

Fairlight Manor Limited

Fairlight Manor

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

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 17 people living at the home during the inspection.

The home is a converted older building, bedrooms are on three floors, 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 present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on the 28 and 29 July and was unannounced. The last inspection was carried out on the 13 May 2013 and we found no concerns.

Relevant training to support people with Parkinson's disease had not been provided and staff were not aware of how to meet these specific needs.

A safeguarding policy was in place and staff had attended safeguarding training. They had an understanding of recognising risks of abuse to people and how to raise concerns if they had any.

Risk assessments had been completed as part of the care planning process; these identified people's specific needs and included guidance for staff to follow to ensure people received the support and care they needed.

There were enough staff working in the home to meet people's needs, and recruitment procedures were in place to ensure only suitable people worked at the home. Staff said they were supported to deliver safe and effective care, and demonstrated they knew people well and felt they enabled people to maintain their independence.

There were systems in place to manage medicines. Staff were trained in the safe administration of medicines. Staff followed relevant policies, they administered medicines safely and completed the administration records appropriately.

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 registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us the food was very good. Staff asked people what they wanted to eat, choices were available for each meal, and people enjoyed the food provided. People told us they decided what they wanted to do, some joined in activities while others chose to sit quietly in their room or communal areas.

People had access to health professionals as and when they required it. The visits were recorded in the care plans with details of any changes to support provided as guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People said they did not have anything to complain about, and relatives said they were aware of the procedures and who to complain to, but had not needed to use them.

Care and support was personalised to meet each person's individual needs. Care plans had been reviewed regularly; with the involvement of people living in the home and/or their relatives if appropriate, these reflected people's needs and included guidance for staff to follow to meet them.

An activity programme suggested a number of activities people might like to participate in, but this was very flexible. One person said, "We decide what we want to do and when, and it usually changes depending on how we feel."

People, relatives and staff said they management were very approachable, and they all felt involved in decisions about how the service developed with ongoing discussion through residents and staff meetings. In addition feedback was sought from people, their relatives and other visitors to the home through satisfaction questionnaires, and staff also completed a questionnaire.

The registered manager had quality assurance systems in place to audit the support provided at the home. These included audits of care plans, medicines, menus, accidents and complaints.

We recommend the provider seek advice with regard to providing suitable training for staff to ensure they can meet the needs of people diagnosed with Parkinson's disease.

Summary of findings

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 was safe.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

The premises were well maintained and people had access to all parts of the home.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Medicines were administered safely and administration records were up to date.

Good



Is the service effective?

The service was not consistently effective.

Staff had received fundamental training and provided appropriate support, although further training was needed to meet some people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Requires improvement



Is the service caring?

The service was caring.

The registered manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into the home.

Good



Summary of findings

People's support was personalised and care plans were reviewed and updated when people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

The service was well-led.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Quality assurance audits were carried out to ensure the safe running of the home.

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 inspection took place on the 28 and 29 July 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with all of the people living in the home, three relatives, five staff, the cook, maintenance staff and registered manager. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because of their dementia needs. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Is the service safe?

Our findings

People told us they felt safe living in the home. People said, “They look after us very well.” “Staff ask us if everything is alright. Some people need help and some don’t, like me, but they make sure we are all safe.” Relatives felt their family members were safe. One relative told us, “I have no concerns about their safety. Staff know what support everyone needs and they make sure all of the people living here are safe and well looked after.” People and relatives said there were enough staff working in the home. One person told us, “They are always there when we need them, we don’t have to wait really for anything.” A relative said, “The staff are always with people in the lounge. I visit regularly and staff respond to people very quickly.”

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training. They understood the different types of abuse and described the action they would take if they had any concerns. Staff had read the whistleblowing policy and stated they would report any concerns to the senior staff on duty and the registered manager. If they felt their concerns had not been addressed to their satisfaction they would contact the local authority or CQC. Staff said the contact details for the relevant bodies were available in the office and they could all access these if they needed to. Staff said they had not seen anything they were concerned about. Relatives told us people were supported in a safe way to be as independent as possible and make choices about all aspects of their lives.

