Hailsham House and Operations Limited

Hailsham House

Inspection report

New Road
Hellingly
Hailsham
East Sussex
BN27 4EW

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

Date of inspection visit:
25 January 2023
26 January 2023

Date of publication:
14 February 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Hailsham House provides nursing care and accommodation for up to 90 people who live with a dementia type illness, for example, Korsokoffs disease or/and a mental health illness, such as Schizophrenia. The home also provides care and support for people with Huntingtons chorea and Creutzfeldt-Jakob disease The home is divided in to three units, (Holly, Willow and Orchard) each with their own lounge and dining areas. There were 62 people living in the service at the time of inspection.

People's experience of using this service and what we found:
The governance of the service had not supported the service to consistently improve and sustain improvement. Audit systems and processes whilst in place had failed to identify risks to people's safety and other aspects of the service that required improvement. Whilst improvements had been made in some areas since their last inspection, there were also repeated shortfalls in respect of pressure relieving equipment, management of covert medicines and aspects of health-related risk assessments. Additional concerns were identified during this inspection in relation to the risk assessment process for the call bell system and non-functioning lifts. There was a lack of clear and accurate records regarding some people's care and support. For example, diabetes and fluid support.

Risk management was an area identified as needing improvement to ensure peoples' health and well-being was protected and promoted. We identified shortfalls in respect of the management of specific health problems. Staff practices regarding covert medicines needed to be further developed to ensure that staff follow the organisational policy for safe administration and recording of these medicines.

People received care and support from staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible.

There were COVID-19 policies in place for visiting that was in line with government guidance. Families told us that they were welcomed into the home and followed the guidance currently in place.

Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

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

Rating at last inspection and update:
The last rating for this service was Requires Improvement (published 29 August 2019)

Why we inspected

This inspection was prompted due to information received of risk and concern in relation to staffing levels, communication and safeguarding concerns which had impacted on care delivery. We also used this opportunity to look at the breaches of Regulation 12 and 17 from the last inspection published in August 2019.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

The concerns raised were looked at during this inspection and have been reflected in the report. The provider took immediate action to mitigate risk to people.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hailsham House on our website at www.cqc.org.uk.

Enforcement
We have identified continued breaches in relation to safe care and treatment, staffing 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 continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Hailsham House

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.

Service and service type
Hailsham House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hailsham House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager. However, a manager had been recruited and was due to commence employment on the 30 January 2023 and due to register with the CQC.

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. The provider completed a Provider Information Return (PIR) in August 2022. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with 15 people who used the service about their experiences of the care and support they received and ten visitors. We spoke with 12 members of staff including the regional manager, deputy manager, the Head of Quality & Governance, 3 registered nurses, maintenance people and care staff.

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

We looked at a range of records. This included the care and medicine records for seven people and 4 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke with two relatives over the telephone.

Requires Improvement

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. At this inspection the rating 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.

Assessing risk, safety monitoring and management

At the last inspection care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements were seen, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

● At the last inspection we found that not all pressure relieving mattresses were set correctly, which meant people had been placed at additional risk of pressure damage. This inspection found the same issue and that the risk associated with the use of pressure relieving equipment had not always been assessed and managed appropriately. For example, pressure relieving mattresses were set at the wrong setting for individual people. One person's pressure relieving mattress was on 130kgs and the directives had not been changed since June 2022, despite the person having lost significant weight. The person had declined to be weighed but staff had not explored using an alternative method such as mid upper arm circumference (MUAC) to ensure the setting was appropriate.
● Another air flow mattress was set at 70 kgs instead of the 50 kgs directed. There was evidence that staff had not identified the setting was incorrect as the person had received personal care and was on bed rest and the check list had been completed for the day. The staff were not able to change the setting. They said the maintenance person would be able to change the setting, however, the deputy manager stated this was not correct and that staff should have been able to change the setting safely.
● The call bell system had not ensured people were safe. The system currently can only be used as a sensor mat alarm or a call bell, not both. This meant people who had a sensor mat, could not call for assistance if they were in bed or seated in a chair. One person told us they had to "Jump on the sensor mat to call for assistance." We saw that many people with sensor mats that had no access to a call bell with no additional risk assessment or plan to mitigate risk by extra well-being monitoring or alternative call bell.
● At the last inspection we found covert administration (Covert administration is when medicines are administered in a disguised format) needed to be improved. Pharmacist involvement had been sought, but Deprivation of liberty safeguard (DoLS) had not always been applied for. There was no also guidance documented in risk assessments or care plans that directed staff to offer medicines first and use covert as a last resort. The staff had also not documented whether it was taken with consent or given covertly on the electronic medicine administration record.
● At the last inspection, it was identified that pain management was not supported by risk assessments or

guidance for staff to follow to ensure people received important end of life medicine, pain relief in a timely way. This inspection found that this had not been progressed. Pain assessment charts were not being used and for people who could not verbally request pain relief there was no guidance for staff to follow to ensure they were pain free.

