

Hailsham House (New Road) Limited

Hailsham House

Inspection report

New Road
Hellingly
Hailsham
East Sussex
BN27 4EW

Tel: 01323442050
Website: www.hailshamhouse.co.uk

Date of inspection visit:
11 August 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

Hailsham House provides nursing care and accommodation for up to 87 people who live with a dementia type illness, for example Korsokoffs disease and Dementia with Lewy bodies or/and a mental health illness, such as Bipolar disease and Schizophrenia. The home also provided care and support for people with Multiple Sclerosis and Parkinson's disease and end of life care. The home is divided in to three units, (Holly, Willow and Orchard) each with their own lounge and dining areas. 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 deliver care in their care suite.

We undertook an unannounced inspection of this service on the 11 August 2016. There were 111 people being supported at this time. Currently there are 25 people living on Holly Unit, 24 people in Orchard Unit, 31 people on Willow Unit, and 31 on Beech Unit.

At our last inspection in January 2016 we found Breaches of Regulation of the Health and Social care Act 2008 (Regulated activities) Regulations 2014 that had not ensured the safety of people who lived in Hailsham House. The safe question was rated as inadequate. At that inspection, we found that the deployment of staff within the service had not ensured people's health and social needs were being met. We also found significant risks to people due to the poor management of medicines and individual risk assessments to maintain people's health, safety and well-being were not in place for everyone and this had placed people at risk. People had also been placed at risk by ineffective management of specialised pressure relieving equipment which was not set correctly for their individual needs. At this inspection we found that improvements had been made and the provider was now meeting Regulation 12 and 18 of the Regulation of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

There was a registered manager at Hailsham House. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Risk assessments which guided staff to promote people's comfort, nutrition, skin integrity and the prevention of pressure damage were in place and accurate. Emergency procedures were in place in the event of fire and staff had received training. Equipment used to prevent pressure damage was set correctly and people identified at risk from pressure damage had the necessary equipment to prevent skin damage. Medicines were stored safely and securely. People were given their medicines following best practice procedures, by appropriately trained staff.

Many improvements had taken place since the last inspection. At the next inspection we will check to make sure the improvements are embedded and sustained. This is because there are currently 111 people at the home and we will need to see that as people are admitted the improvements continue, which is why the

rating is requires improvement despite no breaches having been identified .

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Hailsham House was safe and was meeting the legal requirements that were previously in breach. However some areas required time to become fully embedded into everyday practice.

Medicines were stored, administered and disposed of safely.

There were enough staff on duty to meet the needs of people. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service.

Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

People told us they were happy living in the home and relatives felt people were safe.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Requires Improvement 

Hailsham House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 11 August 2016. This visit was unannounced, which meant the provider and staff did not know we were coming.

The inspection team consisted of four inspectors and an expert by experience in older people's care and dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the four units of the home. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the afternoon in the main communal area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, including 12 people's care records, five staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

We spoke with 18 people living at the service, five relatives, ten care staff, two activity co-ordinators, two housekeeping staff, two registered nurses, the manager and deputy manager.

Is the service safe?

Our findings

At our inspection in January 2016, we found that people's health safety and welfare had not always been safeguarded. The provider had not taken appropriate steps to ensure there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found there were not sufficient, experienced staff deployed to keep people safe or assist them to receive appropriate care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2016. We found that improvements had been made, the provider was meeting the requirements of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Since the last inspection we saw the organisation had put systems in place to ensure the proper and safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine rooms were locked and the drug trolley was secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. For example medicines were administered individually using pots to dispense, waiting for the medicine to be taken and then recording on the Medicine Administration Record (MAR) chart. All medicines were administered by staff who had completed additional training and had undergone a competency assessment.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also administered appropriately. For example some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements. There were people who may need to receive medicines covertly and there was an organisational policy to support this. We saw that the decision in regard to covert administration of medicines was recorded as a best interest decision and was discussed with the GP, dispensing pharmacist and family.

At this inspection we found that risks to people's health, safety and well-being had been identified, and a management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. We saw that risk assessments included the risk of falls, skin damage, nutritional risks and moving and handling. The care plans also highlighted people's health risks such as diabetes, memory loss and Parkinson's disease.