Risk assessments had been completed depending on people’s individual needs. These included mobility, nutrition and communication. They were specific for each person and included guidance for staff to follow to ensure people’s needs were met. Each assessment looked at the area of concern, the outcome that the support aimed to achieve with guidance for staff to follow, and what was achieved. For example, one person had fallen before being admitted to the home. The aim was to enable them to continue to be independent and walk around the home safely; they were encouraged to use a stick for balance and staff were required to ensure the stick was always available, as the person often forgot to use it. We saw staff noticed when the person was trying to walk without the stick; they assisted them to find it rather than collect it for them, and the person was able to walk around the home

independently. Staff said it was important for people to be independent. One staff member said, “We are here to support people and the risk assessments identify additional support that each person might need, and there is guidance for us to follow as well. Although the support we provide changes daily, depending on how people feel and what they want to do.” The risk assessments were reviewed regularly and if a person’s needs had changed, they had been signed by the person, or their relative if appropriate, to show they had been discussed and agreed.

Environmental risk assessments had been completed to ensure the home was safe for people living there. Senior staff said a health and safety check of the premises was carried out monthly with the registered manager, to ensure the home was safe for people to walk around; that they could access all parts of the building and garden safely and the furniture was suitable. The home was clean and well maintained with pictures and homely touches throughout, each person’s bedroom door was decorated differently and people had personalised their rooms with their own furniture, ornaments and pictures. Staff recorded in the maintenance book any repairs that were needed and the maintenance staff dealt with these as soon as possible, signing and dating the book as these were completed. There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. The fire alarms system was checked weekly and fire training was provided for all staff and the records showed they had all attended. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

There was a system to deal with any unforeseen emergencies. The registered manager said because of the layout of the home only people who were independently mobile, with the use of walking aids, were offered a room. This meant that people on the first and second floors were able to manage the stairs, if the lift was out of action, or if they were unable to use it. Stair gates were positioned at the top and bottom of each staircase, the registered manager said people were aware of these and most people were able to open and close them. The registered manager told us if people’s needs changed and they felt they could no longer meet them, alternative accommodation would be sought, with the involvement of the people, their relatives and the local authority if necessary. With support and guidance from staff they said everyone could be

Is the service safe?

moved out of the home quickly. Staff were aware of the emergency evacuation plan and felt confident that people would be able to leave the home safely. The registered manager and one of the senior staff were on call each night. The senior care staff said they were on call at times and were available if there were any issues, although they were rarely contacted. Staff felt this system worked well, although they did not usually need to contact the registered manager or senior staff, they were confident that support systems were in place if they needed them.

Accidents and incidents were recorded and the registered manager monitored these and audited them monthly. Staff said if an accident or incident occurred they would inform the senior person on duty and an accident form would be completed. Information about what happened would be recorded and they would talk about what happened and how they could reduce the risk of it happening again. Records showed how an incident that occurred on the first day of the inspection was dealt with. Details of the incident was recorded, the person concerned was involved in discussions about this and the decision was to take no further action, as the incident was a misunderstanding between people.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. People said there were enough staff working in the home. One person told us, "They are always there to help people, and they have time to just sit and talk to us, which is very nice." Another person said, "They always find time to do quizzes and play games, as well as give out meals and look after people. I don't need any help at the moment, but if I did I am sure they would look after me." Staff felt they had the time to look after people, without being rushed or pressured to do anything. Staff had a good understanding of people's needs and spoke confidently about the support they provided for each person living in the home, including the activities people enjoyed and how they were able to offer these. One staff member said, "We have time to sit and talk to people, do activities and provide the support they need. This is the best job I have had, I knew it was for me as soon as I started and if I thought we didn't have enough staff I would do something about it." Another staff member told us, "We work really well together as a team and I don't just mean the staff. The team includes the registered manager, the people who live here and their relatives. I think we have enough staff to look after people properly, and if we needed more I think everyone would

notice and we would talk to the registered manager about it." The registered manager said the staffing levels were consistent; some staff had worked at the home for some time and staff covered each other for sickness and holidays. Staff told us they covered for each other and they were happy to do this. We saw that staff were not rushed, there was a relaxed atmosphere and staff provided the support and care people wanted.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at the personnel files for four staff; they included relevant checks on all prospective staff suitability, including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

There were systems in place to manage medicines safely. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs, and any allergies they had. The MAR charts were up to date, completed fully and signed by staff. Staff said only those who had attended medicine training and had been assessed by the registered manager as competent could administer medicines. Risk assessments had been completed for each person with regard to medicines; the assessments identified that people may not remember to take medicines and therefore were at risk. People said the staff looked after their medicines, which one thought was, "A good idea. I don't want to be responsible for them."

