Nadali Limited

Sussex House Care Home

Inspection report

36 Princes Road
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Lincolnshire
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Date of inspection visit:
02 February 2016

Date of publication:
16 March 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Sussex House care home is centrally located near to local attractions, restaurants and shops in the seaside town of Cleethorpes in North East Lincolnshire. The service is registered with the Care Quality Commission (CQC) to provide residential care and accommodation for up to 24 people. At the time of our inspection 16 people were living permanently at the service and two people were being supported on short term respite.

The service provides support for adults who have mental health conditions. The service offers a range of en-suite rooms over three levels. There are also two communal lounge areas, a dining room, an activities room, a kitchen, bathroom and toilet facilities, independent skills kitchen area and outdoor courtyard space. The service was in the process of having a new passenger lift installed at the time of our inspection.

The inspection took place on 2 February 2016 and was unannounced. The service was last inspected on 20 December 2013 and the registered provider was meeting all of the regulations we assessed. At the time of our inspection the service had a registered manager in post.

A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to recognise and report potential abuse. Risk assessments were in place to guide staff in how to support people appropriately and minimise risks. People lived in a safe, clean environment where the equipment used was regularly checked and serviced.

The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and we saw that applications, where required, had been submitted in respect of people being deprived of their liberty. During our inspection, we found that staff had been recruited safely and appropriate checks had been completed prior to them working with vulnerable people.

Staff had a good knowledge and understanding of the needs of the people they were supporting. Staffing levels were adequate and there was a training programme in place to ensure staff were equipped with the knowledge and skills required to carry out their role effectively. Not all staff had received mental health awareness training but the registered provider had measures in place to ensure all staff at the service would complete this by June 2016.

Medicines were managed, stored and administered in a safe way. People's mental and physical health and nutritional needs were met and they accessed professional advice and treatment from community services when required. Positive interactions were observed between staff and the people they cared for.

People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. People and staff were relaxed throughout our inspection. There was a friendly environment and people told us they enjoyed living in the service. Positive relationships between people and the staff team had developed and staff demonstrated kindness and compassion towards people.

The service had a number of activity resources for people to use but we saw limited activities taking place during our inspection. There was no structure or activities programme in place at the service. We recommended the service reviewed this to encourage and increase activity participation.

People were supported to maintain relationships with their families and friends. The service was well managed and the registered provider undertook regular audits to ensure the service was safe. The registered manager and deputy care manager promoted an open-door culture and staff told us they felt well-supported working at the service. People who used the service and their relatives were encouraged to give feedback on the service to help make improvements or changes to practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

The service followed safe recruitment practices for working with vulnerable adults and there were sufficient numbers of skilled staff to meet people's needs.

Medicines were ordered, stored and administered by staff who were trained and competent.

Is the service effective?

Good

The service was effective.

Staff received training in a range of subjects and could effectively meet peoples needs.

People received care and support that met their needs and reflected their individual choices and preferences.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

There was friendly atmosphere within the service and staff assisted people to maintain their privacy.

People and their relatives were included in reviews of their care needs.

Interactions between staff and people who used the service were positive. Staff had a good understanding of people's individual needs and preferences.

People were treated with dignity and respect and their independence was promoted.

Is the service responsive?

Requires Improvement

Some aspects of the service were not always responsive.

The service lacked structured activities to increase participation and keep people occupied.

People received care which was personalised to meet their needs and was person-centred.

A complaints policy was in place to enable people to raise any concerns they had.

Is the service well-led?

Good

The service was well-led.

People and their relatives were asked their views and opinions about the service to assist with any improvements or changes.

Staff said they felt supported and listened to working at the service.

The registered manager promoted an open-door culture and people told us the management at the service was excellent and supportive.

There were regular audits and meetings to monitor the quality of the service to drive improvement and raise standards of care.

Sussex House Care Home

Detailed findings

Background to this 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 was planned to check whether the registered 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.

This inspection took place on 2 February 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded to accidents and incidents that affected the people who used the service.

The local authority safeguarding and contract monitoring teams were contacted prior to the inspection, to ask them for their views on the service and whether they had any on-going concerns. No major concerns were raised.

During the inspection we spoke with five people who used the service, two relatives and two visiting professionals. We spoke with five staff including the registered manager, the deputy care manager and care staff. We also contacted and received further feedback from three relatives and healthcare professionals following our inspection.

