

## Hailsham House and Operations Limited

# Hailsham House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Hailsham House provides nursing care and accommodation for up to 87 people who live with a dementia type illness, for example, Korsokoffs disease or/and a mental health illness, such as Schizophrenia. The home also provides care and support for people with Huntingtons chorea and Creutzfeldt-Jakob disease. The home is divided into three units, (Holly, Willow and Orchard) each with their own lounge and dining areas. Within these three units there was a mixture of people on normal contracts and those on a tenancy agreement. There was no difference in the provision of care for people under a tenancy agreement. The provider had purchased the service with the tenancy agreement and would be phasing this out naturally. A separate building (Beech) at this location accommodated up to 31 people who had a tenancy agreement for their care suite. These people received 24 hour personal and nursing care by a separate team of staff. Some people who live in Beech Unit have care staff from an external domiciliary care agency of their choice to provide the care and support throughout the day.

### People's experience of using this service

Although regular quality audits were completed to manage oversight of the service, we found improvements were needed to ensure the safety and well-being of people. This included the management of pressure relieving equipment, risk of choking, safe moving and handling which linked to the effective deployment of agency staff. Aspects of medicine management such as medicines given covertly and those for people in pain at the end of their life needed improvement to ensure their safe use. Improvements were needed to ensure people were not isolated without a clear rationale and that staff followed good guidance in food hygiene.

Activities whilst planned did not ensure people were engaged in meaningful activities that provided stimulation and prevented social isolation.

The providers' governance systems had not identified the shortfalls found at this inspection in respect of care documentation. There was a lack of clear and accurate records regarding some people's care and support and of people capacity for decision making. There were gaps in essential maintenance checks and whilst we were told these had been addressed in March 2019, there were no records to evidence this.

People told us they experienced safe care. People told us, "I am comfortable here, it's clean and I love the garden." Another person said, "The staff are all very caring, very polite and respectful." A relative said, "All the staff are very approachable and will always make time to talk to us." We observed, and people told us that staff met their needs with care and kindness.

Training, policy guidance and safe systems of work minimised the risk of people being exposed to harm. Staff understood how to safeguard people at risk and how to report any concerns they may have. People's needs and the individual risks they may face were assessed and recorded. Incidents and accidents were recorded and checked or investigated by the manager to see what steps could be taken to prevent these happening again. This ensured lessons were learnt.

There were policies and procedures in place for the safe administration of medicines. Registered nurses followed these policies and had been trained to administer medicines safely.

Safe recruitment practices had been followed before staff started working at the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Nursing staff received clinical supervision and training.

The premises were clean and infection control measures followed. People told us the home was clean and tidy. Relatives spoken with had no concerns about the cleanliness of the service. There were some odours that were identified but these were known and were being managed by new flooring.

Care plans had been developed to assist staff to meet people's needs in an effective way. Staff applied best practice principles, which led to effective outcomes for people and supported a good quality of life. The care plans were consistently reviewed and updated. Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The care offered was inclusive and based on policies about Equality, Diversity and Human Rights.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. There had been known issues with the provision of meals and a new chef was due to start work in August 2019.

Staff always treated people with respect and kindness and were passionate about providing a quality service that was person centred.

The care was designed to ensure people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active. Activities were provided and were under review as it was known that improvements were needed. A new minibus had been purchased and trips out would be started as soon as staff received the necessary driver training.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Rating at last inspection:

This is the first inspection since Hailsham House was registered in July 2018.

Why we inspected:

This inspection took place as part of our planned programme of inspections.

Enforcement

We have identified breaches in relation to the legal requirements related to safe care and treatment and good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hailsham 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with a dementia type illness.

#### The service is required to have a manager:

The service did not have a manager currently registered with the Care Quality Commission. A manager 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. The current manager was in the process of applying to CQC to become registered.

#### The service type:

Hailsham 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.

#### Notice of inspection:

We did not give the provider any notice of this inspection.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications and any safeguarding

alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR.

