

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 effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 1 and 2 November 2018 and was unannounced.

At the last inspection in August 2017, we found one breach of Regulation. The provider had not done all that was reasonably practical to mitigate the risks of people choking. We made requirements for this to be addressed and the provider sent us an action plan. We required the provider to complete an action plan to show what they would do to improve people safety. At this inspection, we confirmed the provider had taken sufficient action to address the previous breach of Regulation.

At the last inspection we recommended that references were obtained from previous employers to ensure that checks were made that newly appointed staff were safe to work with people. At this inspection we found that improvements had been made and that complete checks were carried out to ensure that recruitment practices were safe.

At the last inspection we made a recommendation about staff deployment during lunchtime. At this inspection improvements had been made to staff deployment at lunchtime. There were sufficient numbers of staff to meet people's needs but we received mixed views from people about staffing numbers at other times during the day.

Fairlight Nursing 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.

Fairlight Nursing Home is registered to provide accommodation with personal and nursing care for up to 62 people with a variety of needs including those living with dementia. At the time of our inspection, there were 58 people living at the home who had varying needs such as those associated with old age, frailty and dementia.

Fairlight Nursing Home has a range of facilities including five lounge-dining rooms with en-suite facilities. There were two buildings joined by a corridor. There were 28 bedrooms in the new building and 34 in the old building. The home accommodates people in units, each of which have separate adapted facilities, but people and staff moved freely around all units. One of the units specialised in providing care to people living with dementia and memory loss. The premises had well maintained gardens which people were seen using, the premises were clean and brightly decorated.

Records were not always fully completed and checks were not always effective. Care records showed any risks to people and people's needs were assessed. People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed. Not all staff knew how to access all documents in the online care planning systems used at the home, this led to shortfalls and gaps identified in record-keeping.

Medicines were given safely but there were shortfalls in checks and audits identifying gaps in recording and checking that we identified during the inspection. The frequency of medicine audits was monthly and there was not a procedure to guide staff on what to when medicines have been stored above average storage temperatures.

Staff said they felt supported in their work. Staff received a range of relevant training and the provider invested in additional training to support staff progression and to increase knowledge to meet people's needs. We recommended that all staff, including agency, that are deployed to the dementia unit receive training in behaviours that challenge in dementia.

A number of audits and checks were used to check on the safety and quality of the care provided but these had not identified some shortfalls that we found at this inspection.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people and relatives said they were consulted about the person's care and care plans were individualised to reflect people's needs. Some care plans showed how people's needs were to be met and how staff should support people.

People told us they felt safe at the home. Staff knew how to keep people safe, including in the event of an emergency such as a fire. The complaints procedure was available and people knew what to do if they had a complaint. The registered manager was motivated to continue improving the quality of care at the home.

People's capacity to consent to their care and treatment was assessed for most people and applications made to the local authority where people's liberty needed to be restricted for their own safety. Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and how that was applied to caring for people.

There was a choice of food and people told us they liked the food. Staff treated people with dignity and respect and we observed kind and caring interactions between people and staff. A structured activity programme was provided and an activities member of staff was given protected time to visit people who were cared for in their rooms.

At this inspection we found one breach of Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

## 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.

Risks to people were assessed but gaps were seen in records monitoring those risks.

People received their medicines safely but there were gaps in medicine checks and monitoring.

Improvements had been made to support people to eat safely.

Staff recruitment procedures were safe. There were sufficient numbers of staff provided to meet people's needs.

Staff knew how to safeguard people from possible abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were supported with training and supervision.

We recommended that all staff working on the dementia unit to be trained in behaviour that challenges in dementia.

Staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice.

People were supported to have a balanced and nutritious diet.

People's health care needs were monitored. Staff liaised with health care services and treatment was arranged where needed.

Premises were well adapted and equipped to meet people's needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff were observed to be caring and friendly with people. People were treated with respect.

**Good** ●

People were supported to be involved in decisions about their care.

Permanent staff and consistent agency staff knew people well.

People were consulted about their care and their privacy was promoted by staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and reviewed.

