

Seaford Homes Limited

# Nova House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nova House is a residential care home providing personal care for older people, some of whom were living with dementia. The service can support up to 36 people and at the time of the inspection there were 27 people living at the home.

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

The service had continued to deliver high quality support throughout challenging times. The atmosphere within the service was vibrant and fun, with laughter echoing down the corridors.

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.

Comprehensive assessments and care plans provided the basis of personalised care and provided the foundations to ensure that staff supported people safely and in accordance with their needs and preferences. Risks to people were identified and managed in a way that balanced their safety with their right to freedom.

Staff were kind and compassionate and people had relationships with them that were fun and inclusive. People enjoyed their meals and were supported to eat a nutritious and varied diet. People received their medicines as prescribed and were supported to access external professionals to keep them healthy and comfortable.

The provider and management team had worked hard to maintain high standards of care and safety. Despite staffing shortages across the sector making recruitment of new staff difficult, existing staff felt valued and were motivated and committed to work hard and go the extra mile for people.

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 good (report published 11 March 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

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.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Nova House

## 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 two inspectors.

#### Service and service type

Nova House 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 all information we held about the service. This included the statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also used the information the provider sent us in the provider information return (PIR). 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 used all of this information to plan our inspection.

During the inspection

During the inspection we spoke individually with seven people about their experience of the care provided. We also joined people at lunchtime and in communal areas throughout the day and talked to them more generally about their life at Nova House. We met with one visiting family member. We talked with five members of staff, including the registered manager. We reviewed a range of records. This included the care plans for three people and documents relating to medicines. We looked at three staff files in relation to recruitment and staff supervision. Records relating to the safety and management of the service, including audits and satisfaction surveys were also reviewed.

After the inspection

We reviewed all the information gathered and provided written feedback to the registered manager.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Nova House and that staff treated them well. One person said, "It's not showy here, but they really care, and I feel safe when I go to bed at night."
- Staff demonstrated they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe. They were able to explain the different types of abuse and how they would report any concerns. One staff member confirmed, "I know all about safeguarding. I would go the manager if I had any concerns. He is very approachable. If nothing got done, then I would definitely take it further."
- The service had a whistleblowing policy which staff were aware of and had the confidence to use if needed. Whistleblowing is a process where concerns can be raised whilst protecting the identity of the person raising the issues.

Assessing risk, safety monitoring and management

- People confirmed they felt safe living at Nova House and relatives also echoed this view. One person explained how they were at high risk falls and shared with us how staff kept them safe. They told us, "I have lots of things in place to help me move around safely, staff always make sure I have my call bell and my Zimmer frame next to me."
- Risks to people were understood and carefully balanced people's safety with their right to live the life they wished. For example, one person had a grab rail fitted to the side of their bed. The person had requested this be fitted when they moved in because it enabled them to independently get in and out of bed. A careful risk assessment had been completed with professional advice being sought and the conclusion that the benefits outweighed the risks for this person.
- People's care plans included risk assessments that outlined the action needed to keep people safe. These were reviewed regularly and reflected people's current support. For example, when one person had moved into the service it was identified that they can become disorientated at night and as such may leave their room during the required period of self-isolation. Recognising this, a temporary sensor beam had been fitted to alert staff if the person attempted to leave their room.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) described the support people would need to safely leave in the event of a fire.

Staffing and recruitment

- People told us they received support from staff when they needed it and that their calls for help were responded to. One person said, "If I need them, I press my bell and they come." Likewise, another person commented, "If I need help then I just press the button – sometimes you have to wait a little while. There

was only one occasion where they didn't come but it was a mistake."

- There were some mixed views about whether there were always enough staff, but throughout the inspection, we observed that people were well supported, staff were appropriately deployed around the service, and that call bells were answered in a timely way.
- The registered manager told us maintaining staffing levels during the pandemic had not always been easy, but they had all pulled together to provide the care and support people needed. This was reflected in the comments from staff and our observations that teamwork was effective across the service.
- Despite some regular use of temporary staff, the registered manager and staff advised that the same agency workers were booked to support consistency of care.
- The management team continued to make appropriate recruitment checks to help ensure staff were safe to work with people who used care and support services.

