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Freshford Cottage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Freshford Cottage Nursing Home is a residential care home providing personal and nursing care to up to 20 people. The service provides support to older people who were living with a range of health care needs. Some people had memory loss associated with their age and physical health conditions. The service also provided care and support for people who were at the end of their lives. At the time of our inspection there were 17 people using the service.

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

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

The quality of the service was regularly monitored through audits, however we identified areas where further improvements were needed in relation to mental capacity and people's records.

Staff understood how to support people safely, risk assessments provided further guidance about individual risks.

People were supported to have enough to eat and drink throughout the day. We identified that improvements were needed to the delivery of the lunchtime meals. The registered manager told us this would be addressed.

Staff received regular training and supervision and individual support was provided to ensure staff had the knowledge and skills to support people. People were supported to maintain and improve their health with support from health care professionals.

The home was clean and tidy throughout. Systems were in place to help ensure people were protected from the risk of infection. Staff understood safeguarding risks and procedures and knew what to do if concerns were raised. People were supported to receive their medicines when they needed them. There were enough staff, who had been safely recruited, working in the service.

People were happy living at the home. They told us staff were kind, they were given choices and able to do what they liked throughout the day. There was a positive culture at the service. People, relatives and staff were asked for their feedback through meetings, discussions and feedback surveys.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Freshford Cottage Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to need for consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective 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 

Freshford Cottage 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 Health and Social Care Act 2008.

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 1 inspector.

Service and service type

Freshford Cottage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Freshford Cottage Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed a range of records. These included 3 recruitment records, accidents and incidents and quality assurance audits. We looked at medicine administration charts, 4 care plans and risk assessments along with other relevant documentation to support our findings.

We spoke with 7 people who lived at the home. We also gathered feedback from the relatives and representatives of 6 people. We spoke with 9 staff members; this included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from 3 health and social care professionals.

We observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas, this included the lunchtime meals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were protected from the risk of harm from abuse or discrimination. Staff received safeguarding training and told us what actions they would take if they were concerned people were at risk of harm through abuse or discrimination.
- Safeguarding concerns were referred to the local authority safeguarding team appropriately.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. Staff knew people well and understood people's individual needs and the risks associated with their care. Staff told us how they supported people to manage risks safely. For example, they explained how they checked people's skin integrity to ensure there was no pressure damage and where required supported regular position changes.
- Some people were living with risks associated with their health conditions, for example diabetes. Nursing staff were aware of the complexities of managing these risks safely. Although information to support the complex care was available it was not always within the care plans. This is discussed in the well-led section of this report.
- Some people needed support to maintain their mobility, personal hygiene and skin integrity. Care plans and risk assessments informed staff how to support people safely and appropriately.
- Environmental risks were identified and managed. Regular health and safety checks were completed. Servicing contracts were in place included electrical equipment, gas and lifting equipment. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.

Staffing and recruitment

- There were enough safely recruited staff to support people. We saw that people were attended to promptly. Staff told us there were always enough staff working and in case of absences regular agency staff were used. One person told us staff responded to their needs promptly. They added, "The sit on my bed and just talk to me." A staff member told us, "We're ok with staffing levels, there's always time to spend with people."
- Relevant pre-employment checks were completed before staff started work at the home. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. All registered nurses had a record of their personal identification number (PIN) and this was checked by the provider to ensure they were safe to practice.
- We identified that the registered manager had not always recorded a full employment history for some staff. However, the registered manager was able to tell us about staff employment history. We were told this

would be addressed.

Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, administered and safely. Protocols were not in place for all medicines that had been prescribed 'as required' (PRN) medicines. However, staff knew people well and were familiar with their needs. The registered manager contacted us after the inspection to tell us protocols had been reviewed and were now in place where required. This is discussed in the well-led section of this report.
- Medicines were given to people individually in a way that suited each person and people told us they received their medicines when they needed them. Medicine administration records (MARs) were completed after the medicine had been given. Only staff who had received medicine training and been assessed as competent gave people their medicines.

