

Affectionate Care Home Limited

Ersham House Nursing Home

Inspection report

Ersham Road
Hailsham
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24 September 2020
28 September 2020

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

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 23 people living at the service.

We undertook this targeted inspection to follow up on specific concerns, which we had received about the service. The concerns were about people's safety and well-being.

We inspected using our targeted methodology developed during the COVID-19 pandemic to examine those specific risks and to ensure people were safe.

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

People told us, "Very good here, I had a fall and wasn't safe to live at home, but I am safe here," and "I feel safe and looked after." A relative said, "I am very happy with the care, it's not easy at the moment, but I'm kept informed and I know my relative is safe."

Quality assurance systems had been introduced in March 2020 and were continuing to be developed and improved. There had been three managers in post since March 2020. This meant that systems had not had the opportunity to be fully embedded in to practice and further time was needed.

People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks to their health and well-being. People received their medicines safely, when they needed them, supported by individual care plans and risk assessments. There were enough staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Staffing levels were regularly reviewed following falls or changes in a person's health condition. Safe recruitment practices had been followed before staff started working at the service.

We were sent the COVID-19 infection procedures and policies prior to the inspection. These reflected current guidance and we were told it was updated regularly. All staff were aware of the government guidance and confirmed that they received updates daily. Staff were all wearing protective personal equipment (PPE).

Staff told us that they felt well supported by the management team and received regular supervision and wellbeing meetings. They felt that improvements to the service had been made and were still being implemented.

Rating at last inspection:

This service was registered on the 26/03/2020 and this is the first inspection.

Why we inspected:

The inspection was prompted due to concerns received about staffing, and peoples' safety and well-being. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspection even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

We have not rated this key question as we have only looked at the areas we had specific concerns about.

Details are in our safe findings below

Inspected but not rated

Is the service well-led?

We have not rated this key question as we have only looked at the areas we had specific concerns about.

Details are in our safe findings below

Inspected but not rated

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. This was a targeted inspection due to concerns we had about people's safety, staffing levels, delivery of safe care and the governance framework to support people and staff safely.

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

Notice of inspection

We gave a short period notice of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important

events the service is required to send us by law. We used all of this information to plan our inspection.

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.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we had two calls with the nominated individual for the provider organisation. We discussed how we would safely manage the inspection. We also wanted to clarify the providers infection control procedures to make sure we worked in line with their guidance.

To minimise the time in the service, we asked the provider to send some records for us to review prior to the inspection. This included records relating to the management of the service, audits, training and supervision records and staffing rotas.

During the inspection

We spoke with eight people who used the service. We spoke with six members of staff including the nominated individual. We spent a short time in the home. This allowed us to safely look at areas of the home and to meet people, the providers and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included people's care records, medicine records, four staff files in relation to recruitment and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback following the inspection from three relatives, two staff members, and two health professionals.

Is the service safe?

Our findings

Safe

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

We have not rated this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns about people's safety and care needs being met. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- The provider had recently introduced a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken and reviewed.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people who had lost weight or experienced swallowing difficulties had a care plan that identified these problems and regularly updated risk assessments that had been completed and reviewed. Development in ensuring guidance regarding emergency action needed by staff and access to equipment was needed.
- People who lived with diabetes had in-depth care plans to manage their diabetes safely. There was guidance in the care plan about the management of the diabetes, eye and foot care, signs of high and low blood sugars and how to manage symptoms of hypoglycaemia and hyperglycaemia and monitoring blood sugars.
- Moving and handling risk assessments were undertaken on all people to identify risk and to ensure the right equipment was used. There were people who relied on staff to move them whilst in bed and they had an individual sling and glide sheet in their room.
- Specialist chairs were used for people that were unable to move and sit independently. Appropriate assessments were in place to ensure the use of these chairs were in their best interest. We saw that at this time, that there were enough chairs available to allow people to sit out of bed and spend time in the communal areas if they should wish to. This ensured people were not at risk from social isolation.
- People at risk of falls or whose mobility was decreasing had safety measures in place to minimise risk of trips and falls, this included the use of sensor mats.

Staffing and recruitment

- During the inspection people received care and support in an unrushed personalised way. Comments from people included, "I think staff are kind and treat me very well," and "It can be busy but they are very good, I can ring for help and they arrive almost immediately," and "I have not had any concerns with staff but they are all pretty new."
- Rota's confirmed staffing levels were stable and the skill mix appropriate. For example, there was always a registered nurse on duty supported by senior care staff and care staff.

- The majority of staff were in their first two months of employment. Staff told us that they felt supported by the management team and felt confident in assisting people safely. One staff member said, "I wouldn't do something that I didn't know how to do properly."
- The training programme identified that staff were in the process of completing essential training. All staff complete a 12-week training programme. The manager held weekly progress meetings to target the specific training required to be completed. We discussed the importance of ensuring that the rota considered staff experience and training.
- There was a high use of agency registered nurses (RN's). These staff were employed on a long-term contract and considered part of the staff team. Recruitment details were requested from the agency before starting 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.