Structured activities and one to one activities for some people were provided to people by activities coordinators.

The service had a complaints procedure.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

There were a number of systems for checking and auditing the safety and quality of the service but these had not identified some shortfalls that we found at this inspection. Records were not always fully completed and checks relating medicines management were not always effective.

Improvements to the management of the service had taken place and plans for further improvement were underway.

The provider sought the views of people regarding the quality of the service and took action to address any concerns or suggestions.

# Fairlight Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 and 2 November 2018 and was unannounced. At the last inspection in August 2017 the service was rated Requires Improvement.

This inspection was carried out by two inspectors 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 service.

Before the inspection, we reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection visit we spoke with 16 people and two relatives, prior to the inspection we spoke with two relatives. We spoke with an agency nurse, two registration nurses, the head of care and the head of housekeeping who was an infection control champion. We also spoke with the registered manager, activities assistant, head chef, a team leader who was the dementia champion, the maintenance person, a carer and a senior carer. During our visit we spoke to a visiting speech and language therapist.

People living at the home had a range of communication styles, we spent time observing the care and support people received in the communal area of the dementia unit of the home to be able to understand people's experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Following the inspection, we spoke with a social worker, Dementia Specialist & Avoiding Admission Matron and an independent advocate. We also spoke with the contracts team from the local authority and a

community mental health nurse. These professionals gave us permission for their comments to be included in this report.

During the inspection, we observed medicine rounds in both buildings and looked at medicine records such as medicine administration records (MAR) and protocols. We looked at care plans for five people and looked at assessments such as wound records and bed rail assessments. We reviewed the action plan following the last inspection and the registered managers current action plan. We looked at audit records such as call bell audits and medication audits. We looked at relevant policies.

## Is the service safe?

### Our findings

At the last inspection in August 2017, we rated this key question as Requires Improvement. We found one breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The provider had not done all that was reasonably practical to mitigate the risks of people choking. We issued a requirement notice for this to be addressed and the provider sent us an action plan. At this inspection, we found these improvements had been made and the regulation was now met.

A new system of checks when delivering food to people had been introduced at the last inspection and at this inspection these improvements had been embedded. We spent time during the inspection to check on systems in the kitchen and on the lunchtime experience. Staff received training on thickened fluids annually as four people were now receiving thickened fluids. Staff were given updates on people's thickened fluid needs in handover and this was seen in recent staff meeting minutes. The head chef showed us records of people's dietary needs and records of when nursing staff checked the accuracy of the information.

A system of red trays and red writing on lids has been introduced at the last inspection. At this inspection we could see this system continued and has been embedded. Any person assessed by a Speech and Language Therapist (SALT) team and identified as needing a textured diet had their meal served from a red tray. We checked that care staff serving meals knew this system. This system has also been included in the induction for all staff including agency staff. Care staff told us about using red lids and trays, meaning that a person has been assessed by a SALT and have specific dietary needs to avoid the risk of choking and knew to speak to kitchen staff before taking a meal out to a person.

The head of care had supernumerary time to supervise meals, which was observed on inspection. Following the last inspection, a head chef had been appointed, the head chef told us they had a day per week of supernumerary time to focus on records and the preparation of menus.

The head chef had recently introduced the International Dysphagia Diet Standardisation Initiative (IDDSI) codes written on to the meal lid and a thickener check system. IDDSI are standardised codes, endorsed by the Royal College of Speech and Language Therapists, for texture modified foods and thickened liquids for people with dysphagia and at risk of choking. Kitchen staff had implemented a new thickener guide and the head chef had attended a care staff team meeting to share this. We will not be able to confirm if sufficient action has been taken until we next inspect the service.

Each person had a call bell in their room. We received mixed views from people and relatives about how responsive staff were to call bells. When asked how long they had had to wait, a person said "Sometimes half an hour. It depends on who else is waiting." And another person told us "They would come, but they're sometimes slow, especially at meal times." We observed that two people did not have their call bell within reaching distance, we showed this to staff and they addressed this immediately. Some people told us where their call bell was and how staff helped them to clip it to a dressing gown or to their pillow case when they were sleeping so their call bell was accessible. We looked at records of call bell audit records which looked at 48 hours' worth of call bell use every month, the records showed that there was a mix in the

responsiveness to call bells. We told the registered manager about the mixed views we had been told by people during the inspection. The registered manager told us that an update is going to be installed to their call bell system in both buildings to improve auditing and monitoring.