During the inspection we looked around the service and met with all the people there at the time. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with 10 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, area manager, quality improvement lead and 24 members of staff. Following the inspection we requested feedback from three health and social care professionals.

We reviewed the care records of 13 people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Whilst there were processes to protect people from avoidable harm, there were areas that needed to be improved to ensure peoples' health and well-being. For example, there were people who had been assessed as being at high risk of developing pressure damage and preventative measures such as pressure relieving cushions and regular re-positioning had not been followed. For example, one person who had been assessed as high risk of pressure damage sat in an armchair in the main lounge for up to six hours without being offered any change of position or a comfort break. Staff had not ensured a pressure relieving cushion was in place. For another person, their position had not been changed regularly as instructed in their care plan, with eight hours between positioning on two consecutive days.
- Risk associated with the use of pressure relieving equipment had not always been assessed and used appropriately. For example, pressure relieving mattresses were set at the wrong setting for individual people. One person's pressure relieving mattress was on 120kgs and directives stated it should be between 30 and 90 kgs, which was incorrect for their weight. Another persons' mattress was set at 7 whilst the directives stated it should be between 30 kgs and 90 kgs. The setting in the directives were for a different pressure relieving mattress and therefore inaccurate. There was evidence that staff had not checked air mattress settings for three months.
- If pressure relieving mattresses are set incorrectly people are placed at additional risk of pressure damage. This was discussed with the registered manager who immediately requested that all pressure relieving mattresses were set correctly for each person. This was checked on the second day of inspection and all mattresses were set correctly. The manager had also ensured there was a system in place to check mattress settings.
- For people who lived with behaviours that may challenge, there was little information in the care plan to guide staff on how to manage them. Staff told us about certain triggers for people, but these were not always recorded in the persons care plan. Behavioural charts were used but lacked information about how staff dealt with behaviours that challenged and if the de-escalation technique was successful.
- Not everybody was moved safely when using an electrical hoist. One example seen during the inspection, was a person was being transferred from the toilet in a poor position with the sling inappropriately placed causing the person to appear to be falling through. This was dealt with immediately when identified by the manager. However, the planning and execution of the move by two agency staff had not ensured the persons safety.
- Some people received their medicines covertly (Covert administration is when medicines are administered in a disguised format). However, it was not clear from the documentation that a pharmacist



was involved in these decisions to ensure the medicines were safe to crush and disguise in food. There was no guidance documented in risk assessments or care plans that staff offered medicines in a normal way first and used covert as a last resort. The staff had also not documented whether it was taken normally or given covertly.

- People who were approaching their end of life had been prescribed just in case medicines. However, there were no pain risk assessments or guidance for staff to follow to ensure people received these important medicines in a timely way.
- People had been assessed by the speech and language therapist (SaLT) and had been identified as being at risk of choking and pulmonary aspiration. Pulmonary aspiration is when food, fluid or saliva is inhaled into lungs and can cause complications to health. However not everybody had had a risk assessment completed with guidance as to what actions staff should take should this occur. There was also no access to a suction machine on three of the four units.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated as good practice guidelines for the safe moving, just in case medicines, covert medicines, prevention of pressure damage and continence care had not always been followed. This meant that people's safety and welfare had not been adequately maintained at all times and is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environment and equipment were not always well maintained. One unit, Holly was not to the same standard as the other three units. We saw dodo rails and curtain rails hanging off and stained furniture. We acknowledge that there are major refurbishment plans in progress. However these rooms were in use and so should be in good repair. People told us they felt safe, comments included, "Its alright, I get looked after, I get my meals and I feel safe. There's always someone at the end of the button," and "I feel safe, the staff make you feel you're not on your own, if you need anything, they are always there." Visitors told us, "I feel she is very safe, I can sleep well at night because she is here."

