Fairlight Manor Limited

Fairlight Manor

Inspection report

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Date of inspection visit:
02 November 2017

Date of publication:
13 December 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

Fairlight Manor provides accommodation and support for up to 19 older people living with a dementia type illness. Some people are independent and require little assistance, while others require assistance with personal care, daily living and moving around the home. There were 16 people living at the home during the inspection.

The home is a converted older building, bedrooms are on three floors, and there was a lift to enable people to access all parts of the home and a secure garden to the rear of the building. The registered manager is part owner of the home. The registered manager was not present during the inspection, we were able to speak with them on the telephone during the inspection and after to discuss our findings and to clarify a few areas.

At the last inspection in July 2015, the service was rated Good. We found no breaches of the regulations. However we did make a recommendation to the provider to provide suitable training for staff to ensure they can meet the needs of people diagnosed with Parkinson's disease. The provider had taken action and training had been delivered.

At this inspection we found the service remained Good.

Why the service is rated Good:

People, visitors and staff gave us positive feedback about the management team. They were happy to approach them if they had a concern and were confident actions would be taken if required. The registered manager and staff promoted person centred care and a family like atmosphere at the service where people were treated equally with any diverse requirements accepted and met.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager often stayed at the service to observe staff levels and staff practice.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They had made appropriate applications to the local authority DoLS team for people they had assessed as needing to be deprived of their liberty.

People were supported by staff who had the required recruitment checks in place and were trained and had the skills and knowledge to meet their needs. Staff had received training in understanding Parkinson's. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

People were supported to maintain a balanced diet. People were asked about their preferred meal choice and were seen enjoying their lunchtime meal.

People received their prescribed medicines on time and in a safe way. Staff treated people with dignity and respect in a caring and compassionate way.

People were supported to undertake activities. There was a program of activities for staff to use as a prompt. People were seen enjoying the activities during our visit. Staff said where people were not able to take part in the group activities they sat with them on a one to one basis.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were person centred and people where able, and their families had been involved in their development. People where able were involved in making decisions and planning their own care on a day to day basis. People were referred promptly to health care services when required and received on-going healthcare support.

The premises were well managed to keep people safe. There were individual emergency plans in place to protect people in the event of a fire or emergency.

The provider had a robust quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff through staff and residents meetings, surveys and questionnaires to continuously improve the service. There was a complaints procedure in place. There had been no complaints since our last inspection.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service has improved and is now Good. This is because the staff had received training to meet the specific needs of people at the service.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Fairlight Manor

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 checked 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 a comprehensive inspection.

This unannounced inspection took place on the 2 November 2017 and was carried out by an adult social care inspector, an inspection manager and expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We met the majority of the people who lived at the service and received feedback from seven people who were able to tell us about their experiences and one visitor. The majority of people at the home had a dementia type condition and were unable to provide detailed feedback about their experience of life at the home. We therefore spent time in communal areas observing the staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We spoke with six staff, including a senior care worker, care workers and the cook. The registered manager who is also a director of the service was not at the home on the day of our visit. We therefore spoke to him on the telephone during the inspection and afterwards to ascertain further information and feedback our findings. During the inspection we also spoke with a visiting community nurse to ask their views about the service.

We reviewed information about people's care and how the service was managed. This included four people's care records and five medicine records. We reviewed records relating to the management of the service, which included staff training, the provider's audit of staff recruitment files, quality assurance audits

and minutes of staff and residents meetings. After the inspection, we contacted health and social care professionals and commissioners of the service for their views. We received a response from one health and social care professional.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People felt safe living at the home and with the staff who supported them. Some people were unable to fully express themselves due to their dementia. Everyone looked very comfortable and relaxed with the staff who supported them. One person said when using the lift, "I feel completely safe doing this. I don't like lifts."

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Staff received training on how to recognise and report any suspicions of abuse. Staff understood the different types of abuse and said they were confident that if they raised concerns, action would be taken to make sure people were safe. One said, "I make sure people are safe at all times, free from harm. I would report anything to the manager".

People's individual equality and diversity was respected. Staff had a good understanding of people's diversity and people had care plans which ensured staff knew how they wanted to be supported. Care plan contained people's personal history, enabling staff to support people in the way they wanted to be, which was seen to be observed in practice. For example, one person liked to wear their coat and be ready to go on an outing, staff respected this. Another person had loved knitting all of their life; staff supported the person to continue with this.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection staff met people's physical needs and spent time socialising with them. People said they felt there were enough staff to meet their needs. Comments included, "I rang the bell and a man and woman carer came immediately" and "There is enough staff, even at night. Sometimes I wake up at three or four and wash and dress and go downstairs …they say do you know what time it is and I go back and have another sleep."