People had mixed views about whether there were enough staff to meet people's needs. Some people told us there were enough staff, for example one person said to us "No, they have enough time.", another person told us "Staff are here day and night." And another told us "if you want help, they're here." Another told us "Yes, there's no problem, there's enough staff." Some people told us more staff were needed, for example a person told us "They need a couple more, they're rushed and pushed." Another person told us "I ask if I want something and they get it. Sometimes I feel I'm being rushed and they are rushed themselves. They are under pressure because there's not enough staff." Another person told us "There's never enough staff. You have to wait, especially if you want to go to the toilet. You can wait as long as half an hour. I usually get told they have to do something else and can I wait."

We looked at staff rota's, how the registered manager decided staffing numbers and we observed that there were sufficient staff to meet people's needs. The registered manager used a mix of permanent, self-employed and agency staff. Following the last inspection, the manager told us a dependency assessment tool was being introduced to assist in determining staffing levels. At this inspection the registered manager showed us the dependency tool and how this was reviewed dependent on the needs of people living at the home. We told the registered manager about the mixed comments we received from people. The registered manager had worked with the local authority Care Workforce Development Team to address recruitment and retention challenges. Since the last inspection the provider had recruited a head chef and a head of care. Directly following the inspection, the provider had recruited a clinical lead. The registered manager had introduced supernumerary time for the head chef, head of care, deputy manager and two nursing staff to specialise in end of life care and medicine management.

At the last inspection we recommended that references were obtained from previous employers to ensure that checks were made that newly appointed staff were safe to work with people. At this inspection we found that improvements had been made and that complete checks were carried out to ensure that people were protected by a safe and thorough recruitment practice. Staff files included the appropriate information to ensure all staff were suitable to work in care. All checks took place before staff started work at the home, this included Disclosure and Barring checks (DBS) and references.

We observed fault alarms going off on two pressure relief mattresses, we told a member of staff who reported this to the maintenance person. The registered manager and maintenance person told us that pressure relief mattresses were not checked or serviced regularly or were part of regular checks. Maintenance work was done to mattresses as and when reported by care or nursing staff. This did not have any impact on the safety of people living at the home. We raised this with the registered manager, the provider told us they had recently signed up to a business giving regular mattress servicing. The regular monitoring and maintenance of pressure relieving mattresses was an area of practice in need of improvement which the registered manager and provider acknowledged and were already taking steps to improve.

Medicines were given safely. People told us they received their medicines on time and were supported to have their as and when needed medicines when appropriate. A person told us "The nurse does it day and night." Another person told us "Yes, they do that at certain times. At dinner time and one at 6.00 in the morning, I'm awake early, they know that."

Where 'as required' medicines (PRN) had been prescribed, protocols detailed the purpose of the medicines

but they were not individualised and based on the symptoms of the individual. 'As required' medicine (PRN) protocols did not give staff consistent guidance to make sure people received their prescribed PRN medicines appropriately. We reviewed protocols for two people who had 'as required' medicines prescribed for agitation. For example, there was no detail as to the type of behaviour the person might exhibit or what to monitor for following the administration of the medicine.

On one occasion we observed eye drops stored in a person's room that did not have the date of opening clearly recorded and another that was out of date. We were told that these eye drops were no longer used by the person and staff discarded them immediately.

Medicines were stored securely. We observed the administration of medicines in both buildings. We reviewed the medication administration records (MAR) for eight people and saw that administration was recorded and there were no gaps in recording when medicines were administered.

Oxygen was administered to one person in their room and there was appropriate signage on the door to alert people to the use of oxygen in the room.

Risks to people were identified and assessed. We looked at assessments of the risks of falls, malnutrition and pressure damage. People and relatives told us they felt safe, a person told us "Yes, I'm looked after very well." And a relative told us "I know she's safe; she wasn't safe at home."

