

Care South

# Sussexdown

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Sussexdown is a residential care home providing personal and nursing care to 59 people at the time of the inspection. The service is registered to support up to 77 people.

Care was provided across three units with one for residential care, one for people with nursing needs and a unit tailored to people living with dementia. The main building and grounds are a former convalescence home for people who had served in the armed forces which had been adapted whilst retaining its historical features. The area of the home for people living with dementia was purpose built.

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

All people we spoke with told us there were not enough staff. The provider had not met the breach of regulation made at our last inspection regarding the number of staff. Staff said they were not able to provide the high-quality care people deserved due to the lack of staff. They said, "It's difficult to spend time with residents, it's quite hard going sometimes." Staff raised concerns regarding their ability to manage risk when the service was understaffed. Staff indicated that morale was low, and care was task driven. People complained of being bored and not having anything to do. Staff and people told us there was no programme of activities. One person said they were not sure, "What they do to keep people entertained."

There were continued shortfalls in relation to governance. The provider had not met the breaches of regulation made at our last two inspections regarding their oversight of the service. Staff told us they did not have faith that concerns raised with the registered manager would be dealt with. The registered manager's audits did not fully identify gaps in quality of care or areas for improvement. It was not always clear from the audits what action was required or if action had been taken. There was not a robust response to understand the risks low staffing numbers and the lack of stimulation posed to people's quality of life. Staff spoke of being, "Frightened of repercussions" in relation to raising concerns or whistleblowing.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 24 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

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.

We carried out an unannounced comprehensive inspection of this service on 13 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good Governance and Staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We also inspected due to concerns we received in relation to staffing.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

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

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

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

#### Enforcement

We have identified continued breaches in relation to government and staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will 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 with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sussexdown on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Sussexdown

## Detailed findings

### Background to this inspection

#### The inspection

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

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 carried out by an inspector and an assistant inspector.

#### Service and service type

Sussexdown is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and two relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, team leaders, care workers, domestic staff and the chef.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, staff rotas and other records in relation to staffing numbers and people's dependency levels. We had contact with one professional who visits the service.



# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

At our last inspection we found the provider had failed to ensure there were sufficient numbers of staff deployed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- There were not always enough staff to provide consistent care for people.
- The staffing rota for the last six weeks demonstrated that staffing levels were not consistently maintained. The service had a dependency tool which they had used to calculate the number of staff required. We saw there were 15 days in September and eight days during the first two weeks of October where staffing was below the planned numbers.
- Staff told us the staffing numbers impacted on their ability to manage risk. They told us they were concerned people were sometimes left unsupervised if they were busy providing care. They said if two staff were giving care, "Who looks after the rest", "What if something happens to the rest" and, "What if someone needs us or falls over, what do we do about it".
- Staff said they supported people in a rushed manner and were not able to spend time with them. Staff told us they struggled to give people the individual quality time they needed when they were short staffed. A staff member told us, "On Thursday and Friday there were not enough staff. There was no time to talk to people. Today has been better, we opened the bar. It used to be open all the time but we haven't been able to because there weren't enough staff". Another staff member said the bar, "Should be open daily, but it has not been open for ages".
- Other comments from staff included, "I think morale has gone down a bit, people are picking up extra shifts to help but they're burnt out... People are fed up." And, "The staffing levels today are unusual. I worked a Sunday where there were only two [staff] on the unit. There should be six, there are 27 residents. The weekend staffing numbers are dire."
- Most people said their care needs were being met to some extent, but care staff were busy and rushed. Comments from people included, "A lot of time you ring the bell and they don't come quickly. I don't know why there are so many staff here today". "There is not always enough staff, sometimes there are. You see the carers running up and down. Staff vary, some are better than others. Sometimes it is a bit restrictive, like being told to sit here."
- People told us there were no activities and complained of being, "Bored", and said, "You go from here to

the lounge", "I don't see staff a lot, they don't have time", and, "The bar was open today. They don't always have enough staff to operate it. The bar hasn't been open for weeks... This doesn't feel like my home, it's like I'm here waiting for death. I know I can talk to the managers but they're so busy." And, "There is an activities person, but we tend just to sit here and do nothing."

- Staff said there were no activities for people and people received, "No stimulation". We were told that there was entertainment in the garden a few weeks ago, but there was, "Nothing at the moment due to the staffing".

The registered person had failed to ensure there were sufficient numbers of staff. This placed people at risk of harm. This was a continued breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff files that confirmed that staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included obtaining references from previous employers. Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

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

- Risks to people were assessed prior to and on admission to the service. Care plans accurately reflected people's needs and risks. Actions were in place to mitigate any identified risks. For example, people's risk of falls had been assessed. Staff supported people in a way which minimised risk. However, concerns were raised by staff regarding their ability to manage risk when the service was understaffed. Hoists, wheelchairs and walking frames were used to help people move around safely where required.