- We also saw good examples of risk management that had been completed, for example, risk of falls. Staff reviewed risk assessments monthly and put actions in place to reduce these risks. For example, people who were identified at risk from falls had had an assessment that highlighted the risk and described the actions staff should take to reduce that risk. Sensor mats were used to alert staff that a person was up and was at risk of falls. There was minimal use of bedrails within the service as crash mats and lowered beds were preferred.

- There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.

- Premises risk assessments and health and safety assessments were reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

- People that could, told us "I feel safe here, I can always talk to staff," and "Very kind staff."

#### Preventing and controlling infection

- Not all areas of the building were clean and free of odour. Some bedrooms and one communal lounge had unpleasant odours. These were identified to staff who took immediate action. We are aware of the reasons behind these shortfalls and received clarification of how this was to be managed more pro-actively in future.
- There were areas of hygiene practices that needed to be improved in the servery areas. Staff were noted to serve snacks and cakes without using food tongs. Staff used the sink for washing hands after assisting

people with personal care which then cross contaminated the food serving area.

These practices were addressed with staff training and equipment by the second day of the inspection and will continued to be monitored.

- Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons. Our observations showed staff had a good understanding of infection control procedures and we saw good practices from all staff when dealing with spills and soiled linen.
- Staff confirmed they had received training in infection control measures. Staff could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that govern the service.

#### Staffing and recruitment

- Staff deployment ensured people's needs were met in a timely manner and in a way that met their preferences.
- Staff told us that there were enough staff to do their job safely and well. Staff told us, "We have enough staff, but we are using a lot of agency," and "It is short staffed sometimes, we get agency staff, who are really good, but when they are new, it takes time for them to know people." Relatives said, "I'm sure we all say the same thing, more permanent staff but they seem to have enough staff most of the time," and "Very happy with the care here, they do their absolute best here and that is all you can ask for, he does get the attention he needs."
- There was a high use of agency staff. This included both trained staff and care staff. The provider had ensured that there was a robust induction for the agency staff and that the staff were booked long term to ensure continuity. The area manager said, "We try to use the same staff from the agency, so the residents get to know them, and the staff get to know how the organisation works."
- We looked at four staff personnel files and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- 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

- We received mixed comments about the management of medicines. Comments included, "Medicines are always on time and regular," "Medicines are regular four times a day, I am well informed what they are," "Sometimes it's not ordered early enough so doesn't arrive, I just have to wait until it comes." Relatives said, "They are very careful giving her medicines," "They ran out of his Parkinson's medicines for three days and they stopped his eye drops. They have been reinstated now," and "Agency staff do not read the notes. I witnessed an agency staff member giving my (relative) a tablet which he spat out, but it is in the notes that tablets need to be crushed."
- People's medicines were managed and were administered safely and our observations confirmed this.
- Medicine givers were trained to handle medicines in a safe way and completed competency assessments. This ensured their knowledge was up to date.
- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required. We saw medicines remained stored securely when being given out, medicine givers ensured the trolley was locked.

- Medicines prescribed on an 'as and when required' basis (PRN) had protocols which informed staff of when the medicines were required.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. A staff member said, "We get training, which is interesting and helpful." Another staff member said, "We all get training regularly and we are supported to ask questions if we see something that concerns us."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- The organisation had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission. There was a safeguarding folder that contained the referral and investigation document. It also contained the outcome of the investigation with action plans where required. Feedback from the local authority included "They do work with us, they inform us of events and accidents in a timely way."
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement prominently displayed in the entrance of the home, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
- The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place. The provider then took appropriate action such as looking at staff deployment or one to one support. This was seen during the inspection.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented.

