

Forever Care Ltd

# Fairlight Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Fairlight Nursing Home is situated in Rustington, West Sussex. It is a residential 'care home' providing care for up to 62 people who may be living with dementia, physical disabilities, older age or frailty and who require nursing care. At the time of inspection there were 55 people living at the home.

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

We found concerns in relation to medicines management. One person had not received access to their medicines in a timely way when displaying signs of pain and discomfort. There was a lack of oversight to ensure medicines were available should the person require them.

People, relatives and staff provided mixed feedback about the leadership and management of the home. They told us the provider sometimes lacked empathy and understanding of their needs. Records to document staff's actions and people's conditions were sometimes not well-maintained. We found continued concerns in relation to the leadership and management of the home.

The provider planned for there to be enough staff to meet people's needs, yet staff shortages due to sickness or turnover often impacted staffing levels at short notice. Staff worked together as a team to ensure people's needs were met.

Improvements had been made since the last inspection to improve most people's care. Safe systems were operated to ensure falls management had improved. Risks to people's health had been identified and appropriately managed. People were protected from the risk of abuse. When required, referrals to the local authority's safeguarding team had been made if there were concerns about people's safety. People were protected by the prevention and control of infection.

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.

Improved quality monitoring helped ensure improvements that had been made were monitored and sustained in practice. Staff were delegated quality assurance roles which helped ensure they were accountable for improvements required. Lessons had been learned and used to help drive improvement and focus staff to continue to improve the standard of people's care.

People told us they were happy living at the home and valued the support they received from staff. One person told us, "You cannot fault them, they are always cheery and happy to help as best they can." Another person told us, "They are nice, kind people."

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

#### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (Report published 5 June 2021). We served a Notice of Decision imposing conditions on the provider's registration of the home. At this inspection, we found some improvements had been made, yet the provider was in continued breach of regulations.

#### Why we inspected

At the last inspection on 30 November 2020, we carried out a targeted inspection. Breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) were found.

Prior to this inspection on 7 September 2021, we received concerns in relation to how people were supported with moving and positioning. As a result, and to also confirm the provider was now meeting legal requirements, we undertook an unannounced focused inspection on 7 and 13 September 2021, to review the key questions of Safe and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We checked whether the breaches we found at the last inspection for Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met. Although improvements had been made since the last inspection, there were continued breaches of Regulations 12 and 17. Please see the Safe and Well-led sections of this full report.

The overall rating for the service has not changed following this focused inspection and remains Requires Improvement. This is based on the findings at this inspection.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified continued breaches in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Fairlight Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector, an assistant inspector 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

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

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

#### Notice of inspection

The first day of the inspection was unannounced. The second day of inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all the available information to plan our inspection.

#### During the inspection

We observed the care and support people received. 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 spoke to seven people and four relatives about their experiences of the care provided. We also spoke to seven staff, the registered manager and the provider. We reviewed aspects of care people had received which included nine care plans, risk assessments and medicine administration records. We looked at three staff training and competence files as well as a variety of records relating to the management of the service, which included policies and procedures and quality assurance processes.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found in relation to medicines management. Two relatives contacted us to share their experience of the care their relatives had received.



# 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 comprehensive inspection on 9 and 10 December 2019, this key question was rated as Requires Improvement. We undertook a targeted inspection on 30 November 2020, the rating of Requires Improvement was not changed as we only looked at parts of the key question we had specific concerns about. At this inspection on 7 and 13 September 2021, the rating of this key question remains 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 people could be harmed.

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

At the last inspection, there were concerns with regards to unsafe falls management and some infection prevention and control practices. The provider was in continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection in relation to falls management and infection prevention and control practices. There was improved oversight to help reduce the risk of falls. Clear guidance had been provided to staff informing them of the actions to take should a person fall. These were implemented in practice and helped ensure people's health was monitored appropriately following a fall. Immediate action had been taken by the registered manager following the last inspection to ensure people were supported to socially distance and staff used Personal Protective Equipment (PPE) safely. People were protected from the risk of infection and cross contamination.