Staff demonstrated a good understanding of safeguarding processes and protecting people from abuse. All staff had mandatory training in safeguarding. People told us they would speak to a manager or a nurse if they did not feel safe. A senior social worker told us that management at the home has a good grasp on the safeguarding process and that the home was safer with good leadership.

People were protected from infection. People told us that the home was clean, a person told us "They clean in here every morning and they change my bed every day. The cleaners are nice, they're jovial." Another person told us "It's spotless." We observed staff regularly washing their hands and using colour coded personal protective equipment when delivering personal care or serving meals. There were sufficient stocks of personal protective equipment that included hand gel available for staff and visitors. Staff had mandatory training in infection control, health and safety and food hygiene. Spill kits were available for cleaning up spillages of bodily fluids and staff had been trained to use these. Cleaning fluids were stored in locked cupboards and data sheets and risk assessments maintained in line with control of substances hazardous to health (COSHH) guidelines.

Since the last inspection a head housekeeper role was appointed and the provider had worked to improve cleanliness and increase checks to ensure that people were prevented from infection. The provider had nominated staff as Infection control leads who carried out audits to check on cleanliness. The infection control leads had training booked for 2018 and early 2019. The infection control leads had introduced monthly deep cleans which records showed. Daily, weekly and monthly cleaning schedules were in operation.

The provider had sufficient health and safety arrangements. Checks were made by suitably qualified persons of equipment such as the gas heating, electrical wiring, fire safety equipment fire alarms, hoists and passenger lifts. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. Emergency grab bags and plans were available in each building. Staff received fire safety training and fire drills took place. The procedures for the prevention of Legionella were checked. Following the last inspection, a pond in the garden had been filled to make a raised-bed vegetable patch for

people to use.

The registered manager demonstrated they learned from mistakes and make improvements when things went wrong. We saw examples of where learning had been shared across the home in staff meeting minutes and in handover for example in sharing and learning about a new system for thickening fluids for people at risk of choking. The registered manager and staff were quick to resolve issues identified and honest when something has gone wrong. The registered manager had a good understanding of duty of candour and complaints records supported this.

## Is the service effective?

### Our findings

Staff had completed online dementia training but fewer staff had completed challenging behaviour training. The staff training matrix confirmed this. A community mental health nurse (CMHN) told us that some but not all staff were competent to manage the behavioural and psychological symptoms of dementia. The CMHN told us "There are two very good carers on the dementia floor who seem to always know about the patients and look after them very caringly." An independent advocate told us that the registered manager had recognised the need for training on behaviours that challenge and staff had started to receive training on this training. A dementia specialist told us that staff regularly attend training study days offered by the NHS trust, as well as requesting bespoke training for their home. Agency staff were not required by the provider to have training in behaviours that challenge. We observed an agency staff member speak with a person living on the dementia unit who was agitated and became more agitated by staff speaking to him. Staff did not know how to diffuse this. Later, another member of staff was able to distract them with their lunchtime meal. We recommend that all staff, including agency, that are deployed to the dementia unit receive training in behaviours that challenge in dementia.

An independent advocate told us that staff had supported a person who had moved from another care setting where they had behaviour that challenged. They told us two carers that knew the person well had "worked miracles for the person by developing positive relationships with staff". The independent advocate also told us that when the person moved to the home staff had arranged a medicine review to reduce the number of anti-psychosis medication.

A team leader who was a dementia champion at the home told us how doing additional dementia training has supported their practice, allowed them to cascade this new knowledge to staff working on the dementia unit and improving knowledge and practice. A dementia specialist told us that staff and the registered manager had been open and responsive to any advice and training offered to them. Staff and the registered manager told us additional training was made available to increase knowledge to meet people's needs and to support staff to progress in their careers. Some care staff completed or were in the process of doing associate practitioner training to become a nurse. Staff were given secondment opportunities and opportunities to progress within the organisation.