Using medicines safely

- Due to the management team identifying errors and issues with the management of medicines, the organisation had changed to vMAR system since taking over the service. vMAR is a server-based electronic medication administration system designed for use in care homes to reduce errors and improve efficiency.
- Medicines were stored, administered and disposed of safely. The clinical room however was cluttered and safe storage was to be found for medicines to be returned to the pharmacy.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my tablets on time and have no worries," "My pills get given to me and I don't have to worry" One relative said, "We are informed of any changes."
- All staff who administered medicines had had the relevant training and competency checks that ensured medicines were handled safely. This was usually the nurses, however senior care staff had also been assessed as competent and were able to administer them. The manager had requested medicine competencies of the agency staff following a medicine error. Appropriate action had been taken following the error and further checks carried out to prevent a re-occurrence.
- Some people had medicines administered on an 'as required' basis and there was a protocol to support this, which described the circumstances and symptoms when the person needed this medicine.
- Medication audits were completed on a monthly basis. The manager had reviewed and analysed the findings of the audits to ensure action was taken to safeguard people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections and was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People were only admitted to the home if they had, had a negative Covid19 test result and were able to self-isolate for seven days.
- We were assured that the provider was using PPE effectively and safely. Staff were following the guidance in respect of wearing PPE and handwashing.
- We were assured that the provider was accessing testing for people using the service and staff. It was confirmed that staff were tested weekly and people monthly.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy. The housekeeping team worked seven days a week and told us of the protocols they followed. Daily checks on the cleanliness of the environment was completed.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed. Ersham House had an early outbreak and have taken forward learning and preventative measures and were Covid free at the time of inspection.

- We were assured that the provider's infection prevention and control policy was up to date.

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

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.

We have not rated this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's safety and care needs being met and the governance framework of the service to support people and staff.

We will assess all of the key question at the next comprehensive inspection of the service.

Understanding quality performance, risks and regulatory requirements

- There had been consistent whistle-blowers raising concerns, and this had impacted on communication and leadership in the initial months under new management. This has now settled and the amount of whistleblower concerns have significantly reduced.
- There had been three managers at the service since March 2020. The staff team is virtually a whole new team over the past six months, with many care staff being in their first two months of employment.
- For this targeted inspection we specifically looked at the management of risk and staffing. Whilst we found that there were areas to improve, they had not impacted negatively on safe care delivery at this time.
- There had been concerns raised about poor recording of fluids and food. We looked at six weeks records of specific people at risk from weight loss and dehydration. We identified some discrepancies in records and this was being investigated by the manager. For example, one person who was on a soft diet had entries throughout August 2020 that stated they had been given biscuits and cake. When discussed with the manager it was thought to be a recording issue. There had been no choking incidents recorded.
- Accidents and incidents were followed up with an action plan to prevent a re-occurrence. There was a monthly analysis, which identified themes and triggers. Some improvements were needed, for example, audits and the analysis needed to be signed and dated.
- Staff training was in progress, however there was some service specific training that needed to be progressed to ensure consistent safe care. These included, catheter training, choking awareness, allergen awareness, food safety, first aid and fire safety. The manager told us that he had identified that training was an area to improve.
- There was a high use of agency registered nurses. There were no permanent registered nurses on shift at present except the manager. However, we were aware that two nurses had been recruited and were on their induction. Recruitment for registered nurses is on-going. We were told that this will provide consistent leadership on the floor to allow the manager dedicated managerial time.
- The management team were working to ensure there was oversight and effective governance at the service. There were systems and processes to assess, monitor and improve the quality and safety of the service provided. This included health and safety, accidents, incidents, complaints, medication records and staff documentation. However, these were only recently implemented and need time to fully embed into everyday practice.

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

- The culture of the service was positive. Although we only spent a short time in the home, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people they supported with compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic.
- Throughout the inspection, we saw kind and thoughtful interactions between staff and people. Staff were happy in their work and this impacted positively on people.
- The feedback from staff about the management of the service was positive. Staff told us, "I feel supported and I really enjoy my work," and "I have been here less than a year, it has been rocky but improvements have been made under the new provider."
- People told us, "Good bunch of staff, always smiling and helpful," "Lots of new faces, but I think they are all kind," and "Been a lot of changes, I'm not sure it's as happy a place, but early days."
- We received some positive feedback from families. One staff member said, "Really good support from the manager," and "I think it's a well-run home." A family member said, "Overall, I think the care is good."
- The management structure promoted an open-door policy. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. One staff member said that the manager worked alongside the staff and this was appreciated by staff. Staff knew that there was a whistle-blower policy, but felt that they could approach the nominated individual or manager if they had a concern.
- A survey had just been sent out to people and their families to gain their feedback.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.