- People at increased risk of falls had received safe and appropriate care. Risks had been considered and staff had acted to ensure people's risk of harm was minimised. Some people had access to specific equipment to alert staff they required assistance. This helped ensure staff responded to people's needs when they required it.
- Falls had been reviewed to ensure appropriate actions had been taken. Information about the time, location and details of the fall were used to identify any further risks that might need to be minimised. Some people were provided with low-profile beds or mattresses beside their beds to minimise the risk of injury should they fall. Referrals to external falls prevention teams had been made to ensure all appropriate actions had been taken to minimise risk.
- Some people were prescribed medicines that might increase their risk of bleeding should they fall and injure their heads. Risks had been considered and clear guidance provided to staff to ensure they were aware of what to do should this occur. Improved post-falls monitoring ensured people were effectively monitored for any changes in their health.
- We were assured that the registered manager was preventing visitors from catching and spreading infections.
- We were assured that the registered manager was admitting people safely to the home.

- We were assured that the registered manager was using PPE effectively and safely.
- We were assured that the registered manager was accessing testing for people and staff.
- We were assured that the registered manager was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the registered manager was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the registered manager was facilitating visits for people living in the home in accordance with the current guidance.

Although the registered manager had acted to improve safety in relation to falls management and infection prevention and control, we found new concerns in relation to medicines management. The provider was in continued breach of Regulation 12.

#### Using medicines safely

- Medicines were not always well managed to ensure people received these when prescribed. Systems were not always effective in identifying when medicines had been received. One person had been prescribed medicines to help manage pain. Staff were not aware medicines had been delivered and although the person had received their other prescribed medicines, they had gone without this type of medicine for 15 days.
- The same person did not receive other prescribed pain medicines in a timely way when they experienced pain. Records documented the person had told staff they were in pain or were calling out for staff as they were in discomfort. On two occasions the person experienced pain but had not received any prescribed pain medicines to help alleviate their discomfort. On two other occasions the person experienced pain and waited over three hours for pain medicines to be administered. The person was not safely supported to receive their prescribed medicines when displaying signs of pain and discomfort.

The provider had not always ensured people received medicines when they required them. The provider had not always ensured there was proper and safe management of medicines. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had already acted to ensure the person had access to all prescribed medicines. Once our findings were raised to them, they took immediate action to help improve the management of receiving stocks of medicines. They reinforced the importance of registered nurses accurately documenting their observations and checks on people to provide assurances that if people did require pain medicines, they received these in a timely way.

- Most medicines were well-managed. People with specific health conditions that required their medicines at specific prescribed times had received these according to the prescriber's instructions. Effective systems helped monitor this and staff had acted to help ensure all staff were reminded of the importance of people receiving their medicines on time.
- The provider operated an electronic medicine system. This had recently been changed to help improve the systems used to monitor stocks of people's medicines. This would help ensure people continued to have their medicines when needed.
- People at risk of malnutrition and dehydration received safe support to meet their needs. Risks were identified and measures taken to help ensure people were effectively monitored and they received enough to eat and drink.



- People were supported to move and position in a safe way. Staff were provided with guidance advising them of the type of equipment people required to be safely supported. Staff demonstrated safe and appropriate skills when assisting people with their mobility.
- Some people were at risk of skin breakdown and pressure wounds. Risks were considered and staff were provided with clear guidance to minimise risks. For example, staff monitored people's air mattresses twice each day to ensure they were the correct setting for their weight. People were supported to regularly reposition. These measures helped to minimise the risk of skin breakdown. When people had wounds, they received safe and appropriate care from registered nurses. People's wounds had improved.
- Environmental risks were monitored to ensure people and staff were safe. Equipment was serviced to ensure it was safe to use to minimise the risk of harm.

## Staffing and recruitment

At the last inspection, we recommended the provider considered the overall flexible deployment of staff during a time of crisis. At this inspection, the provider had acted to help ensure planned staffing levels were aligned to people's assessed needs. Further improvement was needed to help ensure people's needs continued to be met in a timely way.