The home used technology to support people to keep in touch with family and friends and engage with family, the home received video's or letters and used Skype facilities. The registered manager told us they hoped to introduce social media to keep in touch with relatives and friends.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Best interest decisions were not always recorded including when meetings had happened. Bed rail assessments records showed that if a person had capacity consent to use bed rails was sought from the person. We reviewed two forms that had been completed where bed rail assessments had been undertaken alongside mental capacity assessments and a best interest decision was recorded with involvement of the person's family members. Where a person did not have mental capacity, we saw assessments with no record of how a best interest decision was made and who this involved. We fed this back to the registered manager to address.

We spoke to staff about one person who had refused to answer questions or engage with professionals since moving to the home. Staff told us it had not been possible to carry out a mental capacity assessment and we saw records of visiting professionals. A best interest meeting had been planned however this had been cancelled due to unforeseen circumstances. At the time of inspection, no further best interest meeting had been scheduled and the plans were not clear to support the person. We discussed this with the registered manager who was taking steps to address this.

An independent advocate told us that the registered manager and staff understand and followed conditions from the Court of Protection. They told us that staff worked to have strategies in place to reduce restrictions on people and supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. They gave an example of a person living with short term memory loss who enjoyed walking around freely in the home and participate in activities. Staff had strategies to encourage the person to go back to their room, when appropriate, in a way that did not restrict or distress the person.

Some people told us that staff were well trained. A person told us "They seem to be well trained." Some people gave us mixed views about new and agency staff. One person told us "Yes, but some of them, when they're new, they haven't had enough training." And another person told us "Yes, they're friendly, they're a great crowd. But the agency staff have an entirely different approach. The regular staff are dedicated; the agency staff don't care."

Staff received mandatory training in topics such as manual handling, fire training, first aid and food hygiene. Staff told us they received regular training. For example, one registered nurse told us they had recently completed verification of expected death and catheterisation training. Other members of the nursing team were in the process of undertaking a course at a local hospice on caring for people at the end of life. The course included them carrying out a project to support high quality end of life care within the home. We observed competency frameworks for nursing staff administering medicines and saw that these had been completed for registered nurses working in the home.

All staff completed a standard induction for the home and a team specific induction for example for housekeeping or care had been recently introduced. All staff completed the care certificate and then completed the national vocational qualification after completing the care certificate. Team leaders were encouraged to do NVQ level 3 and one member of staff was completing their NVQ level 5.

Staff told us they felt supported and received supervision. One care staff member told us they felt very supported because the staff member that line managed them was also present on the floor they worked on.

People were supported to have sufficient to eat and drink. We observed staff sitting with people at mealtimes and supporting them to receive their meal as appropriate to meet the person's needs. People told us they enjoyed the food. A person told us "The food's good. There's plenty and they make sure we get our five a day. The food is better than in some hotels. They do a variety of things, steak, stew and dumplings.

They do a mixture of things, some of it's like mum used to give you." A person told us that staff ask them what they would like to have for their meal, they told us "I think the food's very good. They come round with a card."

The head chef showed us the seasonal menu that was rotated every four weeks which had several options for each meal. The head chef told us they spoke to people to get their feedback and used relative and resident meetings to talk about the menu.

We observed lunchtime meals, if a person changed their mind or wanted another portion staff offered choices and supported people to have sufficient to eat for their meal.

The head chef recorded and kept up to date with people's dietary needs such as allergies or needs as assessed by a speech and language therapist. Where a person needed a soft or pureed diet the head chef had received additional training and used moulds. People were supported to have snacks such as custard pots and smoothies. Where a person needed a high calorie or fortified diet the head chef recorded this and fortified foods appropriately. The kitchen staff used a Care Home Malnutrition Pack to guide how to support people who were at risk of malnutrition.

At the time of inspection there were no people living at the home that had dietary needs due to cultural or religious preferences, staff told us they would accommodate the needs of any new people moving to the home. The head chef showed us records of how they were preparing for a person who was moving to the home and who had specific dietary needs.

People's weights were monitored and where a person had experienced weight loss this was reported to their GP. Some people had their food and fluid intake recorded as part of a nutrition and hydration care plan, these records sometimes had gaps which we have talked about in the well-led section of this report.

