

Affectionate Care Home Limited

Ersham House Nursing Home

Inspection report

Ersham Road
Hailsham
BN27 3PN

Tel: 01323442727

Date of inspection visit:
26 May 2023
31 May 2023

Date of publication:
29 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

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 and what we found

The providers' quality assurance and governance systems had improved under the consistent leadership of the registered manager, who came into post after the last inspection in September 2022. Whilst there had been improvements, there were still areas of care delivery, and documentation that needed to be improved and embedded into everyday practice. This relates to food and fluid records, oral health, and the updating of the mental capacity assessments.

There were suitably trained staff deployed, but the numbers of staff on duty had not always ensured peoples' needs were met consistently. Staffing levels had the potential to impact on safe outcomes for people's health and well-being, such as remaining in bed in their bedroom as staff had not time to hoist them and being assisted with meals that were no longer hot.

During the inspection process, the provider had reviewed staffing levels and increased the number of staff deployed.

All staff had received training to recognise signs of abuse or risk and understood what to do to support people safely. "One person said, "Very safe here, staff very vigilant." Another said, "The staff make sure we are all safe." Risk of harm to people had been reviewed and risk mitigated as good practice guidelines for the management of medicines, pressure care management, and nutrition had been followed. 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.

Infection control audits and cleaning schedules were in place, and the premises were clean and hygienic. The provider ensured that when things went wrong, accidents were recorded, and lessons were learned.

The home now had an effective management team which provided good leadership for staff and communicated effectively with people, relatives, and professionals. Staff were positive about their roles and felt valued for the work they did. People told us, "The staff are very kind and respectful," and "They are all nice, I know the manager and can talk to her if I have a problem."

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People told us, "Staff are very kind, they look after me very well," and "I think the staff

are lovely." Relatives said, "I have total faith my (relative) is safe. Things have improved and the staff are polite and thoughtful,"

People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response. One visitor said, "Very much improved, I feel listened to now."

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 (published 29 September 2022)

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 was no longer in breach of regulations.

At our last inspection we recommended that the provider consider current guidance regarding health and well-being decisions made on peoples' behalf when they lack capacity to make their own decisions. At this inspection they had reviewed their mental capacity assessments and had made improvements.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and review the rating, and to follow up on action we told the provider to take at the last inspection.

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.

We conducted an unannounced focused inspection of this service on 18 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, and good governance at this inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement but have met the breaches of regulation. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ersham House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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. Notifications are information about important events the service is required to send us by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

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 10 people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, area manager and 7 staff members. We were able to speak with three visitors during the inspection.

We reviewed the care records of six 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.

Following the site visits, we continued to seek clarification from the provider to validate evidence found during the inspection process. We were sent, staff rotas, training and supervision data and immediate actions taken by the management team following the site visit. We also spoke with three professionals who visit the service and two family members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection, the rating has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider had met the breach of regulation 12

- This inspection found that risks to peoples' health, safety and well-being had been assessed, monitored, and managed safely. People told us, "Staff are very kind, they look after me very well," and "I think the staff are lovely." Relatives said, "I have total faith my (relative) is safe. Things have improved and the staff are polite and thoughtful," and "My (relative) has lots of health problems, staff understand them and I have total trust in them."
- The service used a computerised system for care plans and risk assessments, and this was used to record individual risks to people such as skin integrity, continence, and mobility. Care plans and risk assessments had recently been reviewed, there was evidence that reviews had been undertaken monthly.
- Since the last inspection, systems for assessing and monitoring risks of choking had been reviewed and improved. Nutritional and choking risk assessments had been completed and staff monitored people's food and fluid intake to ensure they were eating and drinking safely. There was evidence that specialist advice had been sought as required and their guidance followed by staff.
- People's risk of pressure damage was managed safely and the registered manager confirmed there was no one with pressure damage. Pressure relieving mattresses were all correctly set and checked by staff daily. Risk assessments for monitoring skin health were up to date and reflective of changes to people's overall health.
- 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. There were people who received 1-1 support to manage this risk. Sensor mats were also used to alert staff that a person was up and was at risk of falls.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

- Lessons were learnt when things had gone wrong. At inspection we saw that safeguarding concerns were being appropriately raised. The accident and incident forms were completed, and a monthly analysis performed to highlight trends and themes.

Using medicines safely

- This inspection found that medicines were stored, administered, and disposed of safely. Medicines were ordered in a timely way. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- Protocols for 'as required' (PRN) medicines such as pain relief and mood calming medicines described the circumstances that it may be required. We saw that people had received pain relief when requested, and this was recorded with reflection of the effectiveness of the medicine.
- All registered nurses who administered medicines had the relevant knowledge, training and competency that ensured medicines were managed 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.
- Regular medicines audits were used to identify and address any shortfalls in practice.
- We asked people if they had any concerns regarding their medicines. One person said, "No problems that I know of, I get the pills I need." A relative said, "The staff talk to us, when the doctor makes changes, they tell us."

Preventing and controlling infection

- At the last inspection improvements were needed to ensure that the premises were clean and hygienic. This inspection found that the cleanliness of the premises had improved and was clean and hygienic.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to COVID-19 outbreaks.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

Staffing and recruitment

- The staffing levels were not always sufficient to meet peoples' individual needs, there were times when care was delayed or changed because of time limitations. For example, a person who was known to have a specific problem with eating, had not been monitored post breakfast and was found in a semi-reclined position having dispelled their food, placing the person at risk from choking. A staff member was called immediately to deal with the situation. No harm was caused but did impact on the person's dignity and well-being.