#### Using medicines safely

- People told us staff supported them to take their medicines as prescribed. One person explained, "My medicines must be given at the right time and they do this for me."
- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff completed medication administration records (MAR) following the administration of people's oral medicines. We found that whilst people were supported to receive their prescribed creams, these were not always signed for. This was discussed with the management team who said they would immediately implement a topical creams chart for staff to complete following personal care as this was when the creams were applied.
- As required (PRN) medicines, for example occasional pain relief, had a separate protocol but were recorded on the same MAR. Regular reviews of medicines took place which reflected that staff evaluated the effectiveness of short term 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.

#### Learning lessons when things go wrong

- The management team had created a culture of reflective practice. Incidents and accidents were routinely reviewed and areas for learning discussed both at management and staff level.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they received support that met their needs and respected their choices.
- The management team took a holistic approach to the assessment, planning and delivery of people's support. Pre-admission information identified what was important to the person and evidenced that managers had taken the time to get to know the person.
- People's health needs were assessed using evidence-based tools. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify nutritional risks and a Waterlow assessment was used to understand people's skin integrity. Assessments were kept under regular review and staff followed the corresponding plans in place for people.

Staff support: induction, training, skills and experience

- People told us they had confidence in the staff who supported them and felt safe in their hands. We overheard a conversation between one person and a member of staff in which the person commented, "You are a very good, caring carer."
- Staff were competent in the way they supported people and told us they received ongoing training to develop their skills. Staff said that whilst the pandemic had meant a lot of training courses had been moved online, senior staff and managers had given them practical support to refresh their learning in respect of courses such as moving and handling.
- New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also worked alongside more experienced staff until they felt confident in their roles.
- Staff repeatedly told us they felt supported in their roles and that the management team were approachable and supportive. One staff member said, "The manager and deputy manager are really supportive, you can always go to them about everything." Similarly, another staff member informed us, "It is a very friendly team. I couldn't have got better support."
- Individual and group meetings with staff were used to check their knowledge and develop skills and to share best practice.

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

- People spoke positively about their meals and told us their dietary preferences were catered for. One person told us, "I'm a vegetarian and I always get a good choice of meals." Another person said, "The food here is excellent. I introduced them to my favourite risotto dish and now they follow my recipe."
- Lunchtime was a sociable occasion with each person given choice and control over the way their meal

was served. One person selected the vegetarian option and then subsequently changed their mind and asked for the sausages and mash. This was changed without hesitation.

- People were supported to maintain adequate levels of nutrition and hydration. If people showed disinterest in eating, we saw staff spent time encouraging them to have something to eat and offering alternatives and sauces which enticed them to have their meal.
- Care records reflected the health risks associated with eating and drinking. For example, where people were identified as being at a low weight, there were guidelines in place to fortify and supplement meals. Staff were aware of these risks and able to describe the plans in place. Staff appropriately monitored people's food and fluid intake and maintained a check of people's weight.

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

- People were supported to access the healthcare services they needed and had choice over the external professionals they saw. For example, one person told us, "There is a chiropodist that comes here every six weeks to see people, but I choose to have my own visit me here."
- Staff had a good knowledge of people's healthcare needs and worked effectively with each other and other professionals to provide people with the support they required. Records showed that people received input from other health professionals, including GPs, district nurses and occupational therapists.
- Staff reported having a good working relationship with the doctors and community nursing staff that supported them.

- People had oral care plans in place to ensure they were supported to maintain good oral hygiene and access to dental care.