Risk assessments had been updated and learning sets for staff had been arranged and undertaken. Staff told us that all care plans and risk assessments are regularly reviewed and updated. The management team

told us that training in care planning and risk assessments will be on-going and the learning from incidents will inform the training. We looked at risk assessments for people who were at risk from neglect as they refused to be assisted with care and support to maintain their health and well-being. We saw that the staff had identified this and had sought support from various health professionals as part of a best interest decision meeting to discuss management strategies. These were supported by a mental health assessment and a deprivation of liberty safeguarding referral (DoLS). We looked at how the people were supported and found that individual managing techniques were being used, explored and evaluated on a regular basis depending on the success. This meant that staff were constantly monitoring and re-evaluating to ensure the person was not at risk from neglect. A registered nurse said, "It's early days, but we have found that X (the person) responds differently to different staff so we are using this knowledge to gain the persons trust, already we are seeing positive results by using one certain staff member." We identified some issues with the risk assessments for a newly arrived person. The management of their health problem was from their previous placement and not supported by best interest decisions or by the new GP. We asked that this was referred to the local authority and GP for urgent review. This was done immediately.

People at risk from developing pressure damage were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses were in place to help reduce the risk of developing a pressure ulcer. Mattress settings were checked daily by staff to ensure that they were on the correct setting and adjusted accordingly. Wound records and risk assessments were up to date and demonstrated clear management strategies.

Risk assessments included sufficient guidance for care staff to provide safe care and care plans were now being followed. For example, good skin care involves good management of incontinence and regular change of position. There was guidance for people who stayed in bed to receive two or four hourly position changes and the use of a pressure mattress. People sitting in chairs or wheelchairs in communal areas had regular changes of position and were offered toilet breaks.

People were protected by safe moving and handling procedures. We observed a person being lifted and moved by an electrical hoist. An electrical hoist moves people who are unable to move themselves. The manoeuvre was safe, the person was supported by staff who were efficient and spoke with the person reassuring them constantly.

Accidents and incidents had been documented. There was a clear follow up and actions taken as a result of accidents and incidents. For people who had unwitnessed falls a record of an investigation or a plan to prevent further falls had been completed. This meant that the provider had put preventative measures in place to prevent a re-occurrence and protect the person from harm. The provider therefore was able to show there was learning from accidents and incidents.

The provider had taken steps to ensure the safety of people from unsafe premises, and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed.

The service was clean and health and safety maintenance was in place. The system to report and deal with any maintenance or safety issue was effective. One visitor talked about the cleanliness of the home and said, "Clean and no smells." Other comments included, "(the cleaning) has improved, we have a great team of cleaners," and "There are never any nasty smells, it smells fresh and clean." We found that the home was well-maintained and clean.

This inspection found that there were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Hailsham House is divided into four units. The staff teams for the four units work separately but support each other when needed. We looked at the staffing rota for eight weeks and saw that staffing levels were stable. The staffing rota was clear and included the designation of staff with their qualification. This told us that there were enough suitably qualified and experienced staff on duty at all times. Staff told us that sickness was covered by staff accepting overtime. The rota also included who was on call in an emergency. Staff felt that the staffing levels were sufficient at all times to deliver a good standard of care. One staff member said, "The staffing levels are really good, we know we can ask for more staff if we need them." Another staff member said, "The staffing levels are fine, but at the moment on this unit, we have a lot of new staff which makes it a little harder." Visitors told us, "There are always staff around and offering their assistance." People told us "I feel safe and okay," and "No complaints." Our observations on all units told us that staffing levels were sufficient to meet individual needs at this time. We saw staff interact with people in a positive way and respond immediately when required. When people wanted to go for a walk a staff member accompanied them, offering reassurance. During the lunch service we saw that staff assisted people in a timely and unrushed manner. The staff assisted people throughout the day at a pace that suited each person. We visited people in their rooms and saw that staff regularly 'popped' in to see them and check they were comfortable.

We saw that the leadership on individual units and the delegation of staff on each shift had been monitored since our last inspection. Staff told us that they had checklists which ensured that they regularly visited people who remained in their rooms to ensure that they were safe and comfortable. Staff told us that they now had systems, including daily records, in place to check on people who were on bed rest and unable to call for assistance. We saw that these were generally completed well and assured us that staff were ensuring people were not socially isolated or in need of assistance. A senior care staff member said, "We have improved how we work, team work is essential as is the training, we plan more so we can make sure we are meeting everyone's needs."

There was additional staff in the home to respond to domestic, catering, entertainment, administration and receptionist duties. The manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff and records confirmed that staff received regular training and recent safeguarding activity in the home had led to greater staff awareness. Staff had recently had a group supervision session on safeguarding people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.