because of weight loss.
- If people required assistance to eat or needed their meals provided a certain way, this had been provided. People who chose to eat in their room were supported and assisted by staff in a calm and unhurried way.
- Snacks were offered, such as crisps and high calorie treats with coffee and tea mid-morning and mid-afternoon.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS.
- As previously stated not all staff had completed training. However, the staff we spoke with told us they understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "Some of our residents can't respond but we know by their body language and behaviour if they are consenting."
- There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that there had been some

reflection of the rationale of people staying in bed, however it was not always clear for those whose health was fluctuating.

We recommend the provider consider current guidance on restrictive practices to ensure that any restrictions are in the person's best interest.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- A range of multi-disciplinary professionals and services were involved in assessing, planning, implementing and evaluating people's care, treatment and needs.
- Links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT) were in place to ensure effective care. This was clear from the care planning documentation and the professional visiting logs. Relatives told us "Things are going well," and "I feel that this new manager is listening and that's really positive."
- Information was shared with hospitals when people visited. Each person had an information sheet printed from their care documentation that would accompany the person to hospital. This contained essential information about the person, such as how they communicated, their mobility needs and medicines.

Adapting service, design, decoration to meet people's needs

- Ersham House was purpose built. It had been built and designed to provide a spacious and comfortable environment over two floors. We saw that some floor coverings had been changed since the last inspection. The provider was responsive to feedback regarding the environment and confirmed the rolling programme of decoration and improvement.
- People could choose to spend their time in any of the communal areas which included an activity room, lounge/dining area and smaller quiet lounge on the second floor.
- Some people's rooms were personalised to reflect their interests and preferences. People were encouraged to bring in their own possessions, such as paintings and furniture.
- The garden areas were safe and suitable for people who used walking aids or wheelchairs. However, we found that some areas had been used to store old furniture, and debris. We were told that this would be attended to immediately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider used an electronic care system that included health assessments, and these were reflective of current best guidance and law.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance, which contributed to good outcomes for people.
- People's health needs were assessed using recognised risk assessment tools. Care plan reviews took place at least monthly, or as and when required. There is now a key worker system which ensures care plans are regularly reviewed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had not ensured people were treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People and relatives told us that staff were caring. Comments included, "I have been here for 3 months, the staff seem kind and caring," and "Lots of new staff, but very nice and seem good."
- Staff interactions with people were kind and professional, people were comfortable with staff. We saw staff assisting people with their meals and drinks following good practice guidance, such as sitting with them, retaining eye contact and supporting at the person's pace. It was noted that there was limited conversation between staff and people, but this may have been due to the inspection process.
- People's dignity was now protected as people's personal hygiene was monitored through overview by senior staff and staff support and people looked smart and well-dressed. Records however, did not always evidence how people's hygiene needs were met. There was no supporting evidence that people had declined or whether this was their preference. This has been fully reflected on in the well-led question.
- People's oral hygiene had been taken forward with training for staff and an oral health care plan. People all had toothbrushes and mouthcare products in their bathrooms.
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- Confidential information was held securely on a password encrypted computer in a lockable office. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.
- Equality and diversity was promoted and responded to well. People told us that their religious needs were respected. Due to the pandemic, religious services had stopped, but the activity person had been in contact with the local church and these had re-commenced.

Supporting people to express their views and be involved in making decisions about their care

- Some people were able to tell us they were involved in day to day decisions and care records showed some evidence that they participated in reviews of their care. Comments included, "When I arrived here, they sat and talked to me about my care," and "I do tell them when I need something." A family member said, "Communication is better."
- People's views were reflected in care records. The registered manager was aware that this was an area to further develop and review. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Staff supported people to keep in touch with their family. Visitors were always made welcome and supported with the procedures currently needed during the pandemic. A family member said, "Staff are really good about telling us what is going."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not ensured that people's care and treatment was appropriate to their needs or reflected their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The staff team have been working hard to ensure each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences.
- Pre-admission assessments were part of the organisational policy for all new people coming to live at Ersham House. This was to ensure that they could meet people's needs and preferences. These were completed before making a decision to accept them at Ersham House Nursing Home. This had ensured that they had the right skill mix and equipment to meet people's needs.
- Care plans and treatment plans had significantly improved in content and reflected people's individual care needs. For example, those who lived with mobility problems had clear guidance of the support and equipment needed and how staff should approach the person.
- We have previously identified in the safe question that specific details for people's diabetic health needs were not available. However other detail regarding the care required for living with diabetes were well documented, such as foot care and diabetic clinic visits.
- Care plans now contained information to show what activities people enjoyed and had enjoyed before coming to live at Ersham House. There was guidance about how to support people to maintain activities and interests important to them. Life stories for people were being completed and this had helped staff get to know the people they supported. This folder was kept in the lounge so staff could refer to it if needed.
- During the inspection, some people were enjoying a painting session and the paintings would be exhibited on notice boards around the home.
- There was a weekly plan of activities. The activity person also visited people who chose to stay in their room. As discussed, documentation for activities could be more insightful, as to how they enjoyed the activity, and level of participation. We saw that activities were carefully planned and included celebrations of birthdays, Christmas and the activity person was arranging valentine theme day, which included flowers for all the ladies.

