Hailsham House (New Road) Limited

Hailsham House

Inspection report

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Date of inspection visit:
09 December 2016
12 December 2016

Date of publication:
04 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

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 provides 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 provide their care..

At our 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 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. Due to concerns about people's safety and well-being we undertook a focused inspection in August 2016 to look at the safe question. At that inspection we found that improvements had been made and the provider had met Regulation 12 and 18 of the Regulation of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

This unannounced comprehensive inspection was carried out on the 09 and 12 December 2016 to see if the improvements had been sustained. We found that the improvements had been sustained.

People spoke positively of the home and commented they felt safe. one person told us, ""We are lucky to have a place where we are safe and so well looked after" "I am safe-I have a big room with a view all round – that makes me feel safe." Another person said, "Another said "I feel safe because there is always someone around." Our own observations and the records we looked at reflected the positive comments people made.

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.

Care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences and requirements. Risk assessments included falls risk, risk of pressure damage, behaviours that may challenge, nutritional risks including swallowing problems and risk of choking and moving and handling. For example, cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy.

Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. Staff had received training in end of life care and were supported by the Hospice community team. There were systems in place for the management of medicines and people received their medicines in a safe way.

Nurses were involved in writing the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The manager said staff were being supported to do this and additional training was on -going. People received adequate food and fluids to maintain their health and evidenced by food and fluid charts that were completed correctly. Following internal audits and surveys which identified food delivery could be improved, a new chef had been employed. People told us that food was 'good,' 'plentiful' and 'varied.'

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for activities, meetings and meal times and were seen to enjoy the atmosphere and stimulation.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the whole day, five days a week and were in line with people's preferences and interests.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there was a sufficient number with the right skills when people moved into the home. The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and, they would be happy to talk to them if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Hailsham House was safe. Staff had received training on safeguarding adults and were knowledgeable about the signs of different forms of abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks to people's health and well-being were assessed and measures put in place where possible to reduce or eliminate risks. Risks associated with the environment were managed safely and people's ability to evacuate the home in the event of a fire had been considered.

Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Is the service effective?

Good

Hailsham House provided effective care and was meeting the legal requirements that were previously in breach. People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were enjoyed by people and were a sociable occasion supported by staff in an appropriate way.

People spoke positively of care staff, and told us that communication had improved with staff.

Staff received ongoing professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005

(MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

Is the service caring?

Good

Hailsham House was caring. Staff spoke with people and supported them in a very caring, respectful and friendly manner.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People were encouraged to maintain relationships with relatives and friends.
Relatives were able to visit at any time and were made to feel very welcome.

Is the service responsive?

Good

Hailsham house was responsive. Staff were seen to interact positively with people throughout our inspection. It was clear staff had built rapport with people and they responded to staff well.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

There were meaningful activities provided for people to participate in as groups or individually to meet their social and welfare needs. People told us that they were able to make everyday choices, and we saw this happened during our visit.

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built rapport with people and they responded to staff well.

Is the service well-led?

Good

Hailsham House was well led and was meeting the legal requirements that were previously in breach. There was a registered manager in post, supported by a deputy manager. There was a strong management team in place.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication within the home had significantly improved.

Feedback was sought from people, and staff and residents meetings were now held on a regular basis.	

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 was planned to check 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.

This was an unannounced inspection on 09 and 12 December 2016. It was undertaken by three inspectors, a specialist advisor in End of Life Care and two experts 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.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the action plan sent to us by the provider following the last inspection. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which 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.

During the inspection we reviewed the records of the home. These included staff training records eight staff files including staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at twenty care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with 25 people who lived at the home, eight relatives, and 14 staff members. This included the registered manager and deputy manager.

