

Nadali Limited

Sussex House Care Home

Inspection report

36 Princes Road
Cleethorpes
Lincolnshire
DN35 8AW

Tel: 01472694574

Date of inspection visit:
22 May 2019
23 May 2019

Date of publication:
15 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sussex House is a residential care home providing personal care to 21 people who have mental health conditions. The service can support up to 24 people. The care home accommodates people in one building over three floors accessed by stairs and a lift.

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

At the last inspection, we made recommendations to improve the quality assurance processes, care planning and risk assessments. We found improvements had been made to care plans, risk assessments and most aspects of the quality assurance process.

However, there were no systems in place to monitor low level reporting to the local authority safeguarding team or when notifications required submitting to the Care Quality Commission. We have made a recommendation about continuing to improve systems to monitor this.

The provider had failed to notify us of some incidents they are required to by law. This is being addressed outside of the inspection process.

Local authority safeguarding procedures had not always been followed. Staff were aware of how to recognise safeguarding concerns. Steps had been taken to keep people safe and minimise risks to people's safety. People received their medicines as prescribed, although there were some recording shortfalls.

Systems were in place to recruit staff safely. Further staff were being recruited to accommodate a need for an additional staff member in the evening. Staff felt supported in their role and received training to equip them with the necessary skills for their role. Staff supported people to access healthcare and maintain a nutritious diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with respect and interacted with people positively. People were supported to maintain their independence and their privacy and dignity were respected.

People's care plans were kept up to date and reflected their individual needs and circumstances. Staff recorded people's care electronically, so this could be monitored in a timely manner. People were supported in line with their preferences and supported to engage in social and leisure activities. People told us they were able to raise complaints, and these would be addressed.

People and staff told us the registered manager was approachable. Staff felt there was an improved team

morale and positive culture within the service.

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 requires improvement (published 21 May 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to notify us of other incidents. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Sussex House 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

This inspection was completed by one inspector.

Service and service type

Sussex 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and contract teams. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two visiting professionals. We spoke with five members of staff including the registered manager and chef. 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 three people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and safety of the service, training data and quality assurance systems.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 now deteriorated to requires improvement. This meant 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.

Systems and processes to safeguard people from the risk of abuse

- Procedures for reporting low level safeguarding concerns to the local authority had not always been followed.
- Professionals provided feedback that management did not always demonstrate a good understanding of the local authority safeguarding policies and procedures.
- Despite this, appropriate steps had been taken to protect people from harm and the registered manager confirmed procedures would be followed in future.
- Staff knew how to recognise abuse and protect people from harm. Staff had received training in this area and knew how to raise concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Water temperature checks were only carried out on a selection of taps; assurances could not be made that others were safe. There had also been a delay in carrying out the annual gas safety check.
- Steps were taken to maintain the safety of the premises and other relevant health and safety checks were carried out.
- Risks to people were identified and recorded in their care records; these were personalised and reflected people's individual needs. Staff were aware of potential risks to people and action they should take to minimise these.
- The management team demonstrated they learnt lessons from accidents and incidents. This included monitoring accidents and incidents, so patterns and trends could be analysed and action taken to prevent similar accidents reoccurring.

Staffing and recruitment

- People received support to meet their needs in a timely manner.
- However, an additional member of staff was required in the evening to ensure people's needs could be met safely. The registered manager confirmed staff recruitment was underway to address this.
- The provider operated a safe recruitment process.

Using medicines safely

- People received their medicines as prescribed and were supported to take their medicines in a personalised manner by trained staff.
- There were some recording errors in the management of medicines. These were addressed during the inspection and the registered manager confirmed these would be addressed with staff to prevent these

mistakes reoccurring.

Preventing and controlling infection

- Staff followed infection control practices and used personal protective equipment to help prevent the spread of infections.
- The home was clean.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before receiving a service to ensure these could be met; a care plan was developed detailing how their needs and preferences should be met.
- People's care was monitored. An electronic system was in place which meant staff could update people's records in a timely way.
- Care and support was reviewed to reflect people's current needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. They received an induction and ongoing programme of training.
- Staff received regular support and supervision to discuss their role and the care they provided.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain a healthy balanced diet. People told us the food was hot, plentiful, choices were offered, and they were consulted when menus were changed. A person said, "[The food is] good, very good, it's all homemade cooking."
- People's nutritional needs were monitored, and advice was sought from healthcare professionals and followed.
- People's health and wellbeing was monitored. Staff supported them to access healthcare services when required.

