

Tradstir Limited

Partridge House Nursing and Residential Care Home

Inspection report

Leybourne Road
Off Heath Hill Avenue
Brighton
East Sussex
BN2 4LS

Tel: 01273674499

Date of inspection visit:
01 November 2019

Date of publication:
20 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Partridge House Nursing and Residential Care Home is purpose built. The home provides nursing and residential care, across three units, for up to 38 older people with increasing physical frailty, many living with dementia or other mental health needs. Long term care and respite care was provided. There were 36 people living at the home at the time of the inspection. There were assisted bathrooms on each floor, with dining rooms and lounge areas on each floor. People had access to a large garden.

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

People living with dementia, were not always treated with dignity and respect. There was a lack of meaningful and stimulating interactions with staff to occupy people's time. The environment and information had not always been adapted to meet people's needs.

Whilst staff completed mandatory training online and there were opportunities to attend local authority training. There were no systems in place to check staff understanding and competency in key areas. People were supported to maintain a balanced diet; however, we found the lunch time experience was not a sociable occasion and staff approach was task focussed. People were not always supported to have maximum choice and control of their lives and there was a lack of staff understanding in this area.

People's care plans were not always consistently completed to ensure staff had the relevant information to deliver person centred care. Quality assurance processes were not always effective at identifying issues and improving the quality of care people received. Audits and systems did not always identify areas for improvement.

Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the provider had safe recruitment procedures and processes in place. One relative told us, "The staff have so much patience, they are amazing."

We observed kind interactions between staff and people at the home. Staff were trained in administering medicines and people were protected by the prevention and control of infection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published on 02 May 2017). At this inspection we found the service had deteriorated to Requires Improvement.

Enforcement:

We have identified breaches of two regulations. These were in relation to Regulation 10 (Dignity and

Respect) and Regulation 17 (Good Governance).

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

Full information about The Care Quality Commission's (CQC) regulatory response to more serious concerns found in inspections and appeals is added to reports after any representation and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement 

Is the service caring?

The service was not always caring.

Details are in our safe findings below.

Requires Improvement 

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 safe findings below.

Requires Improvement 

Partridge House Nursing and Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one lead inspector, a second inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Partridge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection

Due to the complex needs of people living at the home, we could only speak to four people who used the service. We also spoke with six relatives and a friend to enable us to gain further feedback about peoples experience of the care provided. We spoke with the provider and ten members of staff including the registered manager, deputy manager, the activities coordinator, chef, nurses and care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and sought feedback from health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Care plans detailed people's specific risks and conditions. For example, the type of equipment needed for moving and handling and preventing falls.
- We found guidance for staff in people's care plans to support and manage risks around the prevention of pressure sores, such as; 'if person's skin has changed use a body map, take photos and report to manager'.
- Risks associated with the safety of the environment and equipment were checked and managed appropriately. Fire safety checks, gas, water and electricity checks had been done as necessary.
- Staff received health and safety training and knew what action to take in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative said, "The staff are brilliant, and I have no worries about her safety. She is always clean and comfortable, and I come every day."
- People were protected from the risk of abuse and harm. Staff received training in safeguarding and understood the principles of safeguarding and knew how to raise concerns. A staff member told us, "I raise any concerns with the nurse, when in doubt we shout. I consider other possibilities such as urine infections and if I notice new bruises, I would use a body map and record."

Using medicines safely

- People received their medicines safely and on time. Safe systems were in place for the storage and disposal of medicines. Medicine expiry dates were checked weekly and a monthly audit of all medicines was completed. We observed these checks being recorded.
- There were protocols and guidance for staff giving medicines which were prescribed 'as required' (PRN). Guidance detailed when medication maybe required and signs and symptoms the person may show.
- Staff received administering medication training and competency assessments were carried out to ensure their practice remained safe.
- We observed staff administering medicines, they were caring and friendly to people and took time to interact with people, they knew people well and gave their medicines in accordance with their preferences.

Staffing and recruitment

- We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. The registered manager used a dependency tool which was used to determine the number of care hours needed to deliver good quality care. The registered manager told us, the home always allocates extra hours than the

tool suggests.

- Staff were recruited safely. Recruitment policies were in place and were followed.
- Staff recruitment files were up to date and included employment histories and appropriate references. Checks were carried out to ensure that staff were safe to work within the health and social care sector including Disclosure and Barring Service (DBS) checks for staff and checks with the Nursing and Midwifery Council (NMC) to ensure that nurses pin numbers were valid.
- The provider had an established care team, some of whom had worked at the home for many years. Agency staff were used to cover staff shortages such as sickness and annual leave.