We spent time observing the interactions between the people who used the service, relatives and staff in the communal areas and during mealtimes. We looked at five care records which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medication administration records (MARs) and accident and incident records.

We looked at a selection of documentation relating to the management and running of the service. These included five staff recruitment files, training records, staff rotas, minutes of meetings with staff and people

who used the service, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. They said if they were worried about things they could speak with members of staff. One person said, "I can talk to any of the staff here when I'm not feeling right and they give me reassurance." Another person said, "I'm a lot safer now I'm here." A relative told us, "[Person name] has only been here a few months but the change in them in that short space of time is really recognisable; from what we've seen, they [staff] are doing a good job."

Training records showed staff had received safeguarding adults training. The staff we spoke with showed a good understanding of safeguarding vulnerable adults, could describe different types of abuse and knew how to report concerns. They were able to describe potential warning signs they would look out for, such as changes in a person's usual behaviour. Staff said if they were concerned about a person, they would report it straight away. We reviewed the safeguarding file in place at the service which confirmed concerns had been reported to the local authority safeguarding team and investigated in line with the agreed procedure.

Staff were also familiar with the registered provider's whistle blowing procedure. Staff told us they would use this procedure if they identified poor practice and they said they were confident concerns would be dealt with appropriately. One member of staff said, "I have not had to use the process in my time here but I'm sure if I did the manager would deal with it straightaway and investigate."

We saw the service had a system in place for recording accidents and incidents. Staff told us they would always seek medical advice or attention if necessary following an accident. Records of accidents and incidents were recorded in appropriate detail. Records included details of those involved, what had happened and details of action taken following an incident or accident.

People's care records contained individual risk assessments to help keep them safe and prevent avoidable harm. These highlighted how people could be supported to maintain their independence and mitigate potential risks to their health and well-being. Risk assessments were in place for behaviours, emotional well-being, medication, mobility and community access. Staff told us risk assessments were reviewed yearly unless there was a change in people's needs and then they were updated to reflect any changes.

We saw the service had a specific plan in place which provided advice for staff on how to respond in cases of emergency. For example, floods, fire or breakdowns in essential services like water, gas or electricity. This plan also provided details including the layout of the building and the out of hours support arrangements in place at the service. People living at the service also had personal emergency evacuation plans (PEEPs) in place.

We looked at documents and certificates relating to the maintaining of equipment and health and safety checks within the service. We saw that checks were carried out on portable electrical appliances, emergency lighting, water temperatures, fire doors and the call bell system.

We looked at five staff recruitment files which evidenced that staff were recruited with the right skills,

experience and competence. Recruitment checks had been completed before new staff started working with vulnerable people. This included checks on their identity, reference checks and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

There were sufficient numbers of staff on duty to keep people safe. During our inspection we saw three care workers, the deputy care manager, the registered manager, the maintenance person, a domestic and a cook. People told us there were enough staff available to meet their needs. Comments included, "There are enough staff to look after me, well, all of us really" and "I never wait very long if I need any help, the staff are really good like that. They do work ever so hard, it can't be easy to look after us lot." One member of staff told us, "Occasionally it can be a struggle to respond to people immediately but more time than not it's not a problem."

We found the arrangements for the management of medicines were safe. We checked how the medicines were received, stored and administered. People received their medicines as they should and at the time needed. We also observed part of a medication round. Three people told us they were happy for staff to give them their medicines. Staff involved in the administration of medicines had received appropriate training and regular competency checks, and refresher training also took place.

We saw any unused or refused medicines were returned to the pharmacy in a timely manner. We looked at a sample of medicine administration records (MARs) and found they were appropriately completed. We did notice that not everyone had photos included on their MARs. Including photos of the people whose medicine it is, is good practice as it helps staff to identify the person they are administrating medication to and helps reduce the risk of errors. We spoke to the deputy care manager about this who explained they had recently changed pharmacy and were in the process of updating the sheets. They assured us this would be completed as a matter of urgency.

We looked at the records for checking the room and fridge temperature of where medication was stored. We saw there were gaps in some and these recordings. We spoke to the deputy care manager about this who said they would address this with the staff team straight away and make sure this was recorded daily and kept up to date. They also said they would include this on a regular basis with the medication audit. Since the inspection the registered provider has provided evidence that daily recordings of the medication fridge are now taking place.

Good

Is the service effective?