We met with people who lived at Hailsham House ; we observed the care which was delivered in communal

areas to get a view of care and support provided across all areas. This included the lunchtime meals. As some people had difficulties in verbal communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us. We also 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.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the registered manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us, "I have no doubts I am safe – none at all," "I feel safe with everything," and "I feel safe both with the building and the staff." We were also told, "We are lucky to have a place where we are safe and so well looked after" and "I am safe-I have a big room with a view all round –that makes me feel safe," "I use the button in my room to call for help and the response is usually quick," "Generally, there are enough staff, "I can move around if I wish" and "Normally I get my medication at the same time," One visitor told us, "Yes, X is safe now. They put a safety mattress next to the bed when I asked" and "The room is clean and tidy." Another visitor told us "I never worry about anything, it's excellent all round, and "My 'loved one' was at low ebb when they came here three years ago but now they are safe and happy and interacts with everyone. they are very affectionate and dance all the time. The whole area is 'step free' so that is good-no hazards and they have only had one fall and they told me right away-X needs one to one attention and they gets it." Some people who lived with dementia and other illnesses were not all able to tell us their experiences but we observed that people were comfortable with staff, calm and content.

We observed staff administering medicines on two units at lunch time and saw they used safe procedures. Policies and procedures were in place to support the administration and management of medicines. A new system for medicines had been introduced and was in its second month of being used. The system now used was a computerised system (i-med) which meant all medicine records were held on a hand held computer and overseen by the dispensing pharmacy. The system had daily feedback from the medicine provider which highlighted any delayed or missed medicine. People confirmed they received their medicines on time. People's medicines were securely stored in clinical rooms and they were administered by registered nurses who had received appropriate training in the new system. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines. The room was clean and tidy. Staff had regular knowledge competencies checks to ensure their practice remained safe. Staff retained patient information leaflets for medicines and also had access to the British National Formulary (pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology) to check for information such as side effects.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. The provider employed a dedicated facilities team who were responsible for overseeing the safety of the environment and premises.

Hailsham House was clean and well-maintained. Visitors told us, "Always clean, room wonderful, ensuite wet room, very clean." "My relative has a lovely room, clean and safe," and "Smells nice, clean and tidy. So is the rest of the home." During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training programme showed us that staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training and were confident of how to manage risk. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from the main building. There were industrial type washing machines and dryers to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry. Staff had access to personal protective equipment such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used the equipment when they needed to.

There were sufficient experienced staff deployed in the service to meet peoples' needs. People and staff felt staffing levels were sufficient to meet the needs of the people they supported. One visitor told us, "There's always enough staff, in fact I think they are well staffed." One person told us, "They look after me very well." Staff told us "We are well staffed, in fact we have three extra staff as we have some people who need that one to one time." This told us that staffing levels were flexible to meet people's needs. A relative said, "My mother has one to one care which keeps her safe and secure- because of the extra supervision. It gives me peace of mind to know she is in safe hands." Another relative said "I know my mother is supervised ,especially at night-I have seen it in her care plan and she also has a sensor mat at the side of her bed" This told us that staffing levels were flexible to meet people's needs.

On the days of the inspection, Hailsham House had a relaxed and calm atmosphere. From our observations, people received care and support in a timely manner. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were unrushed and allowed people to move at their own pace. We also saw staff checking people discretely in their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom. Call bells were answered promptly and the registered manager audited response times to call bells on a daily basis. Any response over five minutes was investigated and action taken. During our inspection this audit identified a call bell that was not working and this was promptly fixed. One member of care staff told us, "We are staffed really well, we are busy sometimes but that is unavoidable when you care for people who are frail." Over the two days of inspection the social assistant team was short due to staff sickness. but care staff did try to ensure people had the activity support required by playing skittles and reading newspapers with people.

Risks to peoples' health and safety were well managed. Electronic care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included, falls, skin damage, nutritional risks including swallow problems and risk of choking and moving and handling. For example, low beds were in place for those that were at risk of falling out of bed and pressure relieving mattresses and cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. Where risks were identified there were measures in place to reduce the risks as far as possible. People who lived with

diabetes had their blood sugar levels checked regularly to ensure it was within their normal range. There was guidance in place for staff to refer to and know how to recognise when blood sugar levels were either too high or too low.. People who live with diabetes need regular health checks for their eyes and feet as the disease has potential negative side effects if not monitored. These were in place and evidence that risks to their health were mitigated. All risk assessments had been reviewed at least once a month or more often if changes were noted. All relevant areas of the care plan had been updated when risks had changed and all staff involved in the care delivery signed and agreed the monthly review. This meant staff were given clear and up-to-date information about how to reduce risks.