Preventing and controlling infection

- People were protected from the risk of infection. The service employed a cleaner and the home was clean. We observed staff ensuring the cleaning trolleys were not a safety hazard for people by keeping them close by and not leaving chemicals on top of trolleys.
- Staff understood the need for protective personal equipment (PPE) to be used, for example the use of apron and gloves when assisting people with personal care.
- We observed hand gel access points around the home and signs reminding staff and visitors to use the gel to keep their hands clean.

Learning lessons when things go wrong

- The registered manager and the provider encouraged openness among the staff to ensure errors were reported promptly. This enabled them to be resolved and learned from.
- The registered manager analysed accidents and incidents including near misses, on a monthly basis at clinical governance meetings to identify any emerging patterns, trends and learning such as falls and when to involve professionals for assessment and guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement.

This meant people's outcomes were not consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At this inspection, we found that whilst staff completed mandatory training online and there were opportunities to attend local authority training. There were no systems in place to check staff understanding and competency in key areas such as supporting people with dementia, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and fire evacuation equipment. For example, we observed one person who was distressed and wanted to go home. The person spent a lot of the day walking around the home confused and staff did not appear to know how to support the person effectively, telling them they would check the times of the buses later. This approach did not comfort the person or ease their levels of distress. This is an area that requires improvement.
- We received mixed feedback from staff about the quality of training, with some staff telling us they would like the opportunity for more face to face training as there is a reliance on e-learning. Some staff said they would not know how to use the equipment needed to evacuate people in the event of a fire, as they had not received training in this area. This meant people may be at risk in the event of an evacuation being required.
- Staff received an induction before they started working with people and staff were encouraged to complete the care certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care expected from care workers.
- The provider supported the registered nurses to keep up to date with their registration, through training to ensure they re-validated every three years.
- Staff received supervision and yearly appraisals. One member of staff told us, "I receive regular supervision every 6 months and find it helpful to discuss concerns and work. We have yearly appraisals and team meeting and we know we can go to the office anytime to discuss anything."

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

- We observed the lunch time experience and did not find it a sociable occasion. Staff approach was task focussed and many people ate their dinner in the armchair they had been sitting in all morning. Dining tables were not set for people who chose to eat their meal at the dining table. This meant people were not prepared or aware that it was lunchtime.
- People were supported to eat and drink. The food was prepared by a chef who understood people's dietary needs. People had their main meal at tea time and were offered lighter options at lunchtime. One relative told us, "He was on a pureed food diet when he came but after a meeting with SALT he is now on a normal diet. He is encouraged to feed himself which we want to happen."
- Care plans contained information about people's likes and dislikes around food. They also recorded any

allergies, or religious preferences people may have, and all of this was communicated to the chef.

- People were assessed to ensure they were not at risk of weight loss and anyone who required it was weighed frequently. Weights were recorded in care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had assessed and, where applicable, applied for legal authorisation to deprive people of their liberty to safeguard them. However, staff did not always know who had DoLS authorisations in place and what they were for. For example, one member of staff told us, "I don't really know how it affects care." This meant that staff did not always understand what a DoLS was and what impact this could have on people's care.
- Consent was sought and recorded in people's care plans and we observed staff giving people choice and asking people before supporting them with personal care.

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

- There was some signage across the home to support people with dementia to maintain their independence. However, further work is required to ensure the home is fully accessible to meet the needs of people with dementia. The home is a specialist dementia service and it was not clear how the provider had fully considered people's needs with regards to the layout of the home and providing accessible information. For example, there was a large clock on the wall displaying the wrong date and information about activities and the menu were not accessible to everyone living at the home. We recommend that the provider seeks support and guidance locally and nationally to improve this area.
- There was a lift to the first floor and people could freely mobilise around the home to help maintain their mobility, if able to.
- People's bedrooms were spacious and if people chose to they could personalise their bedrooms.

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

- Whilst people were supported with oral health care and staff received on-line training in this area. Not everyone's oral health care needs were recorded in their care plans and known to staff. It was unclear how staff competency was checked in this area. When we discussed this with the registered manager they were not aware of the latest best practice guidance for managing people's oral care. Following the inspection, the

registered manager had taken action to update their assessment process and ensure that people's oral health care was reviewed every 28 days in line with best practice guidance.