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for nutrition, falls, skin integrity and manual handling. Staff were proactive in reducing risks by anticipating people's needs, and intervening when they saw any potential risks. For example, ensuring the environment was clear from clutter for people at risk of falling. A risk assessment had been completed regarding the homes rabbit which was at times able to be out of its cage and run free in the garden. This put in place measures staff had to follow to try and prevent any accidents.

People received their medicines safely. There was a designated staff member who was a medicine champion (a staff member who takes the lead regarding medicines at the service). There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered or refused. Staff were trained and had their competency to administer medicines checked.

Medicine administration records (MARs) were completed correctly with no signature gaps or anomalies. MARs charts contained up to date photographs and these were updated regularly. A visitor said regarding their medicines, "They make sure she has all her pills on time every day." The provider wrote to us after the inspection to make us aware that the pharmacist who supplied medicines at the service had undertaken a review since our inspection. They had reported 'no issues'.

Staff followed infection control procedures and personal protective equipment was used where necessary. The home was clean throughout and regular audits undertaken to ensure the environment stayed clean.

Staff had recorded accidents promptly and the actions they had taken at the time. Accidents and incidents were reported in accordance with the organisation's policies and procedures. We observed an accident where someone fell over during our visit. Staff were quick to respond. They reassured the person while checking them over and supporting them back to their chair. No injuries had been sustained but a staff member stayed in close proximity of the person to monitor them and help them regain their confidence.

The environment was safe and secure for people who used the service, visitors and staff. The communal areas were uncluttered with no trip hazards or unpleasant odours. The kitchen had been awarded five stars by the Environmental Health Officer (EHO). The highest award available. Staff had been trained in food hygiene. Some radiators and towel rails in bathrooms were not protected. The provider had completed a risk assessment regarding these and put in place measures to keep people safe. The provider said they had decided to have them covered where required.

There were arrangements in place to maintain the premises and equipment. External contractors undertook regular servicing and testing of the fire equipment, the bath hoist, portable appliance testing (PAT), electrical, gas and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations.

There were plans for responding to emergencies or untoward events. There were individual personal protection evacuation plans (PEEP's) which took account of people's mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. People were advised by notices on the back of their doors what to do in the event of a fire. This included, "Put on dressing gown and slippers and make your way to the Assembly Point."

The washing and drying laundry room was tidy. When laundry was clean it was taken to a different room at the bottom of the garden to be sorted and ironed and taken back to people. This meant there was a system in place to ensure soiled items were kept separate from clean laundered items. One person said, "The laundry is very good. They take it away one day and return it the next".

The registered manager had a system to continuously monitor the safety of the service and took action when things went wrong. They undertook monthly monitoring of hot water temperatures, window restrictors and wheelchairs. Where concerns were found these were addressed. They had effective communication with their staff to inform them of changes made and reflected on issues at staff meetings.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. Visitors, when asked about the skills of the staff, felt they were well-qualified to do their jobs. The provider had taken action in response to a recommendation at our last inspection in July 2015. They had ensured staff had undertaken training to meet the needs of people diagnosed with Parkinson's disease living at the service.

Staff had attended the provider's mandatory training which included, safeguarding, moving and handling, food safety, Mental Capacity Act (2005), infection control, health and safety, fire awareness, basic first aid and promoting inclusion- equality and diversity. They had also undertaken training in falls prevention, dementia awareness, effective communication in dementia and managing expressions of distress. Training was held at the home or at a training centre in Eastbourne.

Staff had completed comprehensive assessments regarding people's physical, social and mental health needs. Where they had identified areas which required support they had developed care plans to guide staff and involved health professionals when required. The registered manager ensured staff were using current best practice guidance. For example, they had produced a three monthly medication bulletin/ newsletter to keep staff up to date.

New staff underwent an induction which gave them the skills to carry out their roles and responsibilities effectively. New care workers who had no care qualifications were supported to complete the 'Care Certificate' programme which had been introduced nationally in April 2015 as best practice.

Staff received regular supervisions and annual appraisals which were used to develop and motivate staff and review their practice. Staff were positive about the supervisions and appraisals they had received and said they felt supported. Staff said at supervisions they discussed what they had learned, what they needed to learn and how they were coping at work.

People who lacked mental capacity to make particular decisions were protected. Staff demonstrated they understood the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager had made appropriate applications to the local authority DoLS team if people's liberty was restricted. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Best interest decisions had been made involving relatives, staff and other health and social care professionals as appropriate. For example, the staff taking on responsibility for people's medicines.