Our findings

Staff knew people well. We observed people who lived at the service were happy with the staff they worked with and the care they received. One person said, "I like living here with the staff." Another said, "The staff are like my family, we get on well and they really do look after us." A relative also told us, "She appears happy and the staff know what they are doing and how to respond to her needs. A health and social care professional told us whenever they visit, staff were pleasant and had a good understanding of the people they supported.

Our observations showed staff had a good understanding of the needs of the people who lived at the service. We saw people received effective care from appropriately trained staff. Staff told us they received on-going training to support them to ensure the needs of the people who lived at the service were met. Staff told us they felt the training provided by the service was very good and they also said it supported them to do their job and understand how to support people effectively. The service had a training matrix in place which showed when training had been completed and when it was next due.

Training records showed staff had completed a range of training. This included moving and transferring, health and safety, infection control, death, dying and bereavement, dignity and respect, diet and nutrition and the Mental Capacity Act 2005 (MCA). Staff had also received specialist training covering challenging behaviour, coping with aggression and mental health awareness. We saw not all staff had received mental health awareness training. We spoke to the deputy care manager about this who said they would source this training from their training provider, Rotherham College, and ensure all staff completed this as part of the standard training. Since the inspection we have received confirmation from the provider that staff have been enrolled onto mental health awareness training and the staff team will have completed this by June 2016.

We looked at a selection of staff files and saw induction and supervision had taken place. One member of staff told us their induction consisted of becoming familiar with the service and its policies, introduction to the people who used the service, reading care records and support plans and shadowing experienced staff. We did note that staff had not received an annual appraisal within the last 12 months. We spoke to the deputy care manager about this who said they had previously been arranged but had been put back due to other priorities within the service. They informed us they would schedule them and ensure they were completed.

We observed people were asked for their consent before any care or support was provided. One member of staff told us, "We don't enforce anything, it's their choice and they are always involved. It's up to them." Staff understood the main principles of MCA. The 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. The application procedures for this in care homes are 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 were being met.

We found the registered provider had appropriately submitted applications to the 'Supervisory Body' for authority to deprive specific people of their liberty. We found that one DoLS authorisation had lapsed and the registered provider was awaiting a decision from the 'Supervisory Body' as the whether it would be authorised again. Records showed that the registered provider had involved health and social care professionals and family members to support people to make decisions about their care when appropriate.

People spoke positively when we asked them about the food and what choices they had. One person told us, "I get a choice; they put it on the board so you can see what's available." Other comments included, "The food is very good, not as good as I can make but still very good" and "Amazing food, it's almost restaurant style." We saw people eating lunch and dinner during our inspection. We saw people being offered hot and cold drinks throughout mealtimes and staff told us special diets including low fat and diabetic were followed in line with the dietician recommendations.

Meals were served in the dining room which was presented with tables set with place mats, condiments and cutlery. There was a warm and friendly environment in the dining room and people enjoyed dining together. People were offered a choice of drinks and desserts and people and staff engaged in conversation.

People who lived at the service were supported to maintain good health and had access to health care services when needed. A relative told us, "My [relatives name] has not needed to see anyone in the time they've been here but I've seen professionals attending for other people so I'm sure they [the service] would sort things out if needed." Care records contained evidence that people attended appointments when needed. These included GP, psychologist, psychiatrist, nurses and social workers. During our inspection we saw visiting professionals at the service including nurses and psychiatrists.

The service was accessible for people with mobility issues. We saw a new passenger lift was being installed during our inspection so the service could accommodate people with mobility issues in upstairs rooms if requested. Whilst we found the service was clean and tidy, we did note there was a lack of clear signage on the doors throughout the service and it was hard to identify if a door was a person's bedroom or bathroom / toilet. People's bedroom doors also had not been personalised. We spoke to the deputy care manager about this who said they would consult with the people who lived at the service and look at putting clear signage on doors. Since the inspection we have received photographic evidence that the registered provider has started to implemented new signage in the service.

Good

Is the service caring?

Our findings

All of the people we spoke with said they were happy with the care they received at the service. One person told us, "It's nice here and they [staff] look after me well." They went on to say, "Staff are always helpful." Another person said, "The staff are very good, it's a lovely place."

A healthcare professional told us, "People are treated as individuals and support is given according to their needs and desires."

We observed staff treated people with respect. We saw staff knocked on doors before entering people's rooms and staff acknowledged people by using their name. Staff we spoke with understood the importance of treating people with dignity and respect. They told us they had received training in this subject and gave us examples of how they delivered care in a dignified and respectful manner. These included closing people's doors, not discussing people's needs in front of others and keeping them covered as much as possible when supporting with personal care.