# 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

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

Require Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff monitored peoples' weights and recorded these on the nutritional assessment. The manager had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input. However there had been discrepancies in peoples' weights over the past two months. New scales had been purchased and people were being re-weighted. This was taken forward as a high priority to ensure weight loss or gain was being monitored and managed effectively.
  - There were appropriate risk assessments and care plans for nutrition and hydration. The care plans identified what assistance was required and how staff could assist. Whilst we observed good practice with staff sitting on chairs and maintaining eye contact with people. We also saw some poor practices, for example, three different staff assisted one person with their meal with none of them staying with the person to prompt them to eat. The person was left sitting with their plate in front of them and not eating. We also saw staff in bedrooms assisting people without sitting down next to them and therefore standing over the person.
  - People told us that the food was good and there was plenty of choice and variety. Comments included, "Usually good," "There is a choice, nothing to grumble at," and "Better now."
  - People's food preferences were considered when menus were planned. The chef told us they had a list of peoples' preferences and dietary requirements and knew who required special diets and fortified food. However, we have highlighted that communication from the care team to the kitchen had not ensured the chef was informed of peoples' recent weight loss or need for fortified food.
- The provision of food and fluids were identified as requiring improvement to ensure that people consistently received a good standard of nutrition and that their dietary needs were monitored appropriately.

- Each unit had their own dining area. Some people ate in the dining areas and others remained in their bedrooms. People were provided with a choice of freshly cooked meals each day, this included a cooked breakfast if people wished. There was a four-week cyclical seasonal menu, people could choose alternatives if they preferred or had not eaten their meal. One staff member said, "The chef will cook anything if someone is not eating."
- Referrals to a speech and language therapist (SALT) had been made when necessary. People had correctly modified texture diets and fluids where there were risks of choking. All meals were attractively presented to encourage people to eat.

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 were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some people were subject to a DoLS. There was a lack of reflection of people's decision making within individual care plans. There was no consideration given to fluctuating capacity on a day to day basis. We also found some conflicting information in MCA assessments, such as, 'has consented to DoLS as they have the capacity to make decisions'. We brought this to the managers attention for consideration.
- There was a file kept by the registered manager of all the DoLS submitted and their status.
- Staff received training in the MCA and DoLS. They told us they understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

Staff support: induction, training, skills and experience

- Staff had received training in areas such as moving and handling, safeguarding, mental capacity, first aid and medicines and had the skills and knowledge to meet people's needs. The provider had a good overview of training and ensured staff were up to date. We observed this training being put into practice during the inspection.
- Staff received observational supervision whilst at work to ensure they were competent following their e-learning training. Training was also discussed at staff meetings, for example face to face training dates were shared with staff.
- Staff had received service specific training in dementia, diabetes and conflict management to meet the needs of people they support. One staff member said, "Its good training, and we can also suggest training." We observed this training being put into practice during the inspection. Some people lived with rare disorders, senior staff had researched the disorder and shared with all staff so they understood the persons health challenges.
- Feedback received during the inspection was that staff had the required skills to meet people's needs. Comments included, "They have good insight and know how to support people well." "They know their people very well, know exactly what's going on and how to manage their support needs."
- Staff told us that they received a full induction before they worked with people. This included reading policies, care plans and observing more experienced staff supporting people. This meant that they could get to know people and their routines before working independently. One new staff member, "I have really supported, it's a pleasure to come to work."
- New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervision. This time allowed for them to discuss any concerns they had, opportunities for progression and ways to improve. One staff member said, "We have had group supervision sessions, the manager and seniors are always available for a chat, direction or advice."
- It was acknowledged that staff supervision had been behind, but actions were being taken by the manager

to ensure that all supervisions were brought up to date. We saw evidence of this within the action plan supplied by the area manager.

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

- Hailsham House was a mixture of an older building which had been extensively developed and a purpose built area consisting of three, two floored units in one large building and a separate unit.
- There were four lounges with adjoining dining rooms, one on each unit. Bedrooms were located on both ground and first floors. The ground floor rooms provided access to the garden and courtyard. The first floor was fully accessible, by stairs or a lift.
- People could choose to sit in the lounges, dining areas or in their own rooms.
- People's rooms remained personalised and decorated to their preferences. We saw that people's rooms reflected their personal interests. As rooms became vacant they were redecorated.
- The garden areas were safe and suitable for people who used walking aids or wheelchairs.
- The building lacked clear signage that helped people find their way around. Notice boards contained information about the home, activities, religious services and first aiders.

