

Chanctonbury Health Care Ltd

# Alfriston Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Alfriston Court Care Home is a nursing home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection in one adapted building. People living at the home had a range of needs. Some people were living with dementia whilst some people's needs were associated with old age and frailties associated with old age. The service can support up to 27 people.

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

The management of medicine was inconsistent. People received their medicines on time and in a dignified manner. However, stock levels of medicines were not always accurate and protocols for the use of 'as required' medicine lacked detail. We have made a recommendation about the effectiveness and oversight of medicine administration.

Fire safety was assessed and people had personal evacuation plans in place. These lacked detail on how a person would be safely evacuated and fire doors were not consistently connected to the main alarm. Therefore, in the event of a fire door being opened, staff would not be alerted.

A dedicated activity coordinator was in post who was in the process of reviewing the provision of activities and the activity programme. The provider and activity staff had recognised that the activity programme needed to be more varied to ensure it suited a wide range of people.

Quality assurance systems were in place, but these were not always effective in driving improvement and identifying shortfalls. For example, internal audits failed to identify that hospital transfer forms lacked information on whether people had a DNACPR (Do Not Attempt Cardio-pulmonary Resuscitation) in situ or not. We have made a recommendation about the oversight of audits.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

Staff could recognise and report suspected abuse or poor practice. The registered manager was aware of the process to follow should an allegation be made. Learning was derived from safeguarding concerns and shared with staff to promote safe practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's health care needs were monitored and responded to promptly, with cooperation and support from health and social care professionals. Staff worked creatively with healthcare professionals to ensure people received positive outcomes.

The provider was dedicated to ensuring links with the local community were established and developed. The service was integral to the local community and many events were held at the service which members of the public were invited to.

Staff treated people with dignity, respect, care and kindness. They spoke with people in a friendly and patient manner. Staff knew people well. They knew about their backgrounds and about their routines and preferences. Ongoing training was available and the provider actively sourced training initiatives to upskill staff.

People told us they knew what to do if they had any concerns or complaints about the home and the management team had resolved them. The home used learning from complaints to improve future 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:

The last rating for this service was Good (Published 6 December 2016)

Why we inspected:

This was a planned inspection based on the previous rating. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enforcement: Please see other 'actions we have told the provider to take' section towards the end of the report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and 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.

## 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 not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was Effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Alfriston Court Care Home

## 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.

#### Inspection team:

The inspection team consisted of one inspector, a Specialist Nurse Advisor and an 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.

#### Service and service type:

Alfriston Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the inspection:

Before the inspection we reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection:

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with two registered nurses; the deputy manager, maintenance worker, chef, development manager, training manager, registered manager, activity coordinator and three care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 ongoing maintenance programme, service development plan, infection control audit and two further medication records. This information was emailed to the inspection team after the inspection.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Systems were in the place for the safe storage and disposal of medicines. However, the oversight and governance of medicine management required improvement.
- We carried out a random audit of medicines in stock. Stock levels did not always match stock levels recorded. For example, the stock levels for two medicines were more than the stock level recorded, demonstrating that the medicine was signed for but not always administered.
- Some people were prescribed medicines to take when necessary (PRN), for example, painkillers and anti-psychotic medicines. Some people's PRN medicine did not have guidance in place to make sure staff knew what the medicines were prescribed for, any side effects of the medicine and the amount people could safely take in a 24-hour period. Guidance was also not in place on the steps to take before administering the medicine. We brought these concerns to the attention of the registered manager. Subsequent to the inspection, copies of revised PRN protocols were received which included clear information on the steps to take before administering the medicine.
- Medication Administration Records (MAR charts) were in place and included key information about the safe administration of medicines. We reviewed a sample of MAR charts and identified gaps in recording. We could therefore not be assured whether people received their medicine or not. A medication audit completed in February 2019 identified concerns with gaps in MAR charts, yet we found ongoing concerns during our inspection in June 2019.
- The registered manager confirmed that where gaps were being identified, supervisions were being held to address the issue. However, MAR charts were only being checked at the end of each month, which meant concerns with recording and stock control were not being identified in a timely manner and improvements were not being driven forward. We discussed these concerns with the registered manager who advised that stock levels were being checked following the identification of a missed signature on a MAR chart, however, this was not recorded to demonstrate that it was just a recording error and not medicine error.
- Improvements were made during the inspection and the provider was responsive to our concerns. The registered manager introduced a daily handover to review MAR charts alongside a weekly stock audit to monitor stock levels. Subsequent to the inspection, the provider also provided a copy of the revised medicine policy, alongside an action plan on the steps they had taken.