Throughout the inspection, we observed many positive interactions between staff and people who lived in the service and we were able to see how well people responded to the staff. We saw people enjoyed chatting to each other and staff. Staff spoke to people with kindness and respect and involved them in conversations. People who lived in the service appeared well cared for and wore clothing that was appropriate and in keeping with their age group. One person told us, "I choose what I want to wear but staff will help me out if I ask them." We saw people were offered choices of food and drinks, where they wanted to sit and what they would like to do with their time.

Staff supported people to meet their individual preferences. People's rooms were personalised to their particular preferences and interests, for example some people had posters of their favourite celebrities on their walls. People who lived in the service had chosen their own bedding and curtains and were involved in how they wanted their rooms decorating.

Staff supported people to help them maintain their emotional wellbeing. People's health needs had been assessed and strategies identified to support people's wellbeing. One person told us, "Staff are good at helping me understand my condition. If I feel low or get anxious, staff give me reassurance and help me get through the bad times." People were supported to be as independent as possible. Some people accessed the local community independently and others told us they preferred to go out with staff as it helped them feel safe. One person said, "I go to a day centre a few days a week, it helps keep me occupied and I do good things there."

The deputy care manager told us people were referred to independent advocates if required to help support them to make decisions about their care. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. Records showed people were involved in the planning and reviewing of their care. One person told us, "I

know I have a care plan and that is what staff follow. I get invited when it's being reviewed, but sometimes I leave them to it as they know what's best for me."

Relatives told us they were kept informed and updated with changes to their loved ones care. One relative told us, "They [staff] call me and let me know if things happen of if they need my advice on anything, there good like that." People told us staff communicated with them and involved them in decisions about their care. One person told us, "They also speak to me about things; I have no complaints on that front."

Staff told us they would not discriminate against anyone due to their age, race, disability or religious beliefs and received training in this subject to help promote this throughout the service. People were supported to maintain contact with friends and their family outside of the service. One person said, "My family come every week, I look forward to them visiting." A visiting relative told us, "I'm always made to feel welcome when I come and offered a drink which is nice, you don't get that everywhere."

Staff working at the service had received death, dying and bereavement training. This helped them to understand how to support people in a sensitive way when talking about this subject. People's records also had copies of 'what if' and 'celebrating my life' documents but we noticed these had not been completed. We spoke to the acting deputy manager about this who explained staff had received the training and they were in the process of completing these documents with people but it was a long process as it was a sensitive subject and not everyone was willing to speak about it.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they knew how to make a complaint if they were unhappy about any aspect of the service. One person said, "If I'm not happy I let them know. They deal with things quite quickly here." Another person told us, "I don't need to complain, I'm happy being here." A relative told us, "I know there's a complaint's process in place if ever we need it but, touch wood, I've never had to use it."

There was an accessible complaints procedure in place and staff also supported people to give their feedback. Staff told us they would support people to make a complaint if they were unhappy and they told us they were confident that management at the service would deal with any concerns in the best way possible. We saw the service had information on how to make a complaint on display in the entrance of the service.

People had their needs assessed prior to services commencing. The assessment was used to gather personal information about people to help staff better understand their needs. This information included any cultural or religious beliefs, next of kin, medical history and conditions, and a brief life history. The assessment also identified finances, daily living skills, nutrition, medicines and the person's interests or aspirations.

Records showed people and their families were included in the reviews of their care. One relative told us, "I'm always included and kept informed about what's going on." Records were kept of people's healthcare appointments and any significant changes were added to the support plan. A health and social care professional told us, "The provider has responded well to any feedback I have made. They have informed me of any concerns arising of significance and will ask me for advice."

Staff had a good understanding of the people they supported and were knowledgeable about their needs and conditions. Staff referred to people using their names and there was good rapport observed between staff and the people who used the service. One member of staff told us, "Most of the staff have worked here a long time so we know people and their needs really well. We work with the person to get the best out of them." Staff also told us they speak to people and read their care plan to ensure they keep updated with people's needs and how they want their care and support to be provided. Information about people's particular diagnosis was clearly documented in the care plan and strategies were in place to ensure these conditions were appropriately managed to ensure people led a full and independent life.

We saw that people were given care and support that met their needs and took into account their individual preferences and choice. People told us they made decisions about what they wanted to do and were given choices at all times. One person told us, "No doubt about it I please myself. Staff assist me when I need them to but I'm in control and come and go as I choose."