- There was a lack of staff presence in the main communal area between 12.10 pm and 12.25 pm when 5 people were present. Staff visited with drinks at 12.15 pm, and immediately left to continue with drinks for people in their rooms. Lunch was served at 12.40 pm but one person who needed assistance did not receive their food until 1pm, which meant it was not as hot as it should be.
- Comments relating to staffing levels were mixed, staff said, "There are enough staff, it can be busy though," "We need a receptionist and a laundry person," and "We sometimes cannot get people up as there isn't time after personal care." This was confirmed by other staff and families.
- One person told us, "Short staffed sometimes, I waited 20 minutes when I called bell yesterday." Another person said, "I think they need more of them, it's not their fault but if they are helping me, they get called away and don't always come back." Visitors told us, "Staff are really good, but they are stretched at times, it's the little things that get missed like nails and hair care, and "I don't think the one cleaner is enough, the communal areas and bedroom is clean, but the ensuite is not as clean as I would like."

This was acknowledged by the management team and staffing levels were reviewed and increased during the inspection process. This immediately mitigated risk for people.

Following the inspection, we were informed of some issues on the first day of the inspection that had impacted on how care was delivered. For example, an imminent discharge of one person and staff being late for duty.

- Recruitment checks were conducted before staff started work at Ersham House. These included a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

At our last inspection we recommended the provider consider current guidance regarding health and well-being decisions made on peoples' behalf when they lack capacity to make their own decisions. The provider had made improvements.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- People were asked for their consent and engaged in day-to-day choices and decisions. Documentation supported that each DoLS application was decision specific for that person, for example, regarding restricted practices such as locked doors, 1-1 staff support and sensor mats. We saw that the conditions of the authorised DoLS had been met. For example, people's care plans reflected how the decision had been made and what actions staff needed to take for that condition to be met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People we spoke with, told us that they felt safe with all the staff who supported them.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was available for people and for staff regarding adult safeguarding and how to raise concerns. Information was provided in an appropriate format to enable people to understand what keeping safe means and how to raise concerns. One relative said, "We have opportunities to speak with the manager and we are encouraged to speak out if we have a problem." A staff member told us, "We have training and staff meetings to discuss safeguarding and we have folders to refer to if we are unsure."

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 our last inspection we rated this key question Inadequate. At this inspection, the rating has improved to Requires Improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however there were some improvements that needed to be developed further and embedded into everyday practice.

- At the last inspection, there had been a lack of a consistent management approach and leadership which had impacted negatively on the service, resulting in high staff turnover, inconsistent delivery of care, lack of oversight and poor communication. There was now a registered manager in post which had provided stability and strong leadership for the newly formed team. Staff told us, "We have meetings daily, the communication between staff is good, "Definite improvements, major changes in staff but we have all bonded, we are a really good team now."
- The organisations' quality assurance systems had improved and there was improved oversight of the management of risk. However, we did identify some areas that still needed to be improved. For example, the governance systems had not identified that staffing levels were not sufficient to meet peoples' needs consistently. Oral health had been identified as an issue in June 2021, improvements had been made in February 2022, but the improvements had not been sustained in the last two inspections. This was made a priority by the area manager and registered manager. New check lists and oral health training were set up by the second day of the inspection.
- Care plans and risk assessments for health needs were in place, however not all had been updated to reflect changes to peoples' health and well-being. These were immediately updated. The risk to people was mitigated by the knowledge staff had of the people they supported.
- Improvements had been made to daily notes, however there was still some improvements to be made to food and fluid charts, as some were not accurate. For example, one person's computer notes said the person had had a poached egg, a paper copy used by kitchen said she had 2 boiled eggs, but in reality, and observed they had a chopped banana. It was not clear why the documents were all different.
- There was a high use of cameras in use throughout the building, both in corridors, communal areas, and staff areas. We have asked the provider to ensure that people and their families have been consulted and

that people that do not have capacity to agree to camera monitoring, have the necessary agreements documented

These were areas that required improvement.

- The staff were positive about the registered manager, comments included, "Very good skills, always listens and is approachable." People told us that they knew who the manager was and would speak to her if they had a problem. Visitors said, "There have been improvements, the manager keeps us informed and invites us in if we have a query."
- Staff meetings were held regularly, and staff found them helpful.
- Satisfaction surveys had been sent out in March 2023. They had been collated and actions taken as necessary. For example, food choices had been improved.

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

- The registered manager understood their responsibilities around duty of candour and apologising when things went wrong.
- Statutory notifications, which the provider is required to send to CQC to notify us of events that affect the service had been sent appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supporting people were kind and caring. People were complimentary about staff that supported them. One person told us, "The staff are very kind, they know how to look after me," another person said, "They are all good, nice and respectful."
- Staff treated people with dignity and respect. Staff spoke to people about their care needs with discretion. One person told us, "They are very respectful, it's hard to be dignified on a hoist but they manage it."
- Relatives were mostly positive about their loved ones being at the home, although they acknowledged that up until recently staffing continued to be an issue. One relative told us, "I don't have any concerns about the care, but I think they need more staff, my (relative) is in bed all the time, I know they care for her physically but they can't just sit with them to stop them being lonely."

Continuous learning and improving care: Working in partnership with others

- The registered 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, and discuss at our new safety meeting to decide on actions, two, who have had lots of falls have 1-1 care now, it's much better knowing they are safe." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.
- The management team had ensured all staff had had the training that meets the needs of the people they support.
- The registered 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. There had been a difficult relationship between the service and GP surgery, however communication has improved under the new leadership in the home, for example, the registered manager had reviewed the procedure regarding contacting the surgery for medicine prescriptions, advice and queries and things were improving.
- Staff made appropriate referrals to other healthcare professionals. We saw staff worked in partnership with the SALT team, physiotherapists, podiatrist, GP and falls team. Where professionals had given advice

and guidance to staff, this was reflected in people's care plans and treatment.