We recommend that the provider seeks guidance from a reputable source about effective oversight, governance and auditing of medicine administration.

- People told us they received their medicines on time and staff had good knowledge of the medicines they administered. People's independence with medicine administration was promoted and where people self-

administered their medicines, risk assessments were completed to ensure it was safe to do so.

- Regular checks of equipment took place and suctioning machines and syringe drivers were found to be in good working order.

Assessing risk, safety monitoring and management:

- Fire safety arrangements were in place. There was an up to date fire risk assessment and monthly checks on emergency lighting took place alongside weekly fire alarm tests.
- Personal emergency evacuation plans (PEEPs) were in place, alongside a fire grab bag. PEEPs considered people's ability to evacuate the service in the event of a fire. The registered manager confirmed the service operated a horizontal evacuation and fire evacuation chairs were in situ to aid such evacuation. However, the information detailed on people's PEEPs lacked sufficient guidance on how the person would safely evacuate the building. For example, one person residing on the second floor, their PEEP stated, 'will need their walking frame to mobilise in emergency situations.' Staff confirmed that they would not be safe mobilising on the stairs with their walking frame and confirmed that they would use the evacuation chair. This information was not detailed in the PEEP, alongside how many staff members they would require to evacuate the building. We brought these concerns to the management team who agreed further information was required and began updating the PEEPs during the inspection.
- Care and support was provided over four floors and on some floors, there was access to balconies. Some people could access the balconies directly from their bedrooms while some were via a fire door. The provider operated a system whereby all fire doors were connected to one alarm system. Therefore, in the event of a fire door being opened, this would alert staff. During the inspection, we checked fire doors and identified that one fire door opening onto a first-floor balcony could be opened without the alarm sounding. This posed a risk as one person had previously left the service without staff and was found in the car park. Due to their care needs, it was identified that they required staff assistance to leave the building due to disorientation. The registered manager identified that the alarm for this door had been turned off. Whilst daily systems were in place to check the building and premises, this shortfall had not been identified. Action was taken during the inspection to address this.
- People told us they felt safe and happy with the care provided at Alfriston Court Care Home. One person told us, "I am very happy with the care."
- Staff understood the risks associated with people's care and support and told us how they supported people. One staff member told us how one person didn't always wear shoes, so they supported the person to wear non-slip socks to reduce the risk of falls.
- Clinical risks were assessed and plans were in place to manage those risks. For people living with diabetes, guidance was in place on the signs and symptoms of high and low blood sugar and staff supported people to monitor their blood sugar levels.
- Environmental risk assessments were in place to ensure the safety of the premises. For example, thread bare carpet was noticed on the top floor of the service. This posed as a falls risk. A risk assessment was in place whilst work to repair the carpet was due to take place.

Systems and processes to safeguard people from the risk of abuse:

- The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded and shared with the local authority appropriately.
- Staff received safeguarding training, they understood their own responsibilities and could tell us what actions they would take if they believed someone was at risk. One staff member told us, "Any concerns and I would report them to the nurse in charge or manager."
- There was information displayed around the service about how to report any concerns to staff or the local authority. This information was available for people and staff.

#### Staffing and recruitment:

- People and relatives told us there were enough staff to provide support and our observations confirmed this. One person told us, "I only have to ring my bell, and somebody is here."
- The registered manager told us agency staff were used if regular staff were not able to cover absences or if there were staff vacancies. Domestic staff, laundry staff and cooks were employed so staff could concentrate on providing people's care and support.
- Where agency staff had been required, the registered manager sought a copy of their profile which included information on their training. An induction to the service was also provided.
- Staff had been safely recruited. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories. Staff were also subject to a formal interview as part of the recruitment process.

#### Preventing and controlling infection:

- The service was clean and tidy throughout. Staff used Protective Personal Equipment (PPE) such as aprons and gloves when needed. There were adequate hand-washing facilities available throughout the home.
- There were appropriate systems and equipment to clean soiled linen and clothing.
- A legionella risk assessment had been completed. Regular checks such as water temperatures and flushing of taps took place to help ensure people remained protected.
- The provider followed required food safety standards and practices. The service had been awarded a Food Hygiene Rating of Five (Very Good) following an inspection by the Wealden District Council in February 2019.