We saw the service had a games room which contained a pool table, darts board, board games, music, books and puzzles for people to occupy their time with. We also saw photos on display which showed people involved in various activities including Red Nose day and Halloween celebrations. Staff told us

dominos and bingo was a popular activity at the service. During our inspection we saw that most people sat and watched TV. We observed one person playing dominos with a member of staff. We saw staff asked everyone if they would like to play dominos but everyone that was asked chose not to. One person told us, "We go out to the shops or beach sometimes but not very often." A health care professional also told us that activities were minimal whenever they visited. The service did not employ an activities co-ordinator and there were no planned activities or structure of regular events taking place. We spoke to the deputy care manager about this who said it was difficult to get people to engage in activities but said they would look at having more structured planned activities which may encourage people to participate.

It is recommended that the registered provider ensures a programme of meaningful activities is offered in a structured way to encourage participation and provide alternative stimulation.

Good

Is the service well-led?

Our findings

During our inspection, everyone we spoke with told us they were happy with the care they received and thought the management and staff at the service did a good job. Comments included, "I do like living here and I can talk to the manager or staff if anything is troubling me" and "The manager is here every day and will always speak to everyone, she's nice like that."

The service had a registered manager in post who had worked there for over 30 years. The registered manager was preparing for retirement and a deputy care manager had been working at the service for two years to support the day to day operations. The registered manager was mentoring the deputy care manager and providing them with the skills and knowledge needed at the service with the view they would apply to be the registered manager when the current one retires. The registered manager told us, "I've worked at the service for many years but my time has come to take a back seat and let [deputy care manager's name] take over. It's so hard as I've seen the service grow and been here through the good and bad but I know it has to happen and I'm confident that it will be in good hands with [deputy care manager's name]."

There was good communication within the service. Staff used a communication book during shift handovers. This was used to record things that happened during the day and directed staff to read a particular person's care records. This helped staff keep up to date with people's changing needs or provided an update if people had seen a healthcare professional or attended an appointment. Throughout our inspection, we saw that people who used the service had good interactions with the registered manager and the deputy care manager. They talked freely and were comfortable in their presence. Staff had positive comments about the management at the service.

Staff told us management provided an active role on a day to day basis. The registered manager told us they had an open-door policy and they were always there to listen and give support. Staff told us the registered manager and deputy care manager were very approachable and always there for support. One member of staff said, "The manager is fantastic, very approachable and easy to get on with." Another said, "The assistant manager is excellent, very good, very caring and understanding."

Staff told us they felt valued and enjoyed their work at the service. The deputy care manager told us a staff pension scheme was being introduced in May 2016. They also explained that staff received a small gift from the registered provider at Christmas to say thank you for their hard work and dedication to the service and the people they supported. The deputy care manager told us they were looking at the possibility of introducing a 'carer of the month' scheme as an incentive for staff who demonstrated good practice. This would involve a member of staff being rewarded with a certificate, a 'carer of the month' badge, their name and photo displayed on the notice board and awarded a small bonus or voucher for their hard work.

The service had a statement of purpose which set out its principals of care in an easy to understand document. The main aims of the service were to prevent dependency, increase choice and autonomy, and promote quality of life and well- being by respecting the individual and maintaining their dignity and choice.

The deputy care manager told us they operated a fair and open culture within the service and welcomed feedback from people who lived at the service, staff, relatives and visiting professionals. The service held meetings for staff and people who lived at the service as a way of communicating, gaining feedback and discussing changes that may be happening in the service.

The registered provider had internal auditing and monitoring processes in place to assess and monitor the quality of the service provided. Regular audits of medication, maintenance, care records and accidents and incidents were completed to identify any areas that needed improvement. We did see that some of the audits did not have any dates completed or had not been as robust in the recording of information as they should have been. For example, the medication audit had not identified that the medication storage temperature had not been checked. We spoke to the deputy care manager about this who said they would work with the registered manager to review the systems and ensure they are more robust.

The service worked in partnership with local health and social care professionals and involved them in people's care when needed. During our inspection, we saw a number of health professionals visiting the service and the deputy care manager had a good relationship with them. One visiting professional told us, "The manager responds well to feedback. The culture at the service appears to promote the independence of individuals in their care and this is reflected in care planning. The care staff are used to supporting individuals with mental health needs; this is reflected in the approach I observe during my visits. From what I've seen people are treated as individuals by the staff."