We observed people being safely supported to move from a wheelchair to armchair with the use of appropriate equipment. Staff were mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person throughout. People told us they felt safe whilst being moved by staff. One person said, "I feel safe when staff help me."

Staff supported people who lived with behaviours that challenged others in a competent and safe manner. Strategies for staff to manage people's behaviour safely had been introduced and training was provided to support staff. We saw throughout the inspection that people were calm and staff were attentive to people's mood changes and body language. We saw that one person became restless and staff immediately responded and engaged this person in an activity. This was handled in a gentle and professional way.

The incident and accident records were being monitored and the manager had introduced regular meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Staff used these meetings for reflecting on current practices and ways to improve.

From looking at staff files and the training programme we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the East Sussex social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. We spoke with six staff members who told us what they would report and who they would report any possible abuse to. Both were aware of the whistle blowing policy and said if no action was taken they would refer to other organisations such as the local authority, the Care Quality Commission and higher management at Hailsham House Limited. This meant people who used the service were looked after by staff who were aware of and felt able to report any safeguarding issues.

There was a robust recruitment procedure in place. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). Each application form listed staffs previous work history and skills and qualifications. Nurses employed by the provider of Hailsham House all had registration with the Nursing Midwifery Council (NMC) which were up to date. This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with adults.

Good

Is the service effective?

Our findings

At the previous inspection in January 2016, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by 30 September 2015. At this inspection we found improvements had been made and the provider was meeting regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visitors spoke positively about the home and the care and support provided by the team of staff. Comments included, "We are really pleased with the care, exceptional," and "Staff are very good and very knowledgeable." One visitor said "They are very good at communicating with me. Last year they were telling me how X was getting on in hospital." We received mixed comments about the meal delivery and comments included, "The food's good, OK. Some days it's better than today" and "Today the meal was luke warm." We were also told "The food's satisfactory, a variety," and "I like the meals." A visitor said "My mother has gained weight since she moved to Hailsham House. She was in a care home and they were not geared to nursing, they weigh her each month now." Overall we found that people received care that was effective.

This inspection found that staff were working within the principles of the Mental Capacity Act 2005 (MCA). Staff told us most people would be able to consent to basic care and treatment, such as washing and dressing. The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found that the reference to people's mental capacity recorded the steps taken to reach a decision about a person's capacity. Staff told us, "It's about asking them and making sure it is what they want." Staff were able to tell us about how certain decisions were made such as receiving medicines hidden in food or drinks, where people spent their time, alcohol consumption and receiving specific treatment for wounds. Advocates were used for people who were not able to consent to basic treatment and had no next of kin. This told us mental capacity assessments were decision specific and were recorded in line with legal requirements.

Staff had attended training in Deprivation of Liberty Safeguards (DoLS), which is part of the MCA framework. The purpose of DoLS is to ensure someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them. Staff were aware the locked front door, which prevents people entering and leaving the home, was a form of restraint and we were told applications had been made to the local authority under DoLS and records confirmed this.

People's risk of malnourishment was assessed and reviewed on a monthly basis. Older people and people living with dementia, physical conditions and mental health illnesses are at heightened risk of malnourishment due to multi-factors such as poor mobility, physiological changes and swallowing difficulties. The provider utilised the Malnutrition Universal Screening Tool (MUST) to identify anyone who

may be significant risk of malnourishment or experiencing weight loss. Where people had lost weight or were of a low weight, guidance was in place which included fortified snacks and drinks to be offered in-between meal times. Staff said "We record in people's individual records if someone is not eating or drinking but also discuss people's nutritional intake at handover, identifying any concerns where we may need to encourage food and fluid." One family told us, "My X (relative) likes to walk and staff walk with them and support them with meals. I can't thank the staff enough."