● People who lived with diabetes had basic generic care plans for diabetes, but individually lacked detail of what was a normal range for their blood sugar readings and what action should be taken. For one person there were two days 23 and 24 January 2023 that showed blood sugars of 15 -17 mmols, when other readings were 5-7 mmols. The past medical history included HONK (Hyperosmolar non ketotic hypergycaemic coma) Which is associated with insulin resistance and characterised by very high glucose levels. There was no reflection in care plan of what that may mean to that person or what staff should be monitoring for.

● Other health risks for people who lived with diabetes were not considered within the care plan and therefore not monitored, for example, foot checks and eye care. There was also no glucogel/ hypostop (a gel used to raise blood sugar) currently in the service as they had been disposed of as out of date. There was also no 'go to' box of high calorie drink or snacks/sweets readily available.

● The environment was well maintained, however there had been ongoing issues with lifts on Holly and Orchard unit since June and July 2022 respectively. This had impacted on peoples' outcomes, and on staff health and safety. On both units, staff were carrying hot food and drinks on trays upstairs, increasing risk to their safety and health. People had been moved to ground floor rooms where possible but some people who were very frail on continuous bedrest were isolated in their room.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated. This meant that people's safety and welfare had not been adequately maintained at all times and is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager took immediate action to mitigate risk and all pressure relieving mattresses were checked and set correctly for each person

Following the inspection, we have been informed that a new call bell system had been approved by the provider and was to be introduced as soon as possible. In the meantime individual risk assessments for each person in respect of sensor mat and call bell access had been put in place supported by increased monitoring where necessary.

● People that told us "I do feel safe, most of the time, but I do worry when my legs are moved in bed, they are so painful." and "The staff are very nice, gentle and kind." Visitors told us, "My mother is looked after very well, we have no worries about her being safe here," and "I totally trust the staff to keep my 'loved one' safe, they are supported to get up and the staff discuss all aspects of their care."

● Robust risk management for people at risk of falls had been maintained. Staff reviewed risk assessments monthly and put actions in place to reduce these risks. Sensor mats were used to alert staff that a person was up and was at risk of falls. Bedrails were not routinely used, as crash mats and lowered beds were preferred. This had reduced the number of falls recorded in peoples' bedrooms.

●There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.

● Premises risk assessments and health and safety assessments were reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

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

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Care records showed how consent from people had been obtained and/or their capacity to make a decision assessed. Where necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction. For example, the service had run a trial on people receiving caffeine free drinks, to see if this reduced emotional fluctuations and improve sleep patterns. This had been considered in a best interest meeting and supported by a mental capacity assessment and DoLS application.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risks of abuse and harm. Staff knew their individual responsibilities to prevent, identify and report abuse. Staff received safeguarding training during their induction and undertook regular updates. This ensured their knowledge was up to date and they knew how to report concerns and were confident in doing so.
● There was an organisational safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.
● The organisation had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission. There was a safeguarding folder that contained the referral and investigation document. It also contained the outcome of the investigation with action plans where required. Feedback from the local authority included "The team at Hailsham House have been very receptive and co-operative throughout the investigation.

Staffing and recruitment
● Staff deployment ensured people's needs were met in a timely manner and in a way that met their preferences.
● There were enough staff to meet people's care needs consistently. Staff knew people well and most had worked at the service for some years. Staff told us they didn't work to time constraints and people had choice about when they got up, washed and had breakfast.
● People and visitors spoke positively about the team of staff at Hailsham House. One person told us, "staff are usually lovely, I don't know all of them but the ones that look after me are great, we have a laugh." Another person said, "They are very good, look after us very well, " Comments from relatives included, "I've been really pleased with the home, my relative looks so well, and happy here," "(Name) has settled in very well, staff are attentive to people, and to us as visitors, nice atmosphere and the bedroom is lovely and big."
● We looked at four staff personnel files and there was continued evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
● The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers

and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
● Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Using medicines safely
● People's medicines were managed and administered safely and our observations confirmed this.
● Both registered nurses and senior care staff known as medicine givers were trained to handle medicines in a safe way and completed competency assessments. This ensured they were competent and their knowledge was up to date.
● Medicines continued to be stored, administered and disposed of safely. People's electronic medication administration records (EMaR) confirmed people received their medicines as required. The system alerts staff immediately if a medication was late or missed. Staff told this system had reduced medicine errors. We saw medicines remained stored securely when being given out, medicine givers ensured the trolley was locked.
● Medicines prescribed on an 'as and when required' basis (PRN) had protocols which informed staff of when the medicines were required.