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

- Hailsham House worked with other agencies and professionals to ensure people received effective care. We saw evidence of multi-disciplinary team meetings to discuss people's needs and wishes.
- The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT).
- People were assisted with access to appointments. People told us, "The staff arrange my hospital appointments and will come with me," and "I see my doctor and chiropractist."
- Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good- People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate support from staff. People were treated with dignity and respect. Staff were unhurried and caring when people needed them. Staff responded to people promptly when people asked for help.
- People were observed to be treated with kindness and were positive about the staff's caring attitude. People told us, "Everyone is very kind and helpful," and "A lovely bunch."
- Throughout our inspection, families and visitors provided consistently positive feedback about staff and the service. Visitors told us, "Kind and caring, always stop to chat," and "Nice staff, very nice atmosphere."
- Relatives confirmed how care workers would work to people's personal preferences and cared for them in the way they chose. One relative said, "We have been involved in reviews just for support as Mum is very able to make her own decisions, they listen and respect her choices."
- People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. People who lived with the onset of dementia were treated in the same way as people who were living with advanced dementia. They were offered the same opportunities to join activities, trips out and chose where they spent their time. One staff member said, "We respect and treat people as equals." One person told us, "I can choose what I do day to day, staff help me when I need it, which I appreciate."
- There was a positive culture about enabling families and friends to visit and join in with events and meetings. People were supported to go out into the community when they wished to. One family said, "We do take our relative out for tea and dinner when we can."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People and their relatives were actively involved in both the initial care planning and in subsequent reviews. One person told us, "I remember sitting down with staff and they do come and talk to me about my care, but I'm not sure how often."
- People's privacy was respected. People could lock the doors to their rooms and staff always knocked before entering. One person said, "I was worried when I knew I needed to come into a home because I'm very private, but staff know that and make sure they knock before coming in and when they help me get dressed, they cover me."
- Staff called people by their preferred name and ensured that this was noted so all staff knew.
- Staff offered people choices. For example, they could choose to have breakfast in their room or in the dining room. They could choose to spend time in communal areas or remain in their rooms, there were no

restrictions to their choices.

- People had regular meetings with the manager and staff to discuss plans in the home. People said, "We had a meeting quite recently, we spoke about food, outings and new staff appointments." and "The big manager comes around and asks us how we are."
- People were supported to keep in touch with relatives. Relatives could visit the home at any time, family pets were welcomed, and this was appreciated by people.



## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

Requires improvement: This meant people's needs were not always met.

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

- There was information in the care plans about people's personal histories, likes, dislikes hobbies and interests. This information was used to support people to take part in activities or continue with their hobbies and was included in a care plan to guide and support staff.
- People told us, "There was a good range of activities, comments included, "The activities leader has been to my room every day since I have not been well," "Activities person does our nails regularly, "Easily satisfied. I've got the TV, I don't need 24-hour entertainment." We were also told by relatives, "The activity person is off, there are no one to one interaction, the things on the website don't seem to happen. There is no engagement or stimulation and language barriers can be an issue, also they don't use the gardens," and "as far as I know, there is no person-centred care or interactions, they were going to have resident of the day, who would have an hour one to one but it hasn't been happening."
- We found that the provision of meaningful activities was varied throughout the service. People on Willow and Beech Unit had little interaction from staff and no organised activities. Some people however did join the exercise class from an external source which was held on Orchard Unit. People in their rooms received minimal stimulation from staff and it was task orientated as staff only visited to provide care.
- During the inspection on Holly Unit, small groups of people participated in quizzes, however some people were left sitting in the communal area with no access to any stimulation. Three people spent most of the day sitting at dining tables staring in to the garden. This may be peoples' choice but there was no reflection of this within their care plans. Books and interactive dementia tools were not offered. We were aware that the activity team was depleted, and this had had an impact on the provision at this time.
- We acknowledge that the provider and management team had recognised this as an area to improve. This had included the purchase of a mini bus. Trips out would be organised as soon as staff had received the necessary training to drive the vehicle. The management team also had plans for the garden areas so people would be able to spend time in the garden areas, this included herb and vegetable patches. New garden furniture had been purchased and was due to arrive.
- Permanent staff knew peoples' personalities well. Some people told us, they were able to continue with their own interests and take part in new ones. One person told us they went out with family or friends to local garden centres which they enjoyed.
- People's birthdays and special occasions such as Christmas were always celebrated. One staff member said, "We celebrate birthdays, Easter, Christmas and other special occasions."
- People were supported to follow their religious preferences and could attend holy communion in the day centre once a month. There was also the opportunity for people to attend local churches or invite a spiritual

