

Care South

# Sussexdown

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sussexdown is a residential care home providing personal and nursing care to 53 people at the time of the inspection. The service is registered to support up to 77 people.

Care was provided across three units, one for residential care, one for people with nursing needs and a unit tailored to people living with dementia. The main building and grounds are a former convalescence home for people who had served in the armed forces which had been adapted whilst retaining its historical features. The area of the home for people living with dementia was purpose built.

### People's experience of using this service and what we found

We found the breaches of regulation identified at the previous inspections had been met, however, it was not yet clear how sustainable or embedded these improvements were. Shortfalls in relation to staff deployment remained an issue, however staffing numbers had improved since the last inspection and staffing numbers no longer impacted on the safety of people's care. The provider relied heavily on agency staff, however there were times when agency staff were not available or cancelled at short notice. This had impacted on people's quality of life as staff were able to spend less time with them. People spoke highly of the staff and said the care was good. They told us the staff were "kind," "very nice" and, "caring".

The service did not have a registered manager in post, however there were interim management arrangements in place. This included a clinical lead in day to day charge of the service with oversight by the regional support manager and the regional operations manager. The provider had recruited permanent staff to manage the service who were due to start their employment towards the end of October 2022. Staff told us the service had improved. They said they felt, "more settled with the management we have now that I did when the previous manager was here."

People were supported to have 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. One person told us they had, "Choices within certain parameters, my best interests aren't always what I want. I don't want to be in a care home, but this is a lovely place, superb, really good. I'm free to come and go as I please, although it is not in my best interests to do so. The staff are kind and helpful."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection improvement had been made and the provider was meeting regulations, however further improvements are required.

The last rating for this service was requires improvement (published 13 January 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

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 carried out an unannounced comprehensive inspection of this service on 13 February 2020 and a focused inspection on 19 October 2021. 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 Good Governance and Staffing.

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. We also inspected due to concerns we received in relation to staffing.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to continue to make improvements. Please see the safe and well led sections of this full report.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sussexdown on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Sussexdown

## 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 was carried out by an inspector and an assistant inspector.

#### Service and service type

Sussexdown is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Sussexdown is a care home with nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with 11 people who used the service and two relatives about their experience of the care provided. We spoke with 15 members of staff including the clinical lead, team leaders, care workers and admin staff .

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staffing rotas, policies and procedures, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, staff rotas and other records in relation to staffing numbers and people's dependency levels.



# 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 the same. 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 .

### Staffing and recruitment

At our last two inspections we found the provider had failed to ensure there were sufficient numbers of staff deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was meeting regulation 18, however further improvement is still required .

- Shortfalls in relation to staff deployment remained an issue due to staff sickness and agency staff cancelling at short notice. However, staffing numbers had improved since our last inspection and staffing numbers no longer impacted on the safety of people's care. Staff told us, "It's enough [staff] to spend time with people, especially when [activities person] is here."
- The service had experienced a high turnover of permanent staff and the provider needed to regularly use agency staff to cover the vacant staff positions. The clinical lead told us there had been a lot of staff changes, but they were in the process of recruiting. They said they had to use an increased number of agency staff to provide safe care. However, there were times when agency staff were not available or cancelled at short notice. Safe care was prioritised and the staffing numbers sometimes impacted on people's quality of life.
- Staff told us the staffing numbers no longer impacted on their ability to manage risk. They told us, "The staffing levels are correct, but it's when people call in sick it leaves us short. I would say it's safe, but very rushed."
- Other comments from staff included, "We'd always like more staff but in the real world it doesn't happen. Sometimes no, sometimes yes. 99.9% of the time we do have enough."
- Staff told us the workload on the different units varied. They said the residential unit was, "Very busy with call bells. It's the biggest unit with the highest workload as people were more able and more demanding. It doesn't stop." Staff said the staffing levels on the residential unit can, "Sometimes be a problem. Although care is always safe." They said, "Sometimes agency staff don't turn up, so we have to prioritise care. It's so much better than before."
- People told us they were generally happy with the staffing numbers; they said their care needs were being met. Comments from people included, "They're [staff] here when you need them but don't thrust themselves in front of you. They offer things to do and if I want to do it I will," and, "Staff pop their head in to check if I'm ok."
- Staff files confirmed staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included obtaining references from

previous employers. Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

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

- Risks to people were assessed prior to and on admission to the service. Care plans accurately reflected people's needs and risks. Actions were in place to mitigate any identified risks. For example, people's risk of falls had been assessed and we saw evidence of actions taken to reduce the risk. Staff supported people in a way which minimised risk. Hoists, wheelchairs and walking frames were used to help people move around safely where required.
- The premises and gardens were well maintained and well presented. The service had dedicated maintenance staff. Environmental risk assessments had been completed, which assessed the overall safety of the service. Staff were clear about their responsibilities regarding premises and equipment.
- Records were maintained of accidents and incidents that took place at the service. Such events were audited. This meant any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.