When people had arrived at the home, they or a person they had delegated had consented formally to having their photographs taken and to staff undertaking medicines on their behalf.

People had access to healthcare services for ongoing healthcare support. Staff referred people promptly to their GP if they were concerned about people's health. One visitor said, "She is waiting for the GP to come today." People had regular health appointments with the optician, and chiropodist. This was confirmed by records and a person who said, "I am getting used to my new dentures …they took me to the local dentist to have my teeth out – they are very good." Where any health concerns were identified, visiting health care professionals confirmed staff at the home sought advice appropriately and followed that advice. A GP surgery confirmed they had no concerns about the service.

People were supported to eat and drink enough and maintain a balanced diet. The cook asked people their meal choices each day and people enjoyed the meal they had chosen. Refreshments were offered to people during our visit, these included hot chocolate and wine in the afternoon during a dancing session. The cook was well informed about people's dietary needs and had a good understanding of people's requirements. For example the GP had requested one person have a second bowl of cornflakes each morning. People and visitors were positive about the food at the service. One person commented, "I was six stone when I came here, they look after me, I am very happy." Another said, "The food is good, I get enough." We observed a lunchtime meal in the main dining area. Care staff checked on the progress of all the diners, and assisted where required.

People were able to use the secure rear garden independently. There was a separate building at the bottom of the garden split into three areas. These were the main office, an activity room set up with a bar area and hairdressing section and a staff room where food was stored and the tumble dryer. There was a very well kept fish tank for people to enjoy and a rabbit in the garden which people were very fond of. Doors to people's rooms were personalised and there was clear signage on toilets and bathrooms to guide people.

People's bedrooms were sparse. However the registered manager said they were in the process of working with people and their families to personalise the bedrooms to each person's wishes. The provider had done a lot of redecoration in the communal areas and corridors to make it more personalised with areas of interest to prompt discussions.

Good

Is the service caring?

Our findings

The service continued to be caring. People and relatives gave us positive views about the care provided in the service and felt staff were kind, considerate and caring. A person said, "I get all the attention I need." Another said, "I am very happy here." A visitor commented, "This is a good care home. My friend didn't want to come here but I know it was the right place for her… when we take her home on a Sunday she is lost and never objects to returning".

The majority of staff were respectful and considerate in their behaviour towards people. Throughout our visit staff took every opportunity to enquire about people's wellbeing or if they needed anything. There was a clear message given to us from the management and staff about people at the service being treated as they would want their family to be treated. One staff member said, "I treat them like my family, I have a lot of respect for older people." The registered manager said that "We are here for the residents, they are the customers." Staff had undertaken training in 'customer services'.

Care workers showed they genuinely cared for people and showed affection throughout their interactions with people and did not rush. They were friendly, caring and warm in their conversations with people, crouching down to maintain good eye contact. However not all staff communicated with people to reflect their individuality and communication needs. For example, speaking loudly to all and in the same tone. Two staff were having a conversation about matters not related to the home, whilst waiting for the lunch to arrive. We raised this with the registered manager who said they would review this in staff supervision.

People were cared for by staff who knew their needs well. People were treated with dignity and respect. Staff said they ensured people had privacy when receiving care. For example, explaining what was happening and gaining consent before helping them. All staff had completed training in dignity and respect and dignity in residential care.

All staff spoke to people by name and showed patience and understanding of what the people were trying to do or achieve. This was evident particularly regarding individual activities in the lounge where one person was knitting and others were participating in a quiz. Staff answered people's questions appropriately and were respectful of people's answers to the quiz even if they were not appropriate.

Staff supported people to make choices and preferences and express their views. People were supported to be as independent as possible. One person said they climbed the stairs every day to keep mobile. Another person said, "I can go to bed when I want to and get up when I want to. I have enough to eat and drink. What else can I ask for?" Staff said they encouraged people to do as much for themselves as possible. For example, mobilising, doing activities, eating meals or personal care. People were walking around freely both inside and outside in the secure garden.

People's relatives and friends were able to visit without being unnecessarily restricted.

Good

Is the service responsive?

Our findings

The service continued to provide responsive care to people. People and relatives told us they felt the service provided personalised care.

Before people moved to the home an assessment of their needs was completed to ensure the service could meet their needs. The registered manager met with people and their families and discussed their care needs and what was important to them. This information was then used to generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support.

Care plans were focused on the person and their individual needs and clearly guided staff how to support people. For example, "I can wash my top half but need help with my lower half and prompting. I can dress myself; I would like the support of staff to help with buttons, zips and belts."

Care plans recognised when people had communication difficulties and guided staff how to support people appropriately. Where one person had sight impairment the staff liaised with a local organisation to support the person.