Medicines were kept in locked trolley, which was secured in a locked cupboard. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR chart only when people had taken the medicine. Staff followed the medicine policy with regard to medicines given 'when required' (PRN), such as paracetamol. A separate chart was completed for PRN medicines, and staff said these charts were only completed when the medicines had been actually given, with an explanation as to why they had been administered, such as paracetamol for a headache. Forms signed by the person's GP were attached to these charts, to show the use of these medicines had been agreed for specific reasons. Prescribed creams were recorded on the MAR charts with a body map indicating where the creams

Is the service safe?

should be applied and what they were used for, such as dry skin or as a barrier cream to protect skin. Records showed medicines were audited monthly to ensure staff were

completing them correctly. This meant if there were any discrepancies there was a clear audit trail of when medicines had been ordered and administered, and by whom.

Is the service effective?

Our findings

People said the staff looked after them very well and understood their needs. One person told us, “They know exactly what we need, which is very good as some people forget.” Relatives felt staff had the skills to look after people. One relative said, “We can see when we visit that staff offer the right support for each person, everyone is very well cared for.” People said the food was very good. They told us, “It is always very tasty” and, “There is a choice and staff ask us what we want.” Relatives said people liked the food provided. “It always looks appetising” and, “Everyone must enjoy the meals as we never hear any complaints about it.”

Staff said the training was very good. One staff member said, “We do all the usual training, like moving and handling, safeguarding and infection control, and supporting people with dementia which was really good. It helped me understand there are different types of dementia, and even if people are diagnosed with the same type, like Alzheimer’s, it can affect people differently.” Another staff member said, “I have learnt a lot from other staff who have worked here longer, but mainly that we are here to support people to have the best life they can, like when they lived at home.”

The training plan showed staff had attended fundamental training including safeguarding, moving and handling, food hygiene, infection control, health and safety, fire safety and equality and diversity and confidentiality. In addition dementia awareness, effective communication in dementia and working with people with challenging behaviour had been attended by most of the staff, and the registered manager said additional dates had been arranged to ensure all staff attended the training. Staff said they could work towards professional qualification if they wanted to. Three of the staff said they had completed, were working towards or had just signed up to do National Vocational Qualification in Care Level 2. Staff said they knew what their responsibilities were and felt supported by the management to provide care and support that met people’s needs. Staff told us some people living in the home had been diagnosed with Parkinson’s disease. They understood that people can develop this as well as dementia, but they had not received any specific training, and therefore were not aware of how this disease can affect people or the support they might need.

We recommend the provider seek advice with regard to providing suitable training for staff to ensure they can meet the needs of people diagnosed with Parkinson’s disease.

Staff told us they had regular one to one supervision with the registered manager and they felt this gave them a chance to sit down and talk about anything, and find out if there were areas where they could improve. The supervision records showed staff attended regularly and appraisals were carried out yearly. Staff said they could talk to their colleagues, including the registered manager, at any time, and they were clear about the disciplinary procedures if the registered manager or their colleagues thought they were not providing the care and support people needed. One staff member said, “If we are not doing something right then we need to be told so we can do something about it.” Another staff member told us, “The senior staff are very good at making suggestions, they are usually quite simple but we need to learn about them so we can support people. I don’t mind at all, I am always willing to learn.”