#### Learning lessons when things go wrong:

- There was an open culture and staff were supported to report when things had gone wrong or if there were any near misses. Lessons were learnt and where needed, improvements made.
- Following an incident where a person sustained a fracture and there was no record of a fall, the registered manager told us that they felt the person may have slipped whilst using the stand-aid. The registered manager commented, "We organised for further training with all staff on using stand aids and reiterated the importance of two staff always being present when using a stand-aid. Any incident, accident or complaint, is always a learning experience."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- There was a holistic approach to assessing, planning and delivering care and support. People had a comprehensive assessment prior to, and on admission, and a care plan was developed.
- The service achieved the best possible outcomes for people by ensuring that needs were assessed and delivered in line with current standards, guidance and legislation. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Action was then taken, which included, appropriate equipment to relieve pressure to their skin, such as air mattresses.

Staff support: induction, training, skills and experience:

- People and their relatives spoke highly of the staff and felt they had the right skills, competence and knowledge to provide effective care.
- Staff spoke highly of the training provided and told us they felt supported within their role. One staff member told us, "I feel very supported. I love my job. The manager's door is always open."
- The provider's internal policy identified that staff should receive a one to one supervision every three months. This policy had not always been followed as 17 staff members supervision was overdue. The registered manager confirmed that supervisions had now been booked in. Despite the lapse in supervisions for some staff, staff continued to feel supported.
- The provider employed a dedicated training manager who was responsible for overseeing the training programme. They told us, "I try and make training as interesting as possible and always try and think of different ways to deliver training so that staff don't dread training." Consideration was always given to how staff learnt best and one to one training was available for staff. The training manager told us, "One person struggled with e-learning, so to ensure we were adaptable to their needs, we organised for them to attend a local training session where they could interact."
- The registered manager, provider and training manager were dedicated to delivering a training programme that was creative and innovative. In 2018, the provider's training manager won the award for 'women in business' due to their creative training package.
- A wide range of creative training was in the process of being designed and rolled out. The training manager was asking for staff to volunteer to attend an end of life workshop with a local funeral director to gain further training on end of life care.
- Clinical workshops were held at the service where nurses from other local nursing homes were also invited to gain further training around syringe drivers. The training manager told us, "We want to share resources and it's a great way for our nurses to learn from others and vice versus."
- A session was due to be held on sex, intimacy and relationships for people living with dementia and the training manager was in the process of organising a talk for staff on LGBT+ and how best practice could be

followed.

Supporting people to eat and drink enough to maintain a balanced diet:

- When people first moved into the service, information was gathered on their likes, dislikes, medical conditions, allergies alongside whether they required a soft or pureed diet.
- The chef regularly sought feedback from people regarding the food and menu. Menus were regularly reviewed in line with people's feedback. For example, one person commented that they would like toad in the hole. This request was added to the revised menu.
- The chef was supported to regularly update their knowledge base and during the inspection they commented that they had attended a training course the previous day on pureed diets. They told us, "The course was really good and has shown me that we may need new equipment to provide a greater variety of pureed meals in the future."
- Where required, people's food and fluid intake was monitored to identify any risk of malnutrition or dehydration. Input was sourced from the dietician where people had experienced unexplained weight loss.
- People and their relatives spoke highly of the food provided. One relative told us, "They have a good choice of food and alternatives are always available, even if they change their mind at the last minute. Hospitality is always offered to us when we visit." One person also commented, "The food is excellent. I have all meals in my room and they always arrive hot."
- Where people enjoyed having their meals in the dining room, tables were laid with napkins and condiments. Music was playing in the background and where required staff sat with people to provide one to one assistance.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- Staff worked in partnership with healthcare professionals to ensure people received good outcomes which promoted their quality of life.
- Support had been sourced from a tissue viability specialist who provided ongoing training and support to staff on pressure ulcer treatments and grading. With consent, some people had participated in clinical trials of wound care products which led to positive outcomes and their wounds healing.
- Registered nurses were also supported to become wound care champions. These champions sought specialist training and worked in partnership with specialist to promote the healing process of wounds. Staff told us about the importance of a holistic approach to managing wounds. One staff member told us how through supporting one person to enhance their diet they were able to support the healing process.
- GP's and healthcare professionals visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians.
- Relatives told us they were kept informed if there were any concerns about their loved one's health and that their health needs were met. One relative told us, "We are always told of any changes in her care and if the Doctor is called."