leader of their choice into the home.

### 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.

- People's communication and sensory needs were assessed, recorded and shared with other health professionals.
- There were specific details in people's care plans about their abilities, needs and preferred methods of communication. However, there was a lack of pictorial signage around the home to help people orientate and encourage independence. Menus with pictures were displayed in a book on lecterns. However, we did not see people being offered the menu book to be able to make that choice. It was also noted there was a lack of reference on some units to help people to be orientated to the day, time or month. Clocks in people's bedrooms were not always correct.
- There was a diverse staff group and there were times when staff conversed in front of people in their own language which meant that people were excluded from conversations or know what was happening. The management team had identified through their own audits that communication was an area to improve and that dementia friendly communication tools and signage were needed.
- Technology was used to assist people in communicating with families and people were supported by staff to ring or contact their families at any time should they wish.
- We observed staff using different methods to communicate with people on Orchard Unit, in a non-verbal way which demonstrated they knew people well. A care plan stated staff should speak slowly and always facing the person to enable them to lip read.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people. We were told conversations with people about their history and background reassured people, particularly if they had difficulty with their memory. A staff member said they had read people's care plans and it had helped her to understand them and care for them.
- Some people could tell us they were involved in planning their care. One person said, "I have a Care plan and it is reviewed, no one originally spoke about it, but I was poorly," and "I have a key worker, I get on well with her, and she is lovely" A care staff member said, "We involve people as much as we can, some people don't want to be involved and some people can't tell us, so we look to involve family and friends."
- Staff provided examples of how they supported people to choose their preferred care. Such as, choosing to have a wash, shower or bath, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
- Where people had specific health care needs, these were identified and showed how people should be supported. Staff could explain where and how this support should be provided. For example: people who lived with diabetes had a person specific care plan that identified clearly the persons' diabetic needs, the complications they might experience and how staff could recognise the symptoms for that person if their blood sugar dropped or was too high. There was clear information of how much insulin was required according to their blood sugar range. This ensured staff could manage their care responsively and effectively.
- Reviews took place to ensure people's needs were accurate and were being met to their satisfaction and

involved their family or legal representative. Where an advocate was needed, staff supported people to access this service.

#### Improving care quality in response to complaints or concerns

- A complaints policy was in place; a copy was displayed on the notice board near the entrance to the home.
- There were processes, forms and policies for recording and investigating complaints.
- People also had access to the service users guide which detailed how they could make a complaint.
- People told us they knew how to make a complaint. One person said, "I would speak to a staff member, I also have a complaint form in my drawer if I need it." A second person told us, "My complaints are about food, but its improving, I get niggles about other things , but they get sorted out." A third commented, "I got information about this, when I moved here and I would tell the receptionist if I was making a complaint but I've no complaints."
- We saw formal complaints and concerns were logged and responded as per the organisational policies. For example, one complaint was received, investigated and responded to with a full explanation of the investigation. Actions taken had ensured the issue was resolved and would not occur again.

#### End of life care and support

- Some staff told us they had attended palliative/end of life care training. The training programme showed staff had completed this training. One member of staff said, "I hope we can get some more training, I find it very interesting."
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported people health and comfort. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time. Staff told us that they were emotionally supported by senior staff when people died.
- There was a provider policy and procedure containing relevant information. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home when this was the person's wish.