Meeting people's communication needs

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

- Communication plans for people living with speech and hearing loss problems had clear directions for staff to follow. They also had specific tools for aiding communication such as a basic sign language signs for staff and pen and paper for people to write on.
- There was now technology assistance and picture cards for people who had lost their voice. We used that technology to engage with one person and they told us of their frustration sometimes at not being able to get staff to understand them apart from thumbs up and nods. This was being addressed by senior staff working with the less experienced staff.
- Technology was used in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobile phones to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact with relatives using skype and emails.

Improving care quality in response to complaints or concerns

- There were processes, forms and policies for recording and investigating complaints.
- People told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the manager." It was acknowledged by one family that complaints were now dealt with promptly with an offer of a meeting, if that would be preferable.
- The registered manager ensured all complaints were recorded, investigated and responded to and then used as a quality audit tool for learning and improving. There had been specific complaints relating to the management of laundry. It was acknowledged that the laundry service whilst improved, still needed a dedicated team. Ways of ensuring peoples' clothes were safely returned to them were still being discussed, such as individual laundry bags or discreet tags with an id.

End of life care and support

- Care staff demonstrated compassion towards people at the end of their life. They told of how they supported people's health and comfort. One staff member said, "Training has been promised and I'm looking forward to it."
- Families were supported during this time and they could stay to be with their loved ones.
- There was a provider policy and procedure containing relevant information about care at the end of people's life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home when this was the person's wish.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had had not operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Whilst improvements had been made at this inspection, there were still improvements needed to fully meet the breach of regulation 17.

- Since the last inspection, there was a new registered manager and management team in post. The registered manager is committed to improvement and was open and transparent regarding the improvements made and the improvements that were on going.
- Quality assurance systems were in place and were being used effectively to improve the service. The registered manager has continued to update CQC with action plans and monthly audits. It is acknowledged by the management team that it is a 'work in progress'.
- Inconsistencies were found in daily records. staff were documenting minimal information regarding care delivery. For example, staff entered 'no' on the electronic care system to indicate that no daily care had been provided or that personal care had been declined. No further information had been recorded to explain whether staff had re-offered personal care later on.
- Food and fluid charts were not consistently completed and therefore staff would not be able to monitor people effectively.
- The provider had not assured that all staff had the necessary skills to provide safe care to the people they supported. For example, we identified gaps in essential training, for example, moving and handling training, health and safety and food safety. There was no evidence that competency assessments were completed following on-line training.
- Competency checks for registered nurses on service specific care such as venepuncture (blood taking), wound care and catheter insertion were not available.

The provider had failed to assess, monitor and improve the service. The provider had failed to maintain

accurate, complete and contemporaneous records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- There was clear leadership to guide new and inexperienced staff in delivering a consistently good level of care. Staff told us that things had improved and they felt supported by the registered manager. One staff member said, "Really improved, we work as a team, there is a lot of support offered." Another staff member said, "So much more support, staff have left but that's good as there is now a new team."
- Staff meetings had been held and minutes kept. Staff meetings were well attended and staff said they were helpful.
- Resident and family meetings had stopped during the pandemic, however the provider was hoping to reinstate them soon.
- Quality assurance surveys were sent in November, December 2021 and January 2022 and 24 out of 27 surveys were returned and collated. The overview identified actions taken, for example improved presentation of food.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. CQC have received notifications as required.
- People and relatives confirmed that the provider kept their website up to date with changes from the government regarding visiting and COVID-19.

Continuous learning and improving care:

- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. One staff said, "We monitor all falls and injuries, we then contact the falls team for advice, and this has really helped and reduced falls." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

Working in partnership with others

- The manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the registered manager was in close contact with the CCG and community pharmacist team.

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>The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider had not ensured that persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so safely.</p>
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	<p>The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people.</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided.</p>