

Tradstir Limited

# Partridge House Nursing and Residential Care Home

## Inspection report

Leybourne Road  
Off Heath Hill Avenue  
Brighton  
East Sussex  
BN2 4LS

Tel: 01273674499

Date of inspection visit:  
29 June 2021

Date of publication:  
19 July 2021

## 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

Partridge House is a care home with nursing registered to provide accommodation for up to 38 people with various health conditions, including dementia, frailty and sensory impairment. There were 29 people living at the service on the day of our inspection.

### People's experience of using this service

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. Through the use of these systems, the provider had identified areas of practice that needed to be improved. Our own observations supported this. We saw that some areas of record keeping and analysis of data to prevent the reoccurrence of issues and drive improvement needed to be fully implemented and developed further.

We were shown an action plan for improvement developed by the provider that was robust and achievable, and managers were committed to driving up the quality of care. Changes had begun to be implemented and improvements had been made. However, these new systems and processes developed by the provider were not fully in place and needed time to embed and be effective.

People and relatives were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. A relative told us, "I am very happy with the home for my [relative]. I visited yesterday and I asked my [relative] how she feels. She said the staff are all very caring and from what I have seen the staff are brilliant. Security is very good. [My relative] feels safe as she has people to look after her all the time. The staffing levels appear good. She uses a mobility frame to get around. They give her medication, which has been given correctly. All the COVID-19 regulations are in place, her room is clean and immaculate. I have no concerns. [My relative] is very well looked after as she is well presented."

People and their relatives thought the service was well managed and they enjoyed living there. A relative told us, "I feel the home is well managed. I am impressed with the home. [My relative] hasn't been there for a long time, but it is a calm home where staff are genuinely supportive and friendly. We made the right choice choosing this home"

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.

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.

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

The last rating for this service was Requires Improvement (published 1 November 2020).

We received concerns in relation to the care delivery at the service and the provider having robust systems and processes in place. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the key question of effective, caring and responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well-led sections of this full report.

#### Follow up

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our Safe 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** ●

# Partridge House Nursing and Residential Care 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Partridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 (CQC). However, at the time of our inspection, the registered manager had recently left the service. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Interim management arrangements were in place. Day to day management of the service was carried out by the provider and nominated individual. We saw that the provider was in the process of recruiting a new manager who would register with the CQC.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was to determine the COVID-19 status of the service and to ensure we followed appropriate infection prevention and control (IPC) procedures.

### What we did before the inspection

On this occasion we did not ask the provider to send us the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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.

### During the inspection

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three staff recruitment files, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records.

We spoke with two people living at the service on the day of the inspection, and nine relatives over the telephone. We also spoke with eight members of staff, including the provider, the nominated individual, administration staff, a registered nurse, care and ancillary staff.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At the inspection on 1 November 2019, this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. A relative told us, "My [relative] is absolutely safe, there is no shadow of a doubt. This home is perfect for him, he is clean, shaved and always smiling. I feel I can speak to any of the staff regarding his care and they are all very helpful. I can phone up at any time and they will update me on his situation."
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant professionals after any specific incidents.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments which were specific to their needs, such as mobility, risk of falls and medicines. For example, some people were at risk of falls. Their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their mobility.
- The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Staffing and recruitment

- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- People and staff told us the service had enough staff to keep people safe. A relative told us, "The staffing levels appear to be good." A member of staff said, "We use agency staff, but they are regular and know what they are doing."

- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

#### 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.

#### Using medicines safely

- Nursing and care staff were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate.
  - Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines and temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
  - We observed a member of staff giving medicines sensitively and appropriately. We saw they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- 
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the inspection on 1 November 2019, this key question was rated as Requires Improvement. We identified a breach of regulation 17 (Good governance) 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 this regulation. However, at this inspection we identified areas of practice that need further improvement and the rating of this key question remains 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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection on 1 November 2019, we identified areas of practice that needed improvement in relation to the provider having robust and effective systems of quality monitoring to assess the quality of care and drive improvement.
- We saw that improvements to the quality systems at the service had been made. The provider undertook a range of quality assurance audits which included medicines, infection control, care plans, record keeping and health and safety. The results of which were analysed to determine trends and introduce preventative measures.
- However, through the use of these systems, the provider had identified areas of practice that needed to be improved. For example, further work was required around the analysis of accidents and incidents and record keeping, including the daily recording of care delivered.
- We were shown an action plan for improvement that was robust and achievable, and managers were committed to driving up the quality of care. Changes had begun to be implemented and improvements had been made. However, these new systems and processes developed by the provider were not fully in place and needed time to embed and be effective. Nobody at the service was placed at risk, however, we have identified this as an area of practice that needs improvement.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of other significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "The home is well managed, I have no complaints. The atmosphere in the home is such that it is a friendly home and very supportive. I would recommend the home and I have done."

- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. Our own observations supported this. A member of staff told us, "I love working here, I'm really happy, I love the residents, they are well cared for."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training.

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

- People and staff were actively involved in developing the service. For example, people had influenced food choices and activities.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. A relative told us, "I have sat and watched the staff caring for [my relative] and they carry out their job so well. I got invited to a resident of the day meeting recently to discuss my [relative's] needs which is very positive."

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We're a good team. Even the agency staff who work here are well known to us."
- Up to date sector specific information was made available for staff including details of specific topics, such as infection prevention and control and the COVID-19 pandemic, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others; 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 service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.