Systems and processes to safeguard people from the risk of abuse

- People benefited from a service where staff understood their safeguarding responsibilities.
- People told us they felt safe from abuse at Sussexdown and they had no concerns. Comments included, "I feel safe here, I'm not scared. I have no problems with staff at all."
- The clinical lead and team leaders were clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC.
- Staff had attended training in adult safeguarding. Conversations with staff demonstrated they had the knowledge and confidence to identify safeguarding concerns.
- Comments from staff included, "I'm pretty sure if you have a problem you have raised internally and nothing is done, you can confidentially write a report to CQC," "If I see or hear any abuse, I would report it to a senior or manager, or anyone who is higher up than me," and, "We're not meant to restrain people. If a resident was trying to hit out and you try to hold their arm, that is restraint, so is having bed rails up."

Using medicines safely

- Medicines were stored securely following current guidelines for the storage of medicines. There were dedicated places for storing people's medicines which were locked when not in use.
- Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. We saw people were routinely offered medicines required as needed (PRN), for example pain killers.
- We saw that medicines were administered safely. Staff said they had received training in medicines handling and felt confident administering medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 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.
- Relevant staff had completed food hygiene training. Staff understood the importance of food safety, including hygiene, when handling food.

# 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 as Inadequate. At this inspection this key question has improved to Requires Improvement. 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.

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

At our last three inspections we found that the provider had failed to operate effective systems and processes to ensure good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was meeting regulation 17. However, it was not yet clear how sustainable or embedded these improvements were.

- At the previous inspection we found the culture within the service was not person-centred or empowering and staff did not feel their concerns were being addressed. At this inspection we found that improvements had been made. Staff told us, "Morale was up and down but it's getting better. About a month ago it was frustrating because of not having enough staff. We have three more people coming in so it's looking hopeful. There is good communication from [Name, regional support manager] and [Name, clinical lead]. [Name, previous manager] communication was poor." Some staff still spoke of being, "Scared of repercussions" if they raised concerns, however the majority of staff were positive about the improving culture at the service. The clinical lead was aware of these concerns and was working with the staff to improve their trust. They told us the culture at the service had improved, but there was still work to do.
- Despite seeing the improvements since the last inspection, we still received mixed feedback in relation to morale and the management arrangements at the service. The service had been without a registered manager for 11 months. We would need to see evidence of improvement and systems of management and governance being embedded and sustained over time, to ensure that high quality care could be consistently delivered to people. We have identified this as an area of practice that needs improvement.

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

- The provider had effective oversight of the service and the requirements from the previous inspections were met.
- The regional operations manager now conducted monthly visits to the service on behalf of the provider. The reports from these visits identified areas in need of improvement. Areas in need of improvement were

then translated into an action plan and those actions were followed up at subsequent visits.

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; Continuous learning and improving care; Working in partnership with others

- The breaches identified at the previous inspections have been met. However, shortfalls in relation to staff deployment remained an issue due to staff sickness and agency staff cancelling at short notice. However, staffing numbers had improved since our last inspection and staffing numbers no longer impacted on the safety of people's care.
- There was a management structure in the service which provided clear lines of responsibility and accountability. There was a clinical lead working at the home and the provider had recruited a permanent manager who was due to start their employment towards the end of October 2022. Staff told us, "I think when the managers are here it is well managed. I think [Name, clinical lead] is doing a good job."
- Staff also told us, "We have a new home manager lined up to start soon. I don't know the ins and out but they're due to start October time. In the meantime, we have [Name] and [Name] from head office. In the dementia unit morale is good."
- The current management staff were aware of the duty of candour and knew the actions to take should something go wrong.
- Accident and incident forms were completed. These were checked by the clinical lead who analysed them.
- Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.
- The clinical lead and team leaders told us relationships with other agencies were positive. Where appropriate suitable information, for example about safeguarding matters, was shared with relevant agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt supported and were kept informed of changes, "If you have a problem [Name, regional support manager] is always there to talk to. [Name, clinical lead] too. I heard someone is coming in as manager. Got another clinical lead coming in as well. It was said in the meeting."
- People appeared at ease with staff and staff told us they enjoyed working at the service. Staff demonstrated a strong level of commitment and dedication to the service. Staff at all levels were approachable and keen to talk about their work. A staff member told us, "We're all supportive of each other and welcomed to share our opinions. It's respectful and professional. We know if we're having a bad day at home to leave it at the door. We get the occasional people having a moan but everyone's pretty happy." Staff also told us, "It can be demoralising with so many managers all wanting to do things their own way. I know nobody likes change. We just have to wait and see how the next one will turn out."
- The service sought feedback from people, relatives and staff. A staff member told us, "I know if something does work better, I can pitch it to [Name, unit manager]. I feel she listens to me."