Preventing and controlling infection

- The home was clean and tidy throughout. There was a cleaning schedule to provide guidance for staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family and friends were free to visit the home whenever they wished.

Learning lessons when things go wrong

- Accidents and incidents were used as learning to improve the care provided. Staff recorded and reported concerns they identified. Information was shared with staff to ensure they were aware of any changes to care and support.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always following the principles of the Mental Capacity Act. We saw a number of care plans where restrictions were in place, such as bed rails, and mental capacity assessments and best interest decisions were not in place. For example, 2 people shared a bedroom and there were no mental capacity assessments to determine if either person had capacity to consent to sharing. Staff told us 1 person had chosen to live in a shared room but there was no information available to show this had been discussed and/or reviewed.
- Staff told us another person lacked capacity and their relative had legal authority to consent on the person's behalf. We saw consent forms had been signed by the relative and there was evidence that showed why the relative believed sharing a room was in the person's best interest. However, during the inspection it was identified that the relative did not have the legal authority to consent on the person's behalf.
- Mental capacity assessments had been completed for another person. These were not all decision specific. Best interest meetings had taken place, but it was not always clear what mental capacity assessment these related to.
- Consent forms were in place, for example in relation to care plans and photographs. One consent form stated a person was able to understand but not able to retain information. There were no mental capacity assessments to determine what the person was able to consent to or where best interest decisions may be

needed.

People did not have their care and support needs delivered in line with MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Need for consent.

- DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff.
- We observed staff asked people's consent before providing support. People were always offered choices in all aspects of the care and support provided.

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

- Before moving into the home people's needs and wishes were assessed to ensure they could be supported effectively at the home. This also ensured staff had the appropriate knowledge and skills to support people.
- When people moved into the home care plans were developed and regularly reviewed with people. At the inspection we found that not all care plans for people new to the home had been put in place. The registered manager explained the reason for this and this is further discussed in the well-led section of the report.
- Recognised tools were used to assess people's level of risk of skin damage, malnutrition and oral health needs.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, support and on-going training to so they had the skills to meet people's needs. We identified that although staff had received MCA training, they did not have a full understanding of how to apply this in practice. We discussed this with the registered manager who acknowledged that further training and understanding was required.
- New staff completed an induction period, this included shadowing more experienced staff until they were assessed as confident and competent to work unsupervised.
- Staff told us they received the training they needed. One staff member said, "Training is very good." Staff told us some training was online and some was face to face. Staff completed competency assessments following training to ensure they had the knowledge and skills. The registered manager told us if staff were having difficulties with online training, they would support them on an individual basis to ensure they were able to complete the training.
- Staff received regular supervision and some supervision included elements of training and competency assessments, for example the use of PPE. Nurses also received clinical training and updates as part of supervision and through staff meetings.

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

- People were supported to have enough to eat and drink throughout the day to meet their nutritional and health needs, individual choices and preferences. People were provided with the appropriate support to eat their meals. Staff sat with people, maintained eye contact and engaged with people throughout. One person said, "The food is lovely."
- At the lunchtime meals we saw that people were served their lunch, dessert and a hot drink at the same time. Whilst people did not raise concerns about this it could be off putting to people as it did not encourage them to eat their meals at their own/or a leisurely pace. We discussed this with the registered manager who recognised this needed to be improved and told us new ways of working that would be implemented following discussions with staff.

- People's nutritional needs were regularly reviewed and referrals were made when required. Some people required specialised diets, and these were provided. One person was only taking small amounts of food and drink therefore staff had contacted the GP for advice and guidance. People were regularly weighed to help staff determine any additional nutritional needs.

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

- The home was appropriately adapted to meet people's needs. People were supported to spend time wherever they wished. There were accessible showers and toilets had rails and raised seats to help support people's independence. There were no baths at the home and this was explained to people before they moved in.
- People's bedrooms had been personalised with items of the persons choice, such as photographs and other individual items. Where people had been assessed at risk of falls or were unable to use call bells sensor mats were put in place to help keep the person safe.
- There was one communal lounge with an adjoining dining room for people to spend time together. Although this space appeared limited the registered manager told us how it could be adapted to accommodate as many people as wished to use it.