For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and from fluids entering the lungs. Thickened fluids are easier to swallow; however, the quantity and texture must be appropriate for the individual as otherwise they can place the person at risk of aspiration. All care staff were responsible for the management of thickened fluids and guidance was in place on the required texture. Input from dieticians and speech and language therapists (SALT) were also sourced.

Guidance was available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed. This person told us they were not enjoying the diet. Staff told us of various ways they tried to make it more enjoyable such as spices. A senior staff member told us that they paid particular attention to fortifying food to prevent weight loss, they said, "We use cream for soups and add cream to sauces, we can make milk shakes or fruit smoothies as well."

A menu was displayed in various places throughout the home. People were offered a variety and choice and were able to choose from options for each meal time. Staff told us told us, "The kitchen team are very flexible, if they have it, they will cook it for the person. If someone wants something different than what's on the menu, they will do their upmost to meet their request." Each unit had their own dining room with individual tables set up. The staff served the meals from hot trolleys and each person was able to choose how much they wanted if they were able to. For people living with dementia, they were empowered to make decisions on what they preferred to eat. Staff members showed them the options which enabled them to make a choice. We also saw some people had second helpings offered if they had finished and were still hungry.

We looked at people's food and fluid records. The care plans directed staff to monitor people's food and fluid intake when it had been identified the person was at risk from dehydration and malnutrition. There were food diaries for those identified to be at risk from malnutrition and fluid charts for those whose intake needed to be monitored. Charts were well completed, all fluid charts viewed were totalled at the end of day, any concerns regarding peoples intake was highlighted on handover sheets and recorded in daily records. We were able to confirm this from the records viewed. Food and fluid charts were used for new admissions until it was clear that there was no need to monitor.

All the staff we spoke with told us that they had completed training to make sure they had the skills and knowledge to provide the support individuals needed. The training matrix supported this. Staff received an induction programme and on-going training support. This gave them the skills to carry out their duties and responsibilities. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. This was confirmed by a member of staff who said, "The induction process is thorough, I learnt a lot." Another said, "I feel supported by the staff team." There was a wide range of specialist training available to staff in managing the complex needs of the people they cared for. Such as managing challenging behaviour, care of people with dementia and of specific mental health illnesses. We also saw training topics included diabetes, wound care and end of life care.

Supervision was up to date for all staff and was undertaken three monthly. Supervision had helped identify gaps in their knowledge, which was supported by additional training. Staff said "We get regular supervision, and we can always see the manager or a nurse if we need to." We were also told that for staff whose first language was not English that English lessons were provided.

Staff told us, daily handovers and supervision helped them feel supported and encouraged learning to take place. For example, handovers gave them an opportunity to discuss people's change in needs and anybody that was unwell and how they should be cared for.

People had an initial needs assessment when they moved in to Hailsham House. The care plans recorded and contained clear instructions as to the health, social and well-being care needs of each person. Reviews of care plans were done monthly or more often if there was a significant change to people's needs, for example, deterioration in mobility or development of a wound. Where appropriate, specialist advice and support had been sought in relation to meeting people's needs and this advice was included in care plans. We saw advice from speech and language therapists, dieticians, and community mental health nurses. There was a clear process for managing any deterioration in mental health of people with emergency guidelines to follow, such as contact details of the community mental health team. Staff said they valued input from external health specialists and it was used as a training tool for the staff team. One said, "Anything we learn from health professionals we pass on to all staff, it adds to our competency assessments." Staff were able to tell us who they would contact in the event of a medical emergency and were aware of where to find contact numbers. Incident records were reviewed by the management on a monthly basis, or more regularly if a person's physical or mental health deteriorated, or if there were arguments between people resulting in injury or psychological harm.

Staff told us they kept families involved and always tried to sit down with them when care changed. A relative told us, "We are so grateful to the home, excellent in all ways, X hasn't been falling and they manage the agitation really well," and "They are skilled here and will always ask for our opinion."

Good

Is the service caring?