- The premises and gardens were well maintained and well presented. The service had dedicated maintenance staff. Environmental risk assessments had been completed, which assessed the overall safety of the service. Staff were clear about their responsibilities regarding premises and equipment.

- Records were maintained of accidents and incidents that took place at the service. Such events were audited. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.

Systems and processes to safeguard people from the risk of abuse

- People benefited from a service where staff understood their safeguarding responsibilities.

- People told us they felt safe from abuse at Sussexdown and they had no concerns regarding the safety of the physical environment. However, concerns were raised by staff regarding their ability to provide safe care when the service was understaffed.

- The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC.

- Staff had attended training in adult safeguarding. Conversations with staff demonstrated they had the knowledge and confidence to identify safeguarding concerns.

Using medicines safely

- Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines which was locked when not in use.

- Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. We saw people were routinely offered medicines required as needed (PRN), for example pain killers.

- We saw that medicines were administered safely. Staff said they had received training in medicines handling and felt confident administering medicines.

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Relevant staff had completed food hygiene training. Staff understood the importance of food safety, including hygiene, when handling food.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last two inspections we found that the provider had failed to operate effective systems and processes to ensure good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There were continued shortfalls in relation to governance of the service.
- The registered manager's audits did not fully identify gaps in quality of care or areas for improvement.
- It was not always clear from the audits what action was required or if action had been taken. There was not a robust response to understand the risks low staffing numbers and the lack of stimulation posed to people's quality of life.
- Information about call bell responses and staffing levels were not robustly analysed and responded to. There was no system to audit call bell response times. People told us they had raised concerns about response times but felt that no action had been taken. People and staff did not know how low staff levels would be managed to improve people's experiences.
- The regional operations manager conducted monthly visits to the service on behalf of the provider. The reports from these visits had not identify issues with the staffing numbers, low staff morale or people's lack of stimulation.
- The provider and the registered manager did not have effective oversight of the service and the requirements from the previous inspections were not met.

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

- The culture within the service was not person-centred or empowering. People did not feel the registered manager was visible within the service and staff did not feel their concerns were addressed.
- People told us the registered manager was not visible within the service. One person said, "I haven't seen the manager in weeks". Staff said, "The manager is not visible on the floor, residents would like to see him."

They feel like they can't speak to him."

- People appeared at ease with staff and staff told us they enjoyed working at the service. Staff demonstrated a strong level of commitment and dedication to the service. Staff at all levels were approachable and keen to talk about their work.
- One person told us, "There are not enough staff here. Especially on the weekend. Staff do seem a bit stressed, some confide in me how they are struggling to cope."
- One staff member told us, "I have no faith in things remaining confidential here." They told us they had raised concerns regarding another staff member and the registered manager had disclosed their complaint to the other person. Another staff member told us, "There are a lot of staff issues. Infighting etc.."
- Another staff member told us, "Morale is up and down... Sometimes there is no pleasing people. I think the management team is good, best we've had in a long time. Very approachable."
- Staff told us, and records confirmed that they discussed staff practices within supervision and at staff meetings. However, one staff member told us there were, "Not many staff meetings, they get cancelled and are just not regular."
- People's views and experiences were not consistently listened to or respected. People told us they had raised concerns about staffing and call bell response times and did not feel their views were valued. Some people told us they felt put off raising concerns due to lack of actions to make improvements. A staff member told us, "You don't get far raising issues," We were told, "It's all about looking good. The paperwork is all in place. It should be about the residents."
- The service sought feedback from people, relatives and staff, but did not always act to make improvements to care. People and staff told us the staff were not always available to meet their needs. They told us they had shared this information with the management team.
- Staff had given feedback to the registered manager, but it was not always clear what action had been taken. Staff told us, "[Registered manager] was supportive and would listen but did not always follow things up". One staff member told us, "I think people need to be made aware of the whistleblowing policy and encouraged to do it. I think people in general are frightened of repercussions."

The registered person had failed to operate effective systems and processes to ensure good governance of the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The breaches identified at the previous inspections had not been met. The shortfalls in relation to staff deployment remained an issue which impacted on the quality of people's care.
- There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager ensured they maintained their knowledge and skills and was aware of the duty of candour and knew the actions to take should something go wrong.
- Accident and incident forms were completed. These were checked by the registered manager who analysed them.
- Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.
- The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate effective systems and processes to ensure good governance of the service.  Regulation 17(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure there were sufficient numbers of staff deployed to meet people's needs.  Regulation 18(1)