People told us they see the doctor when they need to. A person told us "They come to me. I've been to the doctors because of problems with my ear." Another person told us "They soon get you a doctor if there's anything wrong with you." And a relative told us "The doctor comes in and they have a check-up every 6 months."

People's records showed that they had access to support from visiting professionals as appropriate. For example, we viewed records of visits or input from GPs, paramedic practitioners, speech and language therapists, tissue viability nurses, occupational therapists and community mental health nurses.

A person told us about when they fell at the home "I had had one, but I didn't really hurt myself. I had to ring. They [staff] came quickly. The nurses came and helped me back to bed. I'd slipped off the chair. The nurse made sure I was OK." Another person told us "I tried to stand and I'd got no balance. The staff got the paramedics and the ambulance. I'd broken my hip."

The premises were adapted and decorated to meet people's needs. They were designed to have spaces where people could freely walk around. People were observed to use the garden. There were several communal lounges and dining spaces for people to eat together and participate in activities. There were smaller lounges and spaces so people could spend time together with visitors if they wished. A couple had previously had a room converted to a lounge space to support them to transition from living independently at home to moving to the home and supporting their need for privacy.

The registered manager and head of housekeeping told us that there were four rooms in the old building

where the carpets needed to be replaced and there was a schedule to do this while reducing disruption to people living in the rooms. The registered manager aspired to have a noticeboard with "you said, we did" to show visitors what changes had been made following feedback.

## Is the service caring?

### Our findings

People spoke warmly of some staff members and we observed kind and caring interactions between people and staff. A person told us "They are here because they like us and get something out of the job." Another person told us "Some of the staff are superb, pure gold." We observed staff to be caring and kind, showing genuine affection for people. People told us that staff were very caring. A person told us "The staff are lovely; they do a lot." Another person told us "One of the women at night, she's amazing, she seems to be everywhere at once." A relative told us "The staff are fond of her." Some people told us that due to the use of agency staff not all staff know them well.

We observed interactions where staff were patient and kind. For example, we observed a carer encouraging a person to leave the table after lunch as they needed to attend a health appointment. Staff very gently persuaded the person and supported the person to transfer from their seat to a wheelchair in a sensitive and discreet way that did not rush the person. The person was encouraged to take their time and only to move when they felt safe to do so.

People were supported with their emotional wellbeing. A person told us "Sometimes I'm sad and upset. They were so helpful when my relative died. They were so understanding." We observed staff interacting with people sensitively at their pace.

All staff received training in equality and diversity. Staff told us that religious services have been provided to meet some people's specific needs. The registered manager valued the diversity of staff and was proactive in meeting the needs of staff with protected characteristics. Staff told us they felt well supported and records showed that the registered manager had offered reasonable adjustments and support if they had a protected characteristic.

The registered manager was proactive in ensuring that they complied with Accessible Information Standards and had a policy in place. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. A person who had a visual impairment told us they were happy with being visited a few times a week by an activities staff member, they told us "I can't do much because I can't see. I go to the quizzes. One of the ladies comes and reads to me 2 or 3 times a week." An activities coordinator told us they visited people who were cared for in their beds to chat and read a book or newspaper.

Kitchen staff provided pictures of the meal options on the menu to support people with sensory impairment or limited verbal communication to choose what meal they would like to choose for the following day. They also told us the registered manager and staff worked together to support a married couple living at the home to spend time alone together in private, in communal spaces or in the garden.

Care plans informed staff which aspects of personal care people were independent and where staff needed to provide support. We observed two people choosing to go into the garden and staff supporting them.

People told us that their privacy was respected and they were treated with dignity. We also observed that

people's privacy was respected, for example staff were observed to knock a person's door and introduce themselves before entering the person's room. A person told us "They always close the door when they come to see you." Another person told us "Yes, they pull the curtains." And another person told us "Yes, they are good about that. They close the door."

## Is the service responsive?

### Our findings

Staff had a good understanding of people's needs and preferences. We observed positive interactions between staff and people that showed staff knew people's preferences and needs. We observed a relative and their child visiting to have dinner with their loved one. We heard people and staff singing happy birthday, laughing and people enjoying being in the company of a child who was happily playing.