Our findings

People spoke highly of the care received. One person told us, "The staff here are kind and wonderful." Another person said ."I am very independent but I get help with my shower- they are discreet and I don't mind either a female or male carer" A relative told us they were, "Really impressed with how care is provided, my relative can be a little difficult at times, but they are unfailingly kind and gentle." Another visitor said they "experienced, kindness respect & dignified Care on Willow Unit."
Staff demonstrated commitment to listening to people and delivering kind and supportive care to people. We received very positive feedback from families in respect of the registered nurses. They included, "Never too much trouble, always have time to re-assure us, talk to us about different approaches." Another relative said, "I feel welcomed every time I visit, all staff are very kind and sweet to the residents here." One visiting health professional told us that "Self-esteem & independence were fostered," and "Good personal relationships between staff and residents were apparent whenever they visited."

Care plans showed that family and people's involvement had been sought where possible, and personal preferences had been recorded when people had moved in. Families told us that they could access their relatives care plan on line at home with a security password. One relative said, "I find this very reassuring, nothing is hidden and we can check how they are doing at anytime, it reduces our worries." Another relative said, "I can see X care plan on line. It's easy as we live overseas." People's preferences were documented within an activity plan based on the activities of their life before arriving in the home and their wishes when they reached the end of their life. People's food choices reflected their culture and religious choices. People's personal preferences for lifestyle choices, such as food and drink, activities and interests were updated to reflect changes to their health and well-being.

The registered manager told us that an advocate would be found if required to assist people in making decisions. They also told us they had information to give to people and families about how they could find one if it became necessary. This ensured people would be assisted to contact advocacy services.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. A visitor said, "I come in every day and I'm always greeted with a smile." There were no restrictions to visiting the Hailsham House.

The ethos of the service includes the opportunity of 'a home for life'. This means that some people had a tenancy agreement for a bedroom suite within the service. The suite consists of a large room that had a dining table and extra chairs, a fridge and kitchen facilities. Rooms were furnished according to people's individual tastes and many were seen to be very personalised. One family said, "It makes such a difference, it means the grandchildren can visit and we can entertain in the suite, it prevents us disturbing other people and the children feel more comfortable." Another family said, "The rooms are wonderful, big, homely and well decorated, we have made it comfortable with things from home." Communal areas were seen to be comfortable and welcoming. Staff had looked into peoples' past interests and included themes in bedroom to encourage people's happy memories.

People's dignity was promoted. People's preferences for personal care were recorded and followed. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. Documentation showed that people received personal care in the way they wished. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given." People were well dressed and well cared for; A visitor said "The laundry is very good here, my mother always gets her own clothes back-they must have a huge task." Another visitor said, "Everyone always look nice and well dressed, I notice that the staff always ensure clothing is changed if they spill food or drink."

Care plans detailed how staff were to manage continence. This included providing assistance taking people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms. One visitor told us, "Really kind and special staff."

People's need for privacy was promoted and respected. For example, staff ensured that people's dignity was protected when moving people from a wheelchair to an armchair. We also saw that people's personal care was of a good standard and undertaken in a way that respected their privacy. One person said, "I am very independent but I get help with my shower- they are discreet and I don't mind either a female or male carer" Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling for help to go to the bathroom. This was attended to promptly and in a discreet way .We saw good interactions between the person and staff. Staff were patient and responsive to people's mood changes and dealt with situations well in a calm and a kind way.

Staff demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "All our residents are different and we treat them as individuals, knowing their little ways helps." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and keep people to be independent. We'll always support people to go out if they want to and invite their friends in." One person showed us their room which was very personalised with equipment such as a kettle and drink making facilities.