- Staff knew people well enough to know when something was wrong with them. Staff had handovers at the end of each shift to pass on information about people's health. A staff member told us, "People have arrived with pressures sores, so we work with the nurses to help improve them."
- Staff referred people to other health care professionals, such as district nurses, GP, podiatrists and dieticians.

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

- People had their needs assessed before moving to the home and care was delivered in line with best practice guidance. Care plans were written in collaboration with people, families and professionals (where possible) and care plans were further developed as staff got to know people.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these.
- Staff had an understanding of equality and diversity. This was reinforced through training and the providers policies and procedures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At this inspection we observed that people were not always treated with dignity and respect. For example, we observed one person who been incontinent in a communal chair in the lounge, a member of staff supported the person back to their room to change. However, no one cleaned the chair and when the person returned they were encouraged to sit back in the soiled chair. Another example included, an observation where a person was weighed in the communal lounge and the member of staff said loudly in front of others (including relatives) the person's weight. There was no consideration that the task should be done privately to protect the person's dignity. Maintaining people's dignity and respect is an area of practice that requires improvement.

The provider had failed to ensure people were treated with dignity and respect.

This was a breach of Regulation 10(1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff encouraged people to remain as independent as possible. One member of staff told us, "With most people they can still do somethings themselves, so I encourage them with that. I cover people when undressing them, close curtains and doors."

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

- People were treated with kindness and compassion by staff in their approach when supporting people. We saw good interactions between staff and people, they knew each other well and had developed caring relationships. A relative told us, "X has been here for four years and I can't fault it. She is looked after well. Staff treat them (residents) as part of the family and I can talk to any carer. She is always clean, and staff remember to put her perfume on each day."

- Staff spoke affectionally about the people they supported and knew people well, which supported them to meet their needs. For example, one person became distressed, so a member of staff sat with the person holding their hand and offering reassurance. They took time to brush the person's hair which seemed to calm the person.

- Staff treated people equally and recognised people's differences. People's religious beliefs were known to staff and respected. The deputy manager told us, that a local church visits the home on a monthly basis.

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

- Where possible people were able to make decisions about their care. Each person had a named 'key worker' who worked with them to understand their care and support needs.
- We observed staff giving people choice throughout the day.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met through good organisation and delivery.

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

- At the last inspection we found that the activities provided to people was an area that required improvement. Whilst people had access to a range of activities there were a significant number of people who were not occupied in a meaningful activity throughout the day.
- At this inspection, whilst we found there had been some improvements, people did not always have access to activities that were tailored to people's interests. Group activities were not always accessible to everyone and staff did not always recognise when activities were not stimulating for people.
- The home had two activity coordinators however, we found people spent long periods on their own without anything meaningful to occupy their time and were at risk of social isolation. For example, a member of staff recognised that one person was fidgeting a lot since finishing their meal. Another member of staff said, "He enjoyed the dancing and now he's bored." However, staff did not do anything to find the person something more meaningful to do. In another example, we observed 13 people watching a film in the morning, many of whom were asleep. Staff did not recognise that people were not finding the activity stimulating. One member of staff told us, "We have good days and bad days with activities. The best days are when there are outside entertainers such as musicians."
- Care plans were not detailed in respect of people's like and dislikes or interests and hobbies. People had access to various activities such as, trips to garden centres, vintage tea parties, arts and crafts and we observed people enjoyed a music session before lunch. However, it was not clear how activities had been tailored to people's interests to ensure people were stimulated and found the activities meaningful. This is an area that required improvement.
- Over the past six months the home has been working with professionals to improve activities, particularly for people who choose to stay in their room to ensure they have access to 'meaningful occupation'. This is an area work that continues to be embedded into the home.

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

- People's care plans were not always consistently completed to ensure staff had access to information to enable them to deliver person centred care. There were gaps in information, such as people's end of life wishes, knowing me sections, oral care and supporting people when they are distressed. We observed that people's types of dementia were not always recorded or known to staff to ensure they had the right information when supporting people. This meant that staff did not always have the information available to them to support people in a person centred way.

- Changes in people's health or care needs were communicated and updated in their care plans and through staff hand overs.
- People, relatives and professionals (where possible) were involved in the assessment and initial care plan and were consulted frequently when care plans were updated.

