

Nadali Limited

Sussex House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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 up to 24 people. The service provides support to people who have mental health conditions. At the time of our inspection there were 22 people using the service. Sussex House accommodates people in one building over three floors.

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

Medicine practices were not always in line with best practice guidelines.

People received the care and support, however, staff did not always have time or were not always able to respond to people's presenting or changing needs.

A system was in place to monitor the quality and safety of the service, however this was not always effective in identifying and addressing issues.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. People and staff spoke positively about the management of the service. Staff continued to receive guidance and support from management when required.

Care plans included risk assessments for known risks and staff followed support plans to help keep people safe. Care plans were up to date, risk assessments were in place and regularly reviewed. People were regularly asked their views on the service provided and action had been taken when suggestions were made.

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.

The home was clean and tidy and additional cleaning processes had been implemented to prevent the risk of spread of infection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections

At the previous two inspections, we made recommendations the provider sought advice and improved their quality assurance systems. At this inspection, the provider had failed to take action and we continued to find concerns with the quality assurance systems. The auditing systems in place had failed to identify concerns with medicines, staffing and documentation.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing, medicine management and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors 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

Sussex House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Sussex House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 25 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who use the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior care lead and care workers.

We reviewed a range of records. This included three peoples care records and multiple medicines records. We looked at three staff files in relation to recruitment and supervision. We reviewed a variety of records in relation to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Using medicines safely

- We checked the quantities and stocks for people and found balances to be incorrect. One person was prescribed a controlled drug with high potential for abuse. We found a discrepancy in the quantity of this medicine stored in the controlled drugs cabinet and no action had been taken. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.
- Detailed guidance specific to each person on how to administer "as and when required" medicines were not available to staff.
- Instructions for medicines which should be given at specific times were not available.
- Temperature records to ensure the safe storage of medicines were not always completed in accordance with national guidance. This meant we could not be assured that medicines requiring refrigeration were safe for use.
- There were arrangements in place for the management of controlled drugs. However, staff did not carry out regular balance checks in accordance with national guidance.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was not always enough staff available. We observed staff were very busy throughout the day. One person told us, "There are not enough staff, sometimes there is no-one around."
- We found people's needs were not met in a timely manner. Five people commented they sometimes had to wait a long time for support.
- People spent regular periods on their own with no staff engagement. We were therefore not assured there were enough staff to support people's needs and promote people's social experience.
- A dependency tool was used to determine staff numbers based on people's assessed needs. However, staff appeared busy and care was task centred.

We found no evidence that people had been harmed, however, the provider had failed to ensure there were sufficient numbers of suitably qualified and skilled, competent staff to meet the needs of people. This is a breach of regulation 18(staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been safely recruited.
- Staff had mandatory checks to ensure they were suitable to work at the service.

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

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff recorded all incidents. The manager monitored and analysed accidents, incidents and safeguarding concerns. This aided learning and reduced the risk of reoccurrence.
- Regular checks of the environment were completed to make sure it was safe. For example, a competent person checked the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures to safeguard people from abuse.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- Staff were trained to safeguard adults from abuse. They understood their responsibility to identify and report safeguarding concerns to the local authority, police or CQC if needed. One relative told us, "I know my (relative) is safe here and I can sleep well knowing (relative) is and safe".

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

People were supported to receive visits from friends and family in line with guidance in place at the time. We saw people enjoying visits from friends and family throughout the inspection and people and staff all commented on how this had positively impacted on people. Processes and facilities to support contact with family were in place should the home have any concerns regarding infection outbreaks.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 care and support plans were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People and staff reviewed plans regularly together.
- There were clear strategies to enhance independence referred to as 'reach for the stars'. One person told us about their role in supporting with domestic tasks to aid independence. Another person told us about their future plans and told us how they were going to achieve their goals.
- People's care plans contained a range of assessments related to their physical, mental and emotional wellbeing. Care plans included relevant assessments of people's communication support and physical needs.

Staff support: induction, training, skills and experience

- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "I am very much supported and have regular supervisions."
- Staff received an induction, ongoing training and regular opportunities to discuss their work, training, and development needs.
- Staff could describe how their training and personal development related to the people they supported. Staff told us, "We have so much training on offer and more importantly we have training specific to people's needs which means we can support people better."

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

- Arrangements were in place to support people to receive a healthy and balanced diet; to ensure they received the individual support and encouragement they required to meet their nutritional and hydration needs.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health. This promoted better outcomes for people.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- People's care records confirmed referrals to other external agencies were made in a timely manner.

- Relatives were confident staff had a positive approach to information sharing and working with external agencies .
- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.

Supporting people to live healthier lives, access healthcare services and support

- Hospital care passports were in place and contained up to date information on people's health status. This meant that hospital staff would have the information they needed if someone was admitted to hospital.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One professional told us the home manager and staff were well informed and actively supported the professional visit including keeping records to aid the assessment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA and associated DoLS were in place for people, authorisations were correctly obtained.
- Staff acted in people's best interests when they lacked the capacity to make decisions for themselves. If people lacked the capacity to make informed decisions, appropriate procedures had been followed to ensure decisions were made in people's best interests. This included consulting others involved in people's care, such as families and health and social care professionals.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented in people's care plans.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Continuous learning and improving care

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control. However, these were not always effective in monitoring the quality and safety of the service. For example, medicine audits did not always identify the concerns we identified during inspection.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear staff structure and staff were aware of their roles and responsibilities and accountability.
- An improvement plan captured ongoing developments. For example, further improvements to the environment were identified and actioned in a timely manner.
- The registered manager analysed accident and incident reports to identify trends, make changes and improvements to prevent recurrence.

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

- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.
- Sussex House was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "The home is very responsive and quickly adapt to any recommendations."
- Management were visible, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 was committed to providing good quality care to people.
- The registered manager understood their responsibilities under the duty of candour and the requirement

to act in an open and transparent way when concerns were raised.

- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- Staff had team meetings and one to one supervision.
- Systems were in place to capture people's views and feedback. A relative told us "I can always speak to [registered manager] and the other colleagues."
- People were able to attend residents' meetings where they discussed changes within their homes, activities, achievements, goals, as well as the menu's. One person told us, "The manager is very good and [registered manager] doesn't hesitate to do the best for me".

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.
- The registered manager kept up to date with best practice developments. They encouraged staff to take on more responsibility through introducing lead roles to champion dignity, nutrition and hydration, as well as infection control.

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 The provider had failed to ensure the proper and safe management of medicines. 12(2) (f)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of staff were deployed to keep people safe. 18 (1)