Staff had completed training and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff explained that people living in Fairlight Manor were able to make decisions about the day to day support provided, but there may be times when the choices they made were not safe. Staff were aware that the locked front door, which prevents people entering and leaving the home, was a form of restraint, and applications had been made to the local authority about this and the use of gates on the stairs. Staff demonstrated an understanding of the MCA, in that everyone had the capacity to make decisions unless they were deemed unable to do so, and that decisions could only be made on people’s behalf at a best interest meeting or by an authorised person. Staff said health professionals, relatives and staff from the home would attend the meeting, as well as the person concerned if appropriate, and only then could a specific restriction be placed on a person to ensure their safety. The registered manager had put forward applications for people living at the home, with regard to the front door, and individual applications if required. Staff told us people should be encouraged to make choices and felt they were able to do

Is the service effective?

so in the home, they also said people were not asking to leave the home and seemed comfortable living there. We saw people decided where they sat and how they spent their time, some people liked to sit in groups while others preferred to spend some time in their rooms or in a quieter area of the home.

People told us the food was very good and staff asked them what they wanted for each meal. The staff were aware of people's preferences and the cook had a good understanding people's needs and their likes and dislikes. Such as not putting too much food on a person's plate as too much food put some people off eating, and providing finger foods for people who were unable to use the cutlery. All the food was fresh and home cooked. People were chatting with each other and staff as the meals were served; staff asked people what they wanted and showed some people the meals so they could point out which one they wanted. Most people preferred to sit at the dining tables, but one person chose to sit in an armchair in the lounge area. Staff respected such choices. Condiments, napkins and juices were available, and tea and coffee was served throughout the day, when people wanted it. People were encouraged to have enough to eat and drink, and if

people did not want to eat at the usual times staff kept their meals for when they were ready to eat them. Snacks and drinks were available at any time and people said they had enough to eat and drink. One person said, "The food is excellent, I can tell as I have put some weight on." People chose where to have their meal. People's weights were monitored monthly and recorded in the care plans. Staff said they would notice if people were not eating and drinking as much as usual and would report this to the senior staff or registered manager. The senior staff member said they would contact the person's GP if they had any concerns. Relatives said their family members were able to have the food they liked and there were always choices. One relative said, "I usually ask what they have had for lunch, they don't remember but always say it was very nice."

People had access to health care professionals. These included the community mental health team, the dementia care nurse, continence nurse, dentists, opticians and chiropodists. GPs visited the home as required. Appointments and any outcomes were recorded in the care plans which included any changes to the support provided, such as prescriptions for antibiotics.

Is the service caring?

Our findings

People said staff provided the support and care they needed. People told us, “We are always asked what we want and if staff can help us.” “They are great, we have a laugh and a joke, but we don’t mean anything by it” and, “We just ask and they are there.” One relative said, “The relationship between my family member and staff is very good; they make sure they have a wash and are interested in their personal appearance, they always look like the staff care about them, which is very reassuring for me.”

The home had a calm atmosphere. People were relaxed and comfortable sitting in the lounge area or the dining room, and some people sat outside in the secure garden to the rear of the home. The TV was on when people wanted to watch it, the news and a game show were very popular, there was background music most of the time, and people were asked if they wanted it turned down at meal times. We heard some people and staff talking about how they were going to spend their day and they discussed the activities people might want to do. Interaction was very relaxed and friendly, we heard laughing and joking as we sat in the lounge, staff had a good understanding of people’s needs. Staff talked to people quietly and respectfully. Some people chose to sit on their own. Staff sat near them when they spoke to them; they used their preferred name and waited for a response when they asked if they were comfortable, if they wanted a drink or to do an activity.

People’s preferences were recorded in the care plans. There was information about each person’s life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and felt the information enabled them to provide support based on people’s preferences. They told us each person was different, they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People chose how and where they spent their time. People who wanted to walk around the home, rather than participate in activities, were supported to do so safely.

Staff said they always asked people if they needed assistance, they never made decisions for them and it was clear that staff respected people’s choices. One staff member said, “We are here to support people to live the lives they want to live. We know they have dementia, but they can make choices and if they don’t want to do something then that is fine. It is up to them, it is their choice and we respect this.” Staff respected people’s privacy and dignity, and they regarded information as confidential. One staff member said, “We do not talk about people’s needs in front of other people and if relatives ask we refer them to the senior care staff or the manager.” They knocked on people’s bedroom doors before opening them and asked if they could enter. One relative said, “This shows that staff respect people and treat them as individuals, which is only right.” Staff asked people if they needed assistance with personal care in a quiet and respectful way, and discretely asked if they needed to use the bathroom or change their clothes.