# 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 promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

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

- There was no registered manager in post. They left at the beginning of March 2019 with little notice to people and their relatives. The deputy manager also left at this time. These sudden changes had caused some instability for people and staff. One relative said, "We were very to hear the manager had left. There had been three temporary managers covering until a new manager had been recruited. There was now a permanent manager in post for one month, who would be registering with the Care Quality Commission.
- The management team completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. However, we found that their audit processes had not identified improvements required to aspects of medicine management, checking of equipment used by people to prevent pressure damage and risk of isolation to people.
- Documentation in peoples' care plans was not always reflective of their mental health needs. Decision making for some aspects of peoples' lives was not clearly documented with a clear rationale.
- The deployment of agency was not sufficiently supervised to ensure safe practices in moving and handling and supporting people with food and fluids.
- Fluids and food charts were not always consistently recorded for those at risk of dehydration and malnutrition, and staff therefore lacked oversight of how much people were eating and drinking. We asked staff about one persons' fluid intake as the records showed that they had been drinking less than 500 mls for the last two days. Staff said they had not been informed of this or asked to encourage fluids. This meant that the person may become dehydrated and develop other linked problems, such as confusion and urine infections. Some fluids were recorded as 200 mls, but in reality, we saw that only 75mls to 100 mls had been drunk. This meant that not all records were accurate.

The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Doors to peoples' bedrooms and corridors had a problem with self-closures. This had been identified and the provider was addressing these issues. There were shortfalls in some essential maintenance and the reasons for this were shared during the inspection. The new maintenance person had been working there

for three weeks and was prioritising essential checks and putting new systems in place. The provider and manager acknowledged the above shortfalls and immediately put actions in place to address these issues.

- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism.
- The management team were aware that they still had a way to go to ensure that people received consistently good delivery of care. They were enthusiastic and committed to the vision they had for Hailsham House. Recruitment was a priority and families and people were to be involved in the interviewing of prospective staff.
- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.
- Staff were valued, and this had a positive effect on their ability and resilience in supporting people.
- Staff felt supported and told us they received any support or guidance they asked for. One member of staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge.
- Staff were highly motivated and felt appreciated by the provider. One staff member commented "I feel very supported here and know that I can approach the manager at any time."

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

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Annual surveys had been sent out to relatives and professionals. The providers first survey was being collated and would be shared with people and their families.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. For those unable to share their views families and friends were consulted.

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

- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a wide range of activities to keep them active. This ethos ran through everything that was happening at the service and was fully supported by staff. Staff were proud of what they had accomplished over the past year since the new provider took over. One staff member said, "It is improving and I feel valued." Another staff member told us, "I love working here, there are lots of things planned which is exciting for the future." People gave us examples of how living at Hailsham House had improved their life. One person said, "I was becoming isolated at home, here I have company and feel safe."
- Information provided the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. They and this had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as The National Institute for Health and Care Excellence (NICE).
- We were told the management structure allowed an open-door policy. Staff confirmed this and that they felt supported to bring in ideas, discuss what worked and what didn't work.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways

that reflected their needs and preferences.

- Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.
- 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.

Continuous learning and improving care: 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 management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- The manager was open and transparent when discussing the areas for further improvement and immediately started to put actions into place. For example, the covert medicine guidelines were reviewed and updated.
- Staff were positive about the management changes and told us they were looking forward to the developments in the service and the opportunities for them within the service. For example, one staff member said, "We are looking at further activities that will stretch people's abilities and give them challenges and achievements."
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. This joint working ensured one person received the antibiotics they needed when a doctor was not available to sign a prescription.
- The service was working at developing links with the local community. This was work in progress due to the rural locality of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.
Treatment of disease, disorder or injury	The provider had not ensured the safe management of all medicines.
	Regulation 12 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a).
Treatment of disease, disorder or injury	The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).