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

- People were supported to access health care professionals and services when they needed to and when their health needs changed. A healthcare professional told us, "They (staff) had a good understanding of their resident's medication and general medical conditions."
- The GP contacted the home on a weekly basis to discuss the needs of people. When people's health needs changed staff contacted the appropriate healthcare professional to discuss any concerns and ensure appropriate care and treatment could be provided.
- Where people required regular healthcare checks they were supported to maintain these. People's oral health needs were assessed, and they were supported to access dental services. Staff supported people with their oral care and promoted good oral hygiene.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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; 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

- There was a range of audits and checks to help ensure the quality and safety of the service. These had identified that a review of mental capacity assessments and best interest decisions was required and PRN protocols needed to be more robust. These had been recorded as 'done' but we identified improvements were still needed.
- Care plans and risk assessments were not always present or contained all relevant information. For example, 1 person did not have care plans in place, but risk assessments had been completed. A risk assessment showed the person was at risk of pressure damage but there was no guidance about how to prevent this. Action was taken and these were in place at our second site visit.
- The registered manager told us about a series of recent events that had impacted on the service. These events included permanent nurses being absent and agency nurses being utilised. Assessments had been completed and admissions planned before these absences. As a result, nursing staff who usually completed care plans had not had time to fully complete these for the newer admissions. The registered manager had recognised this as an issue and told us they had paused admissions until the paperwork was completed.
- Care staff completed daily living charts. These required staff to highlight information at the top of the page detailing what support people needed. These sections were not consistently completed. For example, for 1 person, the section for position changes had been recorded as required on 1 day, but not on the previous day. The registered manager told us this was something they were aware of and were working with staff to improve. We saw records of these discussions in staff meeting minutes.
- During the inspection we identified that 2 statutory notifications that should have been submitted had not been received. The registered manager addressed this and they were submitted.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. Care records were inconsistent and did not always detail the needs of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- The registered manager was responsive to concerns raised and worked to make improvements. For example, when it was identified that PRN protocols were not in place for all PRN medicines this was addressed.
- We discussed our concerns with the registered manager, nurse and care staff. They told us people's care

and support needs were discussed during handovers and staff demonstrated that they knew the support each person required. This helped to ensure the impact on people, through lack of care plans was somewhat mitigated. Daily notes completed by the nurses reflected the clinical support people had received during the day.

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

- There was a positive culture at the home and the registered manager engaged with people, relatives and staff. People told us they were happy living there. One person said, "I can't complain, others might but I can't, it's wonderful." Relatives also spoke highly of the culture. A relative told us, "It's like we are part of a family."
- People had been involved in developing the activities programs. One person told us they were looking forward to the afternoons activity as it was something they had asked for. Another person told us there was enough to do. They said they were able to choose what they would like to do. They said, "There are plenty of opportunities."
- Relatives told us they were kept up to date with their loved one's care and what was happening at the home. They completed feedback surveys and were able to attend relatives' meetings. Where relatives lived a distance away staff supported people to maintain contact through phone and video calls.
- Staff spoke highly of the registered manager. They told us she was supportive and always available to discuss any concerns. One staff member, "If anything happens we're told at handover or even a quick meeting."
- Staff spoke well of the culture. A staff member said, "We're all very close, we have a nice time and there's a nice atmosphere for residents." Staff were asked for feedback about the service through quality assurance surveys, supervision and regular informal discussions.

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were analysed to identify if there were any themes or trends or actions required to prevent a reoccurrence. Changes to care or staff practices were made when required. Staff told us they were regularly updated about any changes at the shift handover, throughout the day and at staff meetings.
- The registered manager and staff worked with others to help improve people's health and well-being. They also worked with others to improve staff knowledge and skills. Following IPC training staff identified that the current cleaning schedule needed to be reviewed. A meeting was due to be held with the housekeeper to develop a new schedule that met the needs of the home.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider was not following the principles of the Mental Capacity Act 2005.11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(c)