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

- People told us they liked living at Nova House because it was clean, comfortable and homely. One person remarked, "It's not showy here, but it's got a nice feel about it."
- The design and adaptation of the physical environment provided people with level access around the service and we saw people enjoying the space and freedom to walk around safely in the service.
- Since our last inspection, the building had been extended to include five new ensuite rooms, one of which was a double room for couples who may wish to occupy the same rooms.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had choice and control over their lives, and staff routinely sought people's permission before providing support. Where people declined support, this was respected and offered later.
- Staff demonstrated they understood the principles of the MCA and how to follow a best interest process.
- Where people lacked the capacity to make decisions for themselves, appropriate best interests processes

had been followed and other relevant persons consulted.

- Appropriate DoLS applications had been made and where authorised, the conditions were recorded in care plans and understood by staff.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of the staff that supported them. One person said, "The staff are always ready and willing to get out of a warm chair to do something for you. You thank them and they say, no it's what I am here for." Likewise, another person commented, "They are lovely. Nothing is too much trouble for them."
- People were treated with kindness and enjoyed positive relationships and good humour with staff. At lunchtime we overheard a person laughing happily when a staff member approached them on their way out saying, "Good morning trouble, how are you today?" The person quickly replied, "Well I'm good, but I won't be coming back sober!"
- Equality and diversity were respected and promoted throughout the service. People's equality characteristics were discussed at initial assessment and planned for. For example, some people had dietary requirements relating to cultural beliefs. Others were supported to continue their religious practice.

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

- People told us staff enabled them to be in control of their own care and routines. For example, one person said, "You can do things in your own time here." Similarly, another person informed us, "I like to get up at about 8am, have a cup of tea and then walk up and down the corridor to get my legs moving."
- Staff told us there was a clear directive from the management team that people come first. One staff member told us, "The manager is very clear about the standard of care he expects people to receive. It's one of the reasons I like working here so much, because I know I'm able to do a good job."
- We saw staff involving people in their care and empowering them to make their own choices. For example, when supporting one person to get seated in their wheelchair, we heard the staff member say, "Which leg would you like to move first?" This was then followed by, "Now where would you like to sit?" Likewise, at lunchtime people were given lots of choice about what meal option they wanted and the condiments and drinks they wished to have with it.
- Staff were in tune with people's emotional needs. One person was waiting for a visitor to arrive who had been delayed and staff immediately noticed the person was anxious about where they were and reassured them. Similarly, when talking with us, staff explained the signs they looked out for to see if people were feeling down.

Respecting and promoting people's privacy, dignity and independence

- People were supported with their personal care needs in a way which promoted their privacy and dignity. Staff told us how they respected people's choices about the gender of the staff member supporting them

and ensured they responded to both verbal and non-verbal cues.

- People were encouraged to make their own choices about their appearance. We noticed that people looked well groomed, the hairdresser was visiting regularly and staff supported people to put on items of jewellery where they wished to do so.
- Staff were discreet in the way they offered support. On the day of the inspection, we saw a person walking down the corridor towards the dining room and a staff member immediately noticed their clothes were out of place. They gently popped their arm around the person and sensitively smoothed out their clothes.
- People and their relatives told us staff encouraged people to be independent where possible. Similarly, staff talked confidently about the things they did to encourage people to be independent. At lunchtime we saw some people had adapted cutlery which staff explained enabled them to continue to eat independently despite having lost some dexterity in their hands.

# 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 good. At this inspection this key question has remained the same. 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

- People told us they were supported in the way they wished and felt in control of their support.
- Staff had an excellent knowledge of people's needs and preferences and were responsive when these changed. For example, one person's physical health had recently deteriorated, and immediate action had been taken to get additional health care support and relevant monitoring charts had been introduced so the person's nutrition, hydration and skin integrity could be closely observed.
- Each person had a plan of care that outlined how support should be delivered to meet their personal needs and expectations. The support provided by staff reflected the information recorded in people's care plans. For example how people liked to start the day or where they preferred to take their meals.

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.