Adapting service, design, decoration to meet people's needs:

- People were able to walk freely between different areas of the service throughout the day. People's bedrooms were decorated in a personalised way.
- Signage was in place for one person to aid orientation and to help them recognise their bedroom.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People at the home were able to make their own decisions and choices about their day to day care and what they did each day. This was observed in practice.
- Records showed the provider had made applications for authorisation to the local authority when people's care arrangements deprived them of their liberty. Applications had not yet been authorised.
- Staff had completed training in the MCA and DoLS and understood their responsibilities under the Act.
- Where required, people had appropriate representatives in place to help them with consent and decision making, such as Lasting Powers of Attorney (LPoA) for both Finance and Affairs and Health and Welfare.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Feedback from people, visitors and relatives was positive. People spoke highly of the care provided and felt that they were treated well and respected. One person told us, "I love it here. The food is good, and the staff are kind."
- Observations and interactions between staff and people demonstrated that staff knew people well and spoke to people in a kind and caring manner.
- Staff recognised for some people that routine was important and were able to tell us about people's day to day habits and what was important to them. One staff member told us, "Everyone is individual and we respect that. One person likes to get ready for bed but enjoys watching TV in their armchair before bed."
- People told us that staff respected their equality, diversity and day to day choices. One person told us, "It's very good here and the staff are very kind and helpful. I have breakfast in bed after I have got myself up and then I come down stairs. After supper, I watch a bit of television and then go upstairs at about 18:00pm. I get ready for bed and watch television in bed which I like to do. Staff bring me a cup of tea in the evening and another one when I have my morning tablets and my paper is delivered."
- People were supported to maintain their religious and spiritual beliefs. Holy Communion took place at the service once a month and where required, staff supported people to attend their local church.
- Equality and diversity were embedded in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement. The provider's development manager was in the process of reviewing the website to ensure it demonstrated inclusivity for the LGBT+ community.

Supporting people to express their views and be involved in making decisions about their care:

- We observed that staff provided people with opportunities to make decisions about their care and support throughout the day and informed people about what was happening. For example, staff reminded people of, and respected their meal choice, and supported people to join or leave a group activity session.
- People told us how they made day to day decisions about their care and how staff respected those decisions.
- The provider organised regular resident meetings where people were able to discuss the running of the home and the registered manager informed them of news and changes, such as planned activities and plans for the future.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected people's dignity. Staff explained how they promoted privacy and dignity when providing

personal care. We saw staff knocking on people's doors, asking people first if they could help them, and discretely helping people attend to personal care or toilet needs.

- Staff spoke with and about people in a respectful manner, whilst showing genuine affection for people and their relatives.
- Staff encouraged independence and supported people to maintain relationships with their loved ones and to build new relationships. Staff told us how two people had formed a friendship since moving into the service. They spent their time watching television together and chatting about the day. Relatives told us they felt welcomed and comfortable when they visited their relative.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- The provider employed dedicated activity staff who were new in post. An activity programme was available and included a range of activities, such as quizzes, games and painting.
- During the inspection, activity staff facilitated a range of activities, however, only a small group of people participated. The activity coordinator had identified that only a few people made use of the activity programme and confirmed that they were in the process of reviewing activities to devise a programme more suited to a wide range of people.
- A large number of people preferred to stay in their bedroom. Some people told us that they enjoyed their own company whilst others commented, "I don't like it downstairs as there are too many people waiting for the end to come."
- Activity staff provided one to one visits to people in their bedrooms and tried to work creatively to promote interaction. For example, corridor tea parties were trialled with people who all lived on one corridor in the service. The activity coordinator told us, "I had this idea for a corridor tea party and had to try it. We put bunting up and had a table and seats in the corridor and invited people from that corridor to attend. It worked really well. We tried it on another corridor and it didn't work so well, but it did promote engagement between people."
- Actions were being taken to mitigate the risk of social isolation, however, care plans and documentation failed to identify if a person was at risk of social isolation. For example, the personal evacuation plan for one person identified that they had not left their bedroom in one year. Activity logs demonstrated that they received one to one visits, every three days. However, their care plan failed to identify the risk of social isolation and whether the current provision of visits was meeting their social and psychological needs.
- People spoke about their wish for more trips out. One relative told us, "I wish they had more outside activities as my loved one is a different person outside the home. I take them out regularly and their mood changes." One person also told us, "I wish I went out on more outings." Staff members confirmed that the service did not have its own mini bus but this was something the provider was considering.
- The activity staff demonstrated passion and commitment to improving the provision of activities for all. These were areas of practice that required further improvement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- People had care plans that described their health, care and support needs. Care plans included people's goals and the care required to support and meet that goal.
- Staff understood people's needs well and could describe people's care and support needs in detail. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way.