End of life care and support

- Whilst information about people's end of life wishes were not always captured in their care plans, people were supported at the end of their lives. One member of staff told us, "We do a really good job as those who are end of life, they bounce back."
- People were able to die with dignity. This is known as a 'DNACPR' which stands for Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

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.

- The provider understood their responsibilities to follow the AIS. Initial and ongoing assessments were used to identify people that may need information about the service and their care provided in different ways.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since 2017. The registered manager told us they had an open-door policy and was keen to talk to people and relatives about the care provided.
- The service had a clear complaints policy with information available within the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant the service was not always consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At this inspection we observed that some of the staff's approach was task focused and they did not always have the skills and knowledge to support people with dementia appropriately and sensitively, for example when people were distressed. The registered manager did not have effective systems in place to monitor and assess staff competency, ensuring staff had the right skills and knowledge to support people.
- When observing the medication round, we found that one person's PRN medication stated a different dose on the MARS chart to their care plan. When discussed with the member of staff they told us, "I don't always check people's care plans." The staff member took immediate action to update the information. Whilst the risk to the person was low as staff knew people well, this demonstrated poor oversight of ensuring people's records contained accurate information.
- Documentation did not always consistently record information about people's interests, history, end of life care wishes and current need. For example, we observed, people who required equipment for moving and handling sitting in their sling so that they could be transferred as and when needed. When reviewing people's care plan we found no information to explain the rationale or guidance to staff to ensure people's comfort and what preventative measures were needed to minimise potential pressure sores. Whilst the impact was low this demonstrated that the providers audit processes did not always ensure that people's records were accurate, or that staff practices were being reviewed and addressed.
- The registered manager was supported by a deputy manager and a team of care staff. Feedback from professionals stated that the registered manager had a relaxed approach to managing the service, with a high reliance on the deputy manager to affect change. For example, ensuring that management and staff had appropriate training and knowledge of supporting people with dementia.
- People (where possible), relatives, and visiting professionals were given opportunities to be involved in the service, through daily feedback and care reviews. However, there were no formal systems in place to capture people, relatives and visiting professionals' feedback to drive improvement. Staff took part in yearly surveys, we reviewed the results from the most recent survey carried out which was positive overall. However, whilst 65 surveys were sent out to staff only 15 members of staff responded. It was unclear what further attempts had been carried out by the registered manager to gain staff feedback.
- Whilst the registered manager understood the importance of continuous learning to improve the care people received. We found that the registered manager was not always proactive in affecting change. For

example, following the last inspection in 2017, we identified that activities for people needed to be improved. At this inspection the registered manager had only taken action to engage external services to improve activities for people over the past six months. This meant that improvements had not been evaluated to ensure improvements had taken place in a timely way since the last inspection in 2017.

The provider had failed to assess, monitor and improve the quality of the service and maintain accurate, contemporaneous records.

This was a breach of Regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles in the home and were happy to work there as part of the team. One member of staff told us, "Great team work here, not one person that I could not work with. The families are lovely, and we have a laugh. We have emergencies but it's how we deal with them as a team. The service is well-led, management is flexible and supportive."
- Staff had appraisals, supervision, team meetings and regular opportunities to meet through handovers. The registered manager held monthly clinical meetings.
- There was a strong emphasis on team work and communication.
- We saw evidence of some competency checks being carried out for medicine practices and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

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

- Staff knew people well and understood their individual needs.
- The registered manager had created an open culture and staff and relatives knew and liked the registered manager. They told us they thought the home was well-led. One relative told us, "I am always made welcome when I visit, and staff keep me up to date."

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 registered manager understood and acted on the duty of candour, informing family and Care Quality Commission whenever necessary.
- The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the home.

Working in partnership with others

- The home had good links with other professionals and worked with them to improve the care people needed. One professional told us, "Staff did not understand the possible negative impact of poor prescribing in dementia care. Following input from our team including training, reviews and case discussions, the practice in this area has improved greatly. The home now actively strives to use a bio-psycho-social approach when considering a resident's care needs and do not seek medication as a first line intervention when a resident presents with behaviour that is different or challenging for them. They now actively identify residents who could benefit from a medication review and arrange reviews with the appropriate professional."
- The registered manager attended practice development groups and activity worker forums.

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 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (1) The provider had failed to ensure people were treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) The provider had failed to assess, monitor and improve the quality of the service and maintain accurate, contemporaneous records.