Relatives felt they were involved in planning care and support when necessary. One relative told us, “They always let us know if they are not feeling too well and if they need to call out the GP, and we are asked every time we visit or ring up if there is anything we think they can improve on. It is a very good three way relationship really. Our relative, the staff and us, works very well.” Another relative told us, “We ring up regularly as well as visit and staff always ask us if we want to talk to our relative, we can hear them ask if they want to talk to us and we usually do have a chat. I think that shows how thoughtful they are.”

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. People said they could have visitors at any time and relatives agreed that there were no restrictions on visiting. Relatives said, “We are always made to feel very welcome.” “Staff ask us if we want a drink when we arrive, which is very nice. I always have a drink with my relative when I come” and, “The staff are so caring, we see that every time we visit and they are always pleased to see us.”

Is the service responsive?

Our findings

People were very positive about the activities provided, each person had their own preferences and staff supported them to do group and individual activities. People said, “The activities are excellent, we can choose what we want to do and staff sort it out for us.” “I like to do a number of things, like quizzes, art and watch TV” and, “I like to sit quietly in the garden sometimes, and I do the activities when I feel like it.” Staff regarded doing activities as part of the care and support they provided. One staff member told us, “We look at the whole person when we plan and provide support, a holistic approach and this includes all aspects of their care. Activities are part of this so we do them when people want to, morning and afternoon.” Relatives felt the activities were very good and kept people interested and active. One relative said, “The staff are always doing something with them and they are always having a laugh and joking with each other.”

People’s needs had been assessed before they moved into the home. The registered manager said if people wanted to move into the home their needs were assessed, to ensure they could provide the care and support they needed, and to ensure their admission to the home would not affect the wellbeing and health of other people resident at the time. People told us their relatives had found the home for them and they were happy with their decision to move into the home. Two of the relatives said the registered manager had assessed their family member, to make sure they could provide the support they needed, before they were offered a place. One relative had known someone who had lived at the home and had visited them at the time so was pleased there was a room available for them. The information from the assessment was used as the basis of the care plans.

Care plans had been reviewed and updated by the registered manager. Although the overall format was generic the actual information recorded was specific to each person. The care plans demonstrated the manager and staff had a good understanding of people’s needs, including the way they communicated and their behaviour, with guidance for staff to follow. Staff said the care plans were very clear and they had read them, but on a day to day basis they relied on the handover at the beginning of each shift. Staff told us they arrived ten minutes early so that the senior on the previous shift could inform them of the support people had received, if there had been any

changes in their needs and about any appointments. At handover staff discussed each person, not only those whose needs had changed, they included positive comments about what people had done and said. Records were kept of appointments by health professionals, family visits and other information like birthdays.

The support and care provided was personalised and based on people’s preferences. An activity programme was displayed on the notice board, which staff said was really just suggestions for people to think about. A number of activities were provided throughout the inspection and these varied depending on what people wanted to do. They included quizzes, hand massages, looking at and reading books, sitting with dolls, art work and sitting talking with people. People joined staff in doing work in the home, including hanging out and bringing in washing and putting out the crockery at meal times. Some people spent time knitting squares, which staff said would be stitched together to make a blanket for people to use. People chose what they wanted to do. There was considerable laughter and competition with the quizzes, and people and staff clearly enjoyed dancing, with the winner being, “The person who could swing their hips the most.”

Staff said they had a summer fete each year and the next one was planned for August. Relatives and friends were invited and usually attended as well as staff and their families. They said the theme of the fete had yet to be decided, the previous one had been about sport, and they would discuss this at the next residents and staff meetings. People spoke very positively about this and were looking forward to having a, “Good time.”

The registered manager and staff said people were supported to maintain their independence as much as they could in a safe way, and make decisions about the support provided. One person was supported to go into Brighton when they wanted to. A tracking system had been attached to their watch and this was linked to the home’s computer so staff could track them if needed, although staff said they had not needed to do this. The person informed staff what time they would return to the home and they returned at this time. Staff said a best interest meeting had been arranged to discuss this person’s needs and the system to enable them to make trips into town had been the result of this. Staff felt the trips meant the person could be more independent and they could see their quality of their life had improved since they had this independence.