- Staff had spent time getting to know people's likes, interest and hobbies. Staff told us about one person who enjoyed watching horse racing and sports on television.

#### Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information on people's communication needs and whether they required any communication aids, such as glasses or hearing aids.
- Staff considered any changes to people's communication needs and whether adaptations were needed to ensure information was provided in a way they could understand. For example, staff recognised that for one person with a sight impairment, they preferred for information to be read to them.

#### Improving care quality in response to complaints or concerns:

- People told us they did not have any complaints but if they did they were able to raise them with the registered manager or staff. One person told us, "I would tell the manager if I was unhappy or if I wanted to complain."
- The provider had arrangements in place for investigating and resolving complaints. A copy of the complaints policy was readily available, and complaints received had been investigated and responded to in line with the provider's policy.

#### End of life care and support:

- Care plans and policies and procedures were in the process of being reviewed to ensure the provision of end of life care and support was person centred. Registered nurses had recently attended syringe driver training and the registered manager had recently attended 'embedding good practice, end of life care training.'
- The provider and registered manager had recognised the need for end of life care training to become mandatory training and training was in the process of being rolled out. The training manager was in the process of holding a workshop with staff focusing on end of life and involving staff with a board game on end of life. They commented, "Hopefully, through using a board game to discuss end of life, it will initiate a more friendly and open way to have those conversations and upskill staff."
- End of life care plans were in place and the registered manager confirmed that work was undertaken to review the care plans to ensure the service had all the details needed.
- Staff told us how they provided care and support to people receiving palliative care. One staff member told us, "It's important that we sit with them, hold their hand or massage their hand."
- Staff and the registered manager reflected on the delivery of end of life care and what went well and whether any improvements could be made. Staff also recognised and identified the importance of supporting relatives. For example, staff told us how relatives were supported to stay at the service over-night, so they could be with their loved one towards the end.

# 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 in October 2016, this key question was rated as Requires Improvement. This was because hot water temperature checks had not consistently been monitored. The passenger lift did not have an current examination under health and safety legislation and agency staff had not completed any induction training. At this inspection this key question has remained the same. Whilst the provider had made improvements. For example, agency staff now received an induction, hot water temperature checks were in place and the passenger lift was regularly serviced in line with legislation. We found areas of practice that continued to need improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A governance framework was in place and the registered manager and provider completed a range of audits every month to monitor the quality and safety of the service provided. Audits included nutrition, facilities, care plans and activities. A representative of the provider also visited the service on a regular basis to conduct an audit based on CQC's key lines of enquiries. These audits were not always effective in driving improvement or identifying shortfalls with documentation and the provision of care.
- Care and support was provided to people who experienced constipation. Some people were prescribed medicine to manage the constipation and this was referenced within their elimination care plan. However, information was not available on the signs of constipation; risk factors, how healthy bowels were promoted, how bowels were monitored and the person's normal bowel habits. Bowel monitoring charts were in place but these were not consistently completed and often contained gaps. Daily notes also failed to refer to bowel movements. Therefore, nursing staff were unable to evaluate the management of constipation as recording was lacking. The provider's governance framework and audits failed to identify this shortfall. We brought these concerns to the attention of the registered manager and action was taken during the inspection to address these shortfalls.
- Guidance produced by NHS England advised on the importance of hospital transfer information. A key document that enhances communication and information sharing when a person moved between care homes and hospital. Each person residing at Alfriston Court Care Home had a hospital transfer form. However, the form failed to include information on whether the person had a DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) in place or whether the person was for resuscitation. This posed a risk that attending paramedics or hospital staff might not have the correct information about the person's resuscitation status. These concerns were discussed with the registered manager who amended the document during the inspection and began updating the forms. However, internal audits had failed to identify this shortfall.
- Audits governing the premises and facilities were completed regularly. However, these audits were not always an accurate reflection of the findings. For example, a facilities audit completed in April 2019

identified that water temperatures did not exceed 42c. We reviewed the water temperatures for April and found on occasions that temperatures reached 44c. The audit also recorded that emergency lighting was compliant and that door closures were compliant. However, a fire risk assessment completed the day before the audit found that emergency lighting and door closures were not compliant with legislation. The registered manager confirmed they reviewed the findings from the audits each month, however, this shortfall had not been identified.