We saw good positive interaction between staff and people. People who remained in their rooms either for health reasons or by choice were visited regularly by staff. We spoke with social assistants who told us, "The dementia in-reach team have been really helpful with ideas for activities." We saw staff sit with people and hold their hands when they were upset and needed support. Staff responded to people with a calm kind approach and a ready smile. Staff knew people well and this was demonstrated in how they supported people. A staff member told us that one person responded to doll therapy because of their past employment and this helped to calm and reassure the person. One person told us "This is a wonderful place-they really care-we have a lovely garden with a nice gardener who tells us about the plants and flowers-we grow our own fruit and vegetables"

People were comfortable with staff, they approached staff for reassurance. Staff managed behaviours that challenged in a way that was both professional and individual to that person. Staff spoke to people in a calm and soft manner that did not cause conflict. Staff resolved escalating distressed situations with expertise and kindness.

Good

Is the service responsive?

Our findings

People and visitors told us they were happy with the standard of care provided and that it met their individual needs. One visitor said, "They respond to changes well I think." Another said, "Very pro-active to health changes that happen."

People were involved as much as possible in deciding how their care was provided and received care that was responsive to their needs and personalised to their wishes and preferences. People told us there was a range of activities available and they were encouraged to join in. One person told us, "There's enough going on, I'm quite happy, I join in when I want." Visitors told us there were a lot of activities and their relatives joined in if they chose to. One relative said, "The residents love the singers that come in, the singer today is a favourite, and he spends time with people, lovely to see."

People and visitors we spoke with confirmed they were involved in care planning decisions. Visitors, told us they were updated with any changes in their loved ones health or care needs. They said, "If anything happens they tell us and we can be involved in any decisions that need to be made." Another visitor told us, "I go on-line every morning to see what kind of night my relative had, I find it really reassuring." This told us that communication between staff and families had improved.

The management team and staff recognised the impact of moving into a care home can have on people. Before people moved into Hailsham house, an assessment of their needs took place to make sure their needs could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. Care plans reflected the individualised care and support staff provided to people. We saw some people had complex care needs in relation to their mental health needs and behaviours that challenged. We asked staff about the care some of these people required and saw care plans reflected the care people received. People had their care reviewed regularly this included any changes that related to their health, care, support and risk assessments. Information was available on people's life history, their daily routine and important facts about the person. This included their food likes and dislikes and what remained important to them, however the quality of this section within care plans varied. The registered manager explained this had been identified along with the activities section and staff were working with families to develop and improve these. One staff member told us, "Initially, the information we have is dependant of what relatives tell us." There was evidence that people and, where appropriate, their relatives were involved in the reviews. One relative said, "My relative's care plan is revised on the 13th of the month. You can also see the plan on the plan on the web site which is very convenient."

People were able to maintain relationships with those who mattered to them. We saw visitors and friends were welcomed to the home. They told us they were always made to feel welcome and felt involved with their relatives care. We observed that staff knew the regular visitors well and there was an open, professional relationship between them. Visitors told us, "I can ask the staff anything, very open and helpful."

It is important that older people in care homes have the opportunity to take part in activity, including

activities of daily living that helps to maintain or improve their health and mental wellbeing. There was a dedicated activities team known as social assistants. There was a wide range of activities taking place throughout the day. This included 1-1, arts and crafts, games and music.

In response to peoples need to walk around staff were seen enabling them to be as independent as possible, whilst ensuring their safety. The layout of the environment meant people were able to walk around the floor safely without encountering barriers. People were able to walk around, spend time in the lounges or sit in the seating areas in corridors as they chose.

Staff had recognised that although there was a varied activity programme in place there were limited activities for people who remained in their rooms or didn't chose to participate. Staff told us they were continually reviewing and introducing more one-to-one and reminiscence type activities. The staff told us of the use of 'Ladder to the Moon' and how beneficial it had been to some people. Ladder to the Moon uses staff coaching and interactive theatre to improve the quality of life for older people in care, particularly those living with dementia. The registered manager was currently looking at courses for staff to attend for introducing more meaningful activities for those people who live with dementia. Some staff showed a depth of understanding of what constituted an activity and explained how each interaction should be meaningful for people. For example, the use of art. A social assistant told us, I have a weekly programme of Arts & Crafts, baking, ball games, bingo, music, sing a long, exercises, nail care & massage, newspapers and crosswords. Entertainers also come in on different days." This told us that there were a range of activities available to provide enjoyment and stimulation for people.