- People told us staff worked hard to meet their needs, yet they sometimes had to wait for support. One person told us, "They are so nice, they are friendly and caring and rushed off their feet most days. It's torture waiting for help going to the loo."
- The registered manager and provider told us there had been a turnover of staff as well as staff sickness which had an impact on planned staffing numbers. They told us of the daily challenges caused by the COVID-19 pandemic and its effect on recruiting and retaining staffing within the health and social care sector. Staffing numbers were maintained by existing staff working additional hours as well as agency staff. One person told us, "They do their best, there are not enough staff, that is a general problem everywhere though isn't it."
- The provider's planned staffing levels were sufficient to meet people's needs, yet levels were not always maintained due to staff shortages caused by sickness and staff turnover. The registered manager and provider were actively recruiting more staff. Creative ideas were used to attract staff which included improved working conditions and incentives for introducing staff to the role.
- Staff were flexible to help ensure people's needs were met. Staff adapted their roles and support to ensure people received help when they needed it. Additional roles had been introduced since the last inspection. These included a designated member of staff to ensure people had enough to drink, particularly during periods when other staff were busy supporting people.
- People told us how much they valued the hard work and dedication of the staff. People told us that although busy, staff took time to interact with them in a kind, compassionate and respectful way and our observations confirmed this.

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

- Staff understood the signs and symptoms that might indicate people were at risk of harm. They knew what action to take if they had concerns about people's safety. People told us they felt safe and able to raise any concerns. One person told us, "You cannot fault them." Another person told us, "They are nice, kind people."
- One person's risk of harm had been minimised. Appropriate action had been taken when one person raised concerns about their care. A referral to the local authority's safeguarding team had been made to help ensure the person was supported safely. In response to the concern measures had been taken to help minimise further anxieties or potential risk. For example, the person was provided with support from only

female care staff. A review of the person's support demonstrated this had been respected.

# 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 comprehensive inspection on 9 and 10 December 2019, this key question was rated as Requires Improvement. We undertook a targeted inspection on 30 November 2020, the rating of Requires Improvement was not changed as we only looked at parts of the key question we had specific concerns about. At this inspection on 7 and 13 September 2021, the rating of this key question remains Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, there were concerns with regards to the oversight of people's care in relation to infection prevention and control and falls management. Quality assurance processes had not always identified the shortfalls that were found as part of the inspection. The provider was in continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were not always operated effectively to ensure people received medicines when they were prescribed. One person had not received their prescribed medicines as there were ineffective systems operated by staff when receiving new stocks of medicines. There was insufficient oversight to ensure requests for additional prescribed medicines for one person were managed in a timely way. For example, staff had contacted the person's G.P on a number of occasions for additional medicines to be prescribed, yet there were delays in chasing-up queries to ensure the person received their medicines when required.
- Records were not always consistently maintained to provide assurances of the care people had received. One person had been assessed as requiring regular support to reposition to minimise the risk of skin breakdown. On some occasions, staff had failed to document the support they had provided. The person's skin condition had improved demonstrating they had received the correct support, yet the failure to accurately document this meant the systems used to provide oversight could not always be relied upon as they were not always accurate.
- The provider had not always ensured their values and vision for the service was consistently implemented. People, relatives and some staff told us the provider sometimes lacked empathy and did not always treat them with compassion or respect when people were unwell or if they had sadly passed away. A relative told us, "From my perspective, the leadership is very poor and lacking. The team at the coal face are great and

deserve better support and leadership."