Is the service responsive?

The registered manager and staff discussed the support available for people whose first language was not English. They were aware that people were using their first language more often and felt additional support was needed. The registered manager had spoken with one person to ask if they wanted to be involved in teaching staff some of their language and they agreed it would be a good idea. Following the inspection the registered manager said relatives had been contacted and they were working together to develop a system of supporting people as their needs changed with regard to communicating with staff. This showed the staff identified when their systems may not be appropriate for some people, and alternative systems of support was developed to meet people's needs.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. Staff told us they rarely had any complaints, and the registered manager kept a record of complaints and the action taken to investigate them. The complaints folder contained one recent complaint, it had been investigated and actions had been taken to the satisfaction of the complainant. People told us they did not have anything to complain about, and relatives said they had no concerns and if they did they would talk to the registered manager or the staff.

Is the service well-led?

Our findings

From our discussions with people, relatives, staff and the registered manager, and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at Fairlight Manor needed and wanted. People said the registered manager was always available and they could talk to them at any time. We observed the registered manager sitting with people and chatting at supper time and dancing with them in the afternoon. Relatives said the management of the home was very good, they could talk to the registered manager when they needed to and staff were always very helpful. One relative said, “The home is very well managed. People are safe and supported to enjoy their lives and make decisions about the care and support they have.”

The management team had changed since the last inspection, the deputy manager had left and some staff had been given the role of senior care staff with more responsibilities. Senior care staff worked a full day, for continuity to ensure there was a clear understanding of people’s needs at different times of the day, and they led the handovers when new staff came on duty after lunch and at night. One senior care staff said they were responsible for ordering and checking the medicines and carrying out health and safety checks on the environment, in addition to allocating staff to support people, and being responsible for the support provided when they were on duty. They had a clear understanding of their role and were confident they were able to offer guidance for staff and ensure people received the care they needed. Staff said there were clear lines of accountability. They were aware of their colleague’s role on each shift. These were flexible and staff took over from them if they were busy. They felt they worked very well together as a team. This showed staff had a clear understanding of their roles and responsibilities and there were systems in place to ensure staff provided the support and care people needed and wanted.

Staff said the registered manager had an open door policy and staff and people were able to go to the office at any time, which was situated at the rear of the garden. The registered manager was in the home, available for people and staff, and involved with the provision of care and

support as part of the care team, throughout the inspection. Staff said they had confidence in the management of the home and they were encouraged to make suggestions about how to improve the service.

The registered manager held regular residents and staff meetings and produced a quarterly newsletter. In the newsletter for the April to July period there was information about changes to the regulation of care homes, including the key lines of enquiry (KLOEs) as part of the inspection process. In addition feedback from the satisfaction questionnaires could be found in the statement of purpose on the notice board and there were details of the election on the 7th May with the different parties people could vote for. The registered manager had contacted the election organisers and the plan was to have an ‘election box’ in the home for the next election.

A system of quality assurance and monitoring was in place. The registered manager checked and analysed incidents, accidents and complaints. There were systems to audit the MAR charts and care plans, including mental capacity assessments and changes were made in line with people’s needs. There was evidence of annual audits of the home’s policies and procedures. Satisfaction surveys for people living at the home and their relatives, as well as staff surveys were used to collect feedback about the support and care provided and the results were made available to people, relatives and staff. People, relatives and staff said they were asked to put forward suggestions about improving the support provided and felt involved in developing the service.

The registered manager told us about their philosophy of care and said they had developed a system that was based on meeting the needs of each person, providing the care and support they needed in a way that they wanted it. Staff said this was a holistic approach to care and meant there was no separation of roles, such as care staff providing care and activity staff providing activities. We observed if people wanted to do an activity they could, there were no specific times for people to get up or going to bed, and meal times to a certain extent were flexible, so that people could have their meal when they wanted to. Staff provided care based on people’s choices and preferences and involved them in decisions about all aspects of the support they received.