Care files contained people's choices and preferences and life histories which included their family structure and people important to them, past employments, hobbies and holiday memories. This enabled staff to know the people they were supporting. For example, one person's notes showed they used to work in the city and would go to a particular nightclub and loved dancing. We saw them enjoying the music in the afternoon with the staff.

There was nobody at the service receiving end of life care at the time of our inspection. However people had end of life care plans in place where appropriate. The registered manager had received a thank you card from the last person's relative who had passed away at the service. They said, "I can't thank all of you enough for all the care and kindness you gave my (relative)." Staff had ensured through discussions with the person's GP that medicines were available to ensure they were kept comfortable. All staff had received training in 'care for the dying.'

There was good information about one person's spiritual needs, ensuring the necessary arrangements would be in place when needed, when they reached the end of their life.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and visitors said they would be happy to raise concerns with any staff member and would be confident they would take action. One person said, "I told them I don't like people swearing. They always do something about it" and another said "If I wanted to complain, I would tell (senior staff member)."There had been no formal complaints raised since our last inspection.

People were supported to socialise and partake in activities. There was a program of activities to prompt staff to complete as able on the day. On the day of our visit the activity was hot chocolate and reviewing the newspapers and an afternoon tea dance. There were lively conversations around the table during the review of the newspapers. In the afternoon people enjoyed music and dancing with a glass of wine. Staff were dancing with people and everyone appeared happy and part of the activity. One person said, "I love to go down memory lane and have a sing song." One relative said that they were so pleased with the care their relative received that they wanted to contribute as well. They said they were making a film of old shows to show people. A fashion show was planned at Christmas and staff and two people living at the home were involved. A care worker was making the outfits.

There was a separate room for activities within the garden, which staff said was used approximately twice a week.

The registered manager produced a three monthly newsletter which informed people of what was going on at the service; it contained a manager's message; activity program and information about the employee of the month and a topic of interest.

People had the opportunity to maintain their religious beliefs. We were aware of two people at the service who practiced Jewish and Catholic religious beliefs. Staff were aware of these and were able to tell us how they supported these people to follow their beliefs. A person said, "The Vicar has his services in there (outside activity area)." A staff member said there were Catholic services arranged at the home.

Good

Is the service well-led?

Our findings

The service continued to be well-led. The service had a registered manager who is also a director of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was very active at the service which enabled them to observe the care and support that was provided. Everyone said the registered manager and senior staff were approachable, listened to them and "were excellent managers who cared about everything". One person commented, "(the registered manager) is always around very busy but has time to have a chat."

The staff team had designated roles and responsibilities and knew what was expected of them. There were designated champions (staff member who took the lead) for infection control and medicines. There was an on call system for staff on duty out of office hours to be able to call the registered manager or senior care staff for additional support during their shifts if needed.

The provider's 'service user's charter of rights' stated "We place the rights of residents at the forefront of our philosophy of care." This was evident by the practice we found at the service.

The provider had robust quality assurance procedures. The registered manager undertook regular audits which included, recruitment files, care plans, medicines and premises management. Where they identified concerns these were acted upon.

Full staff meetings were held regularly as well as meetings with senior staff. During the last staff meeting in October 2017 they discussed security and reminded staff to check professionals identity badge when they arrived; discussed about the personalisation of people's bedrooms and the planned refurbishment of the kitchen. They also discussed the safeguarding and whistleblowing policy. The registered manager reminded staff they were available to 'discuss any concerns no matter how big or small'. Staff said, "The management are really good, you can go to anyone, we all talk and mutually get on" and "It feels like a family". The provider recognised staff by having an employee of the month scheme. The minutes of the last staff meeting recorded, that the employee of the month had been given because the staff member "had gone, out of their way and beyond the call of duty to source trendy coloured wool which put a smile on (persons) face." The registered manager had also produced a three monthly medication bulletin/ newsletter. We were told by the registered manager that they had received positive feedback from staff. This meant the registered manager was working with staff to improve understanding and recognition of good practice.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A survey for people living at the home and relatives had been sent. The results had not been collated by the provider however, the responses were positive with feedback about the home feeling welcoming; smelling fresh and clean; a warm welcome by staff who were professional and caring and that staff treated people with respect.

Residents and relatives' meetings were held every three months with a 'resident' co-chairing the meetings with the registered manager. This provided an opportunity to discuss concerns and suggestions and

changes at the service. A person said, "When they have a meeting we talk about things we like and dislike … they all listen to us."

There were accident and incident reporting systems in place at the service. The registered manager monitored all accidents in the home and ensured staff had acted appropriately regarding untoward incidents.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the main entrance of the home, which is a legal requirement as part of their registration.