- This sentiment was echoed by one member of staff when talking about the provider. They told us, "When we had all our PPE on, they didn't come near us and would not come out to help. They don't seem to care. We've had people thank us for caring for their relatives who have passed away, yet the provider doesn't even come out to talk to them."
- Staff provided mixed feedback about the leadership and management of the home. Staff acknowledged the improvements that had been made to people's care and safety. Some staff told us they did not always feel listened to which made them feel devalued and unsupported, resulting in a turnover of staff in recent months. One member of staff told us, "I feel that I can approach the manager with any concerns, and they listen and support me, but I believe I am in the minority with this opinion. I feel that the management of Fairlight is erratic and not well-led."
- Some staff told us there was sometimes a delay in providing equipment they needed to carry out their roles and our observations confirmed this. Staff were required to document the support they provided in real-time using electronic hand-held devices. They did not always have access to enough devices to enable them to do this. Despite previous requests, these had not been provided in a timely way.

The provider had not always assessed, monitored or improved the quality and safety of services provided. They had not always ensured staff were able to maintain accurate, complete and contemporaneous records of the care and treatment provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our findings to the registered manager and provider who told us they were aware of some of the concerns people, relatives and staff had raised and were working to further improve relationships. They told us staff responsible for overseeing people's clinical needs had been allocated additional hours to provide improved oversight and management of people's care.

- Following the last inspection, we imposed conditions on the provider's registration of the home, and they were required to send us a monthly analysis of their auditing systems in relation to risk. This had helped drive improvement and enhance the oversight, quality and safety of people's care.
- Despite the challenges caused by the COVID-19 pandemic, improvements in people's care had been made since the last inspection. Clearer guidance about people's needs ensured staff were supported to deliver safer care. Staff were advised about the types of equipment people had been assessed as requiring to safely meet their needs.
- Quality assurance processes had been implemented and allocated to dedicated staff. This helped improve oversight and made staff accountable for ensuring any improvements required, were actioned. The registered manager and provider attended monthly clinical meetings to monitor and ensure plans for any required actions, were made.
- Systems to monitor people's care were more robust. For example, some people experienced falls. Information about the number of falls, when, where and how they occurred had been used to drive improvements and make changes to their care. For example, it had been identified that people would benefit from there being a member of staff present in the lounge when people who were living with dementia were using it. This had been implemented and the number of falls for these people had reduced.
- Some staff told us they felt supported and listened to by the registered manager. One member of staff told us, "I've worked in a few places and this is probably the best one I've worked in. They try their best. They react to information we tell them, so if someone can't stand, they'll do a risk assessment straight away." One person told us, "I get the impression if staff tell [registered manager] something, then it gets done."
- People and relatives told us staff were kind, caring and compassionate. They told us they were committed and worked hard to ensure people's needs were met. A relative told us, "Throughout, the care from the care

and nursing staff has been exemplary, they have been wonderful. They have been kind and patient and deserve full credit and praise."

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

- The registered manager was open and transparent when care had not gone according to plan. They used incidents that had occurred as well as findings from their audits and from previous inspections, as opportunities to learn and improve practice. For example, changes had been made to organisational policies and guidance for staff in relation to falls management and head injuries.
- The registered manager had notified us when incidents had occurred to enable us to have oversight and ensure appropriate actions had been taken to help assure people's safety.

Working in partnership with others

- Joint working with external health and social care professionals meant people had coordinated care. Referrals to external healthcare professionals had been made to help ensure people received safe and appropriate support.
- The registered manager had responded when there were difficulties with receiving people's medicines from the pharmacy. They had changed pharmacies and electronic medicine systems to help provide improved medicines management.
- Dedicated staff liaison roles had been developed during the COVID-19 pandemic which enabled a more open communication between people, their relatives and staff. People and their relatives told us they felt involved and able to discuss issues about people's care. They told us their opinions were listened to and respected.
- The registered manager operated a 'You said, We did' process. Questions asked by people and staff had been answered and further information provided. For example, people and relatives had asked about the return of activities outside of the home when COVID-19 restrictions changed. This had been listened to and responded to, so that people could return to being supported to access places of interest to meet their social and emotional needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.  The registered person had not ensured there were sufficient quantities of medicines to ensure the safety of service users and to meet their needs. The registered person had not ensured the safe and proper management of medicines.

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	Regulation 17 (1) (2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.  The registered person had not ensured that systems and processes were established and operated effectively to:  Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).  Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.