There was a complaints policy at the home and this was seen to be followed. People said that they would be very comfortable in raising a complaint or concern and most said that they would raise this with the registered manager, whom they knew personally and who was available to them. Other people confirmed they also felt comfortable approaching staff with any concerns. A copy of the complaints policy was provided to people when they moved into the home and a copy was also on display in the home. The provider had received two complaints since the last inspection. The complaints log gave details of the complaint and the outcome. The management team also showed us the compliments they had recently received.

Good

Is the service well-led?

Our findings

At our inspection in January 2016, we found the provider did not have effective quality assurance systems in place to identify shortfalls in care delivery.

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 and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there were systems to review the quality of service provided which included a variety of audits and checks. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. They help drive improvement and promote better outcomes for people who live at the home. Infection control audits, medication and care plan audits were taking place on a regular basis. Any shortfalls identified, a clear plan of action was implemented such as further care plan training. Health and safety audits were taking place which considered the environment, premises, staff safety, clinical waste, and fire safety. They were well completed and evidenced that time scales were set and adhered to when an issue was identified, such as replacing soiled carpets.

It was acknowledged that there was still on-going improvements being made to care documentation. There were areas identified during our inspection that once mentioned to the registered manager that were immediately put in to place. For example due to the change to the medicine system, there was a lack of pain charts and PRN protocols as this was now held on a computer. This was immediately rectified and discussed with the medicine provider.

All accidents and incidents, including falls, were monitored by the registered manager who ensured any actions required to minimise any further risks were carried out. Incident and accidents were also monitored for any emerging trends, themes and patterns. Then preventative measures were put in place to prevent a re-occurrence. The registered manager told us, "If we identify an individual is having a high number of falls, we always refer onto the falls prevention team."

The CQC are aware previous meetings with the local authority had occurred when safeguarding concerns had been raised, but the management team used the lessons learnt to good effect. Such as ensuring that training to manage behaviours that challenge is provided for all staff. The Manager said, "We have a very busy and complex home with people who do have behaviours that may challenge and distress, but safeguarding's are about learning and improving."

The provider was committed to sharing good practice and encouraging staff to learn and develop. Information about the Duty of Candour was also shared at staff meetings which enabled staff's understanding of their responsibilities in this area. The Duty of Candour was introduced on the 1 April 2015 by the Care Quality Commission (CQC). Under this regulation, the CQC expects organisations to be open and honest when safety incidences occur. The provider had also implemented a Duty of Candour policy and the registered manager understood their responsibilities under the regulation.

People, their relatives, staff and healthcare professionals were actively involved in developing and improving the service. Regular satisfaction surveys were sent out to people to enable them to provide feedback. Satisfaction survey results were analysed with a clear action plan on how improvements could be made to the running of the home. For example, meal choices.

People were relaxed and comfortable in the presence of the management team. The management team knew people and their relatives by name and made time to engage with people. People and staff spoke highly of the registered manager. One visitor told us," The home is managed very well."

The registered manager told us, "I'm proud of what we have achieved over the last year, we still have things to work on but we have a strong team." Staff felt the home operated in a culture of honesty and transparency with a real focus on person centred care. One staff member told us, "It's all about putting our residents first."

Staff spoke highly of the leadership style of the registered manager and the sharing of information within the home. One staff member told us, "The management team is very approachable and the door is always open." Handovers were held between shifts to ensure staff coming on duty were aware of any changes in people's needs. We spent time observing a staff handover, information was clearly communicated. There was a clear focus on each person in turn and staff presented with in-depth knowledge about each person. During the handover, concerns were raised regarding one person's food and fluid intake, so staff were told of the importance of encouraging food and drink. Staff meetings were also held on a regular basis. These provided staff with the opportunity for making suggestions or raising concerns. One staff member told us, "Staff meetings are very much an open forum; you get listened to." Staff confirmed that any suggestions were listened to and acted upon. Staff told us of one recent scenario whereby improvements to the laundry systems were made as a result of issues raised within the staff meeting and by residents.