- The care documentation for one person reflected that they regularly refused assistance from staff with personal care. Daily notes made reference to them sleeping in their clothes and wearing the same clothes. Staff told us how they had only accepted assistance to shower on a couple of occasions from agency staff. A personal care plan was in place which identified that they could decline personal care. The risk of self-neglect had not been identified and it was unclear what proactive steps the service was taking. The monthly care plan reviews failed to identify if any steps had been taken to support the individual with meeting their personal care needs. Staff told us how they were considering involving the agency staff member in a more structured way to provide assistance. However, this was not reflected within the care plan or evaluation notes.

- A number of actions had been identified from previous provider audits, these included the need for evidence of service user and relative involvement in care plans. This action was identified in March 2019 and remained ongoing. The registered manager told us that families had been invited to attend care plan reviews, but there had been little uptake. However, no consideration had been given to involving people themselves in writing and formulating their own care plan.

- The meeting minutes from a clinical nursing meeting in April 2019 identified that staff were observed to be standing around whilst on shift. This was also identified during the inspection. For example, staff were observed to be standing around in the lounge/dining room area whilst people watched television. This was a missed opportunity for social interaction. The registered manager and registered nurses had clearly identified this shortfall, however action remained ongoing to address it.

- In May 2019, the registered manager raised a safeguarding alert following an incident whereby a person required hospital attendance. However, they failed to notify CQC of this incident in line with legislation. The registered manager submitted the notification retrospectively, however, internal audits and procedures, failed to identify this omission. All other incidents and safeguarding's had been notified appropriately.

- The provider was responsive to the concerns raised during the inspection process and subsequent to the inspection, sent an action plan of the actions taken and dates for completion.

The lack of a robust quality assurance framework was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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: Working in partnership with others:

- Alfriston Court Care Home opened ten years ago and prior to that was a hotel in the local village. The provider was dedicated to ensuring the service had a strong link with the community. Staff and the registered manager were dedicated to ensuring the service was part of the local community.

- Children from the local pre-school regularly visited the service which people enjoyed. One staff member told us, "The children coming in has made a big difference to the wellbeing of our residents. It brings life into the home in a different way and its lovely seeing the friendships that are being built."

- Links with the local community had been established and once a month the service held a 'time for tea event.' People from the local community were invited and the local church provided additional seating and chairs. Speakers were invited and recently a local historian attended talking about parliament. The local clergy had also attended talking about their work and life.

- The provider offered free services to people, relatives and members of the public on healthcare and finances.
- Afternoon tea events were held with people and their relatives to gain their feedback on the running of the service.
- The registered manager was supported by a development and marketing manager to promote the service's links with the community but to also bring the local community into the service. The service offered day centre care to people living in the local community and also partnered up with local businesses for MacMillan coffee mornings.
- Links with local businesses had been made. The activity coordinator told us how they made contact with a local shop who had a budget to provide fruit to people living in the community. Once a week, the service received fresh fruit which was provided to people. The activity coordinator told us how they used fruit board game to encourage people to eat more fruit.
- Information about events in the home was communicated through the noticeboard and discussions with activities staff as well as 'relatives and residents meetings'.

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:

- There was a positive, open culture displayed by the registered manager and staff. People spoke highly of the registered manager and staff told us they felt supported. They told us they could discuss concerns with the registered manager at any time and know they would be addressed.
- There was focus on continuous learning, trialling new ideas and learning from complaints, incidents and accidents. Following an incident in the service, the registered manager had liaised with relatives and the local authority.

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	Systems or processes were not established or operated effectively to ensure compliance with the legislation. Systems to assess, monitor and improve the quality and safety of the service were not robust. Regulation 17 (1) (2) (a) (c).