- Staff had the necessary skills to communicate effectively with people. Staff had a good understanding about people's communication preferences and gave them time to answer questions in their own way.
- Each person had a communication care plan which outlined how staff should support them to make decisions about their care. Information and choices were presented to people in a way which made them accessible to them. For example, at lunchtime some people were shown plated meal choices to enable them to make a meaningful choice.
- Where required, staff ensured people were supported to wear their glasses or hearing aids to facilitate good communication. We observed steps were taken to ensure these were kept clean and in good working order.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had the freedom to spend their time as they wished, and we observed that people were pursuing their own interests during the inspection.
- The registered manager spoke candidly about the impact the pandemic had had on the activity programme, both in terms of limitations placed on external outings and the operational need to deploy staff in different roles to keep people safe. Despite this, it was evident staff had worked creatively to continue meaningful engagement with people. During the afternoon, we saw people actively enjoying a game of bingo and several people commented how much they enjoyed the quizzes. One person told us, "I usually go

downstairs to join in with the activities. I never worry about being bored." Likewise, another person said, "Once a week we have a big quiz, and we all enjoy that very much."

- The management team had worked hard to facilitate contact and visits between people and their loved ones whilst managing the infection risks and observing government guidelines. The registered manager described in their PIR how they had adapted spaces within the care home to allow socially distanced visiting from the earliest opportunity. People confirmed they had been able to receive regular visitors and how grateful they were that they had been able to do so.
- During the inspection we saw managers and staff supporting people to meet with friends and families safely with visits both inside and outside the service.

Improving care quality in response to complaints or concerns

- People felt valued and that their opinions mattered. People told us where they had raised issues, these had been appropriately addressed. One person told us, "If you have a problem then, you just tell them, and they attend to it."
- No recent complaints had been received, but the complaints policy was accessible to everyone. A copy was displayed in the entrance to the service and everyone we spoke to knew of its existence and told us they knew how to complain or raise any issues they may have.

End of life care and support

- Staff responded rapidly when people's needs changed and their knowledge about people enabled good end of life care to be provided.
- Staff understood well the roles they played in keeping people comfortable and pain-free at the end of their lives. During the inspection we overheard staff arranging for lip moisturiser to be applied for a person who was nearing the end of their life.
- People were involved in making advanced decisions about their final days and enabled to die with dignity. For example, people's choices about whether they wished to be resuscitated or not were known by staff and recorded. Where people lacked the capacity to make these decisions for themselves, appropriate best interests processes had been followed.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People were consistently positive about the culture of the service and described how all staff from the top down made them feel like they mattered. One person recalled the manager coming to their room after they had moved in noticing their books piled up. They went on to say, "He then came back in and made these lovely bookshelves for me." Another person told us, "This is one of the better care homes. They said it was the best, and it jolly well is!"
- Staff said expectations of their roles were clear and felt that their contributions were valued. One staff member reflected, "He [registered manager] has been amazing throughout COVID-19. He always thanks his team and tells us how grateful he is." Likewise, another staff member commented, "Both the manager and provider have been fantastic, they've supported us all in so many different ways; practically, financially and emotionally."
- People were empowered to have choice and control over both their daily lives and the running of the service. During the day we observed managers and staff supporting and responding to people in a way that was naturally inclusive. For example, one staff member was making a pot of tea and they encouraged a debate between people about how many teabags made the perfect pot of tea.

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

- People and staff spoke positively about the leadership of the service and had confidence in the management team to do the right thing. Feedback from relative satisfaction surveys expressed the same.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The management team had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this and had created a culture of transparency and openness.

Continuous learning and improving care; Working in partnership with others

- The leadership team promoted a commitment to high-quality care and had a clear direction for



continuing to develop the service. The registered manager confirmed his vision for the service and placing people at the heart of the running of the home was well supported at provider level. They told us, "The provider has been brilliant, everything we've needed they have agreed to, no financial restraints and regular visits to support us."

- The registered manager had been running the service for more than ten years and during that time had consistently developed and improved the safety and quality of the service provided.
- Managers and staff had positive relationships with healthcare professionals and worked in partnership with them to improve outcomes for people. It was evident from discussions with staff and reviewing care plans that specialist advice was sought and reflected in the way support was being provided.