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

Visiting in care homes
People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely.

Learning lessons when things go wrong
● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's care plans. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
● The provider had a computerised system in place to facilitate the analysis of incidents and accidents and the deputy manager used this to identify themes and learning. These were then printed off daily and discussed at morning meetings. However, this was still being developed and embedded in to everyday practice. The management team said that in the future, the system will also identify potential hot spots or times where incidents /accidents were occurring as soon as details were entered to mitigate risk. For example altering staff deployment.

Requires Improvement

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. At this inspection the rating 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

At the last inspection the provider had not ensured that there were effective systems to assess and quality assure the service and had failed to maintain accurate, complete and contemporaneous records in respect of each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had not been made and the provider remained in breach of Regulation 17.

● At the last inspection, there was no registered manager in post. At this inspection the registered post had been vacant for 5 months. A new manager had been appointed and commenced employment 30 January 2023 and would be registering with the Care Quality Commission.
●The management team completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. However, we found that their audit processes had not identified improvements were needed to the management of risk, this included aspects of medicine management, checking of equipment used by people to prevent pressure damage, and risk of isolation to people, which were areas identified at the last inspection. This also meant that the action plan supplied following the inspection in 2019 had not been fulfilled.
● It was highlighted in the feedback at the targeted inspection in February 2022, that the call bell system could not be used if a sensor mat was plugged in. We were assured at that time that a new call bell system was being discussed. This had not progressed. The impact of a call bell system that was not suitable for some of the people who lived at Hailsham House had not been risk assessed on an individual basis which placed people at risk of not being able to call for assistance when required.
● Diabetic care plans were in place but were generic and did not reflect the individual complexities of each person and the importance of health checks such as foot care and eye conditions.
● Fluid charts were completed but there were some inaccuracies in the recording amounts that were discussed as it would have made a difference of 500mls during the day time hours for some people giving an inaccurate record. This was fully discussed with the deputy manager during the inspection and steps taken to resolve the issue.
● Two lifts in the premises had been out of action for over 8 months. We had been informed initially of the

Holly lift being out of order and then repaired but there had been a lack of further information and no notification regarding the lift on Orchard unit.
● The leadership team worked well together and felt they were open and transparent with people, their loved ones and staff about any challenges they faced. However feedback from people, their relatives and staff was that they felt they were not kept informed regarding the on-going problems the passenger lifts.

The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we were assured that the issues with the 2 lifts would be escalated for replacement and a new call bell system has been agreed.

● Staff were clear about their roles and responsibilities and undertook them with pride and professionalism. Senior care staff who were medicine givers told us of the support they received to undertake this extension of their role. One staff member said, "The nurses are really supportive, and we got training, supervision and competency checks," and "Very supportive team, we do medicines to support nurses -sometimes we split the floors so its completed in good time."
● As at the last inspection the management team were enthusiastic and committed to the vision they had for Hailsham House. They shared their plans and vision, which was a priority for all the staff. One staff member said, "We really want to be the best we can be, we all try so hard, its hard work but very rewarding."

● Staff told us they were valued, and this had a positive effect on how they performed their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Annual surveys had been sent out to relatives and professionals. The providers first survey had been collated and shared with people and their families. Suggestions regarding meals and activities for people were taken forward.
● Staff meetings were held regularly, and staff felt these were useful to discuss the home, training and any issues they wanted to raise.
● Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. For those unable to share their views, families and friends were consulted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people : 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 provider's values for Hailsham House included 'creating an environment that allows them to live their best lives.' One staff member said, "There are some great ideas coming in especially with the new unit opening, it is quite exciting, maybe a new lease of life after the last few difficult years."
● Information provided in the provider information report (PIR) in August 2022, told us that people were at the centre of what they do and their commitment to doing that included providing training under a new training platform, regular supervision and a thorough induction to ensure staff were confident in their skills to support people.
● There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences. Staff had received training about equality and diversity and

understood their responsibilities to uphold people's human rights.

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns. However, we had not received the necessary notifications and updates regarding the status of lifts. The area manager was to investigate as he thought the necessary notifications had been submitted.

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

● The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns. They used learning from inspections, safeguarding's and complaints to consistently improve the service.

● The management team took opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.

● Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. This joint working ensured one person received the antibiotics they needed when a doctor was not available to sign a prescription.

● The service was working at developing links with the local community. This was work in progress due to the rural locality of the service.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. The provider had not ensured the safe management of all medicines. Regulation 12 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a). The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).