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

- Ongoing refurbishment and maintenance plans were followed to keep the home to a good standard of repair. Some people's bedrooms were in need of redecorating which was due to be completed in line with people's choices.
- Any changes to the environment were considered based on people's needs. For example, a kitchen for people to make their own drinks enabled people to be more independent.

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.

- Applications for DoLS had been made where required.
 - Staff had awareness of the MCA and decisions were made in people's best interest where required.
- However, we found some recording shortfalls which we refer to in the Well-Led domain.
- Staff were aware of the importance of gaining people's consent before providing care and support and involving people in decision making; people confirmed staff did this.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One person told us about a time when staff had provided lots of encouragement and support through a period of reablement, which meant they now mobilised without requiring a walking aid. They told us, "It's just the right balance between support and letting us do what we can."
- People's privacy and dignity were respected.
- One person took on the role of dignity champion which involved promoting people's dignity within the home. They attended meetings with staff and other services to promote this.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

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

- There was a relaxed atmosphere between people and the staff who supported them. People appeared comfortable in their surroundings.
- Staff had developed good relationships with people and were friendly and caring towards them. A person said, "Staff are always there when you need them."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances.

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

- People felt supported and listened to by staff.
- Staff followed people's preferences, encouraged them to make choices and promoted their wishes.
- People were involved in discussions regarding how they wished their care and support to be delivered.
- Staff were aware of people's communication needs and supported them to communicate effectively so they could express their views.
- People were supported to access advocacy services if required.

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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the provider ensure information in care files was kept up to date and captured detail about people's needs and preferences. The provider had made improvements.

- People's care plans contained information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People were involved in making decisions about their care. One person told us, "People are included in their care all the time. It makes you feel empowered. Staff review our care plans with us."

At our last inspection we recommended the provider followed good practice guidance in relation to risk assessment and care planning, to help mitigate risks. The provider had made improvements.

- People's care records contained information about risks to people which guided staff on how to meet their needs. One care plan was missing information about how staff should respond if the person had a seizure. However, this was addressed following the inspection and staff could tell us how they would respond.

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 registered manager was aware of the Accessible Information Standard and provided adapted information if this was needed.

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

- People were supported to engage in social and leisure interests meaningful to them. This included support to access the community if required, or through in-house activities with staff or the part time activities coordinator.
- People were supported to maintain relationships. For example, staff supported people to remember birthdays and involved people in celebrations.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise any concerns or complaints they had. One person said, "There is a

suggestion box and you could go to the manager."

- People's complaints were responded to appropriately.

End of life care and support

- Nobody was being supported with end of life care at the time of our inspection. However, people were offered the opportunity to discuss and record their preferences and choices in relation to end of life care for in future.

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 requires improvement. At this inspection this key question has remained the same. 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

- The provider had failed to notify us of some notifiable incidents.

This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4). However, this is being addressed outside of the inspection process.

At our last inspection we recommended that the provider seek advice and guidance from a reputable source, about improving systems to identify shortfalls so these could be addressed in a timely way.

- Overall systems had been improved. However, there were no systems to monitor when low level concerns should be shared with the local authority safeguarding team or when notifications should be made to the Care Quality Commission.

We recommend the provider continue to update quality assurance systems to ensure regulatory requirements are fulfilled and local safeguarding procedures are followed.

- Records for decisions made in people's best interest had not always been adequate. This included a missing record for one decision and grouping other decisions together for one person. We discussed this recording shortfall with the registered manager to address.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and staff felt the registered manager was approachable, accessible and supportive. A person told us, "The registered manager is very loyal. They stand by you and won't let you down."
- There was a positive team morale and staff told us the culture was more positive, open and honest. A member of staff said, "I think it's a really positive place to be. There has been a change in staff who are more reliable. Clients are more trusting of staff and feel supported by them. Staff and residents have a good relationship now."
- People's feedback was sought and used to drive improvement within the service.
- The registered manager was keen to drive improvement within the service and had been making changes

which impacted positively on people. For example, a new kitchen facility had been created where people could make their own drinks which promoted their independence.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager and staff shared the values of providing high quality care. There were plans to develop champion roles and develop links with stakeholders for learning and development.
- People's care records were being transferred to an electronic system which when utilised fully would support quality assurance processes.