People told us there are activities available. There was a structured activities schedule and seasonal events such as fireworks night and Halloween party. We observed people painting poppy pictures to prepare for Remembrance Sunday. A person told us "I like doing the exercises better than anything else. They had singing today and yesterday afternoon." Another person told us "There's activities going on all the time: there's singing, dancing and cards. I don't like anything like that, I prefer to do my knitting." When asked if they went out the person told us "When the weather is really nice, they take me out in the garden in the wheelchair and we go out to shows sometimes. That's nice." We observed a member of staff playing scrabble with a person. If a person did not want to participate they were encouraged, but their wishes were respected. A person told us "Any mention of it, I put my hands up in horror. I don't like group things."

People that lived within the dementia unit were supported by dementia-friendly care that recognised their individual needs and preferences. In the unit we observed people spending time with staff in the lounge playing ball games and singing reminiscence songs. The dementia lead and the registered manager described aspirations for dementia friendly adaptations to the unit.

Resident meetings were attended by people and their relatives. A person told us "They have regular meetings every four or six months." And a relative told us "The meetings are good. They let you know why they do the things they do." Minutes were seen and it was noted activities were discussed.

People told us they knew to speak to the manager or whomever was in charge that day if they had any concerns or complaints. A relative told us they had raised a complaint. They told us "I have done and it was dealt with." A person told us "I do. They do listen to me, I feel they spoil me." Records of complaints and actions taken to resolve the complaints confirmed that complaints had been addressed.

Assessments of people's needs began during the pre-admission process and that where a person had been admitted from hospital, their discharge summary had been considered as part of planning their care. People's needs were assessed and their care plans were recorded on an electronic system. A person told us they had been involved in writing their care plan and other people told us they had not been involved. A relative told us they had been involved "I wrote it on Friday and I asked [relative's name] and she read through it. It was about her wishes and if she wanted to be cremated."

The home did not currently provide support to anyone on end of life care. The registered manager was able to tell us which professionals they would work with to ensure the care provided was the most appropriate. We saw records of people's advanced care planning and Do Not Attempt Resuscitation (DNR) documents. When people were identified as being at the end of life by their GP they had anticipatory medicines

prescribed. Two members of nursing staff were in the process of doing the six steps end of life care training programme with St Wilfrid's Chichester Hospice.

Compliments were seen from relatives of people where they stayed at the home until the end of their lives. A relative had sent a card saying, "At the end of her life she was happy at Fairlight, she felt safe there and she liked staff."

## Is the service well-led?

### Our findings

Records relating to people's care were not always maintained consistently. On the first day of our inspection staff were unable to locate a plan of care for one person's wound, on the second day of inspection a care plan was provided to us. We reviewed details of how the wound had been managed over a two-week period, we saw that this included the use of different products and advice was not written clearly for staff to consistently follow. A second person had three wounds. There were care plans for two of them. We spoke with staff about this and on the second day staff had revised the care plan to include the third wound. Wound care plans were audited monthly by a member of the nursing team. A recent audit recommended clear guidance for a person's wound in relation to which dressing to use for consistency but this had not been actioned at the time of the inspection. We did not identify any impact on the safety of people living at the home and told the registered manager so they could address the issues we identified with the records.

Risk assessments were not always regularly reviewed and gaps in recording were identified. Skin integrity risk assessments were looked at for five people assessed as high risk of skin breakdown, there were some missed months' or delays in reviewing skin integrity assessment, for example, for one person there were three months where reviews had been missed. This did not have any impact on the safety of people living at the home. We told the registered manager so they could address the issues we identified with the records.

There was a lack of accurate and complete records for medicines. There were shortfalls in checks and recording in medicines. Stocks of medicines that needed special storage requirements were not checked regularly. The home's medication management policy stated that stocks were checked weekly but records did not show this. Medicines for five people with special storage requirements had not been checked since August 2018. Stock awaiting return to pharmacy was not stored appropriately and the labels had been removed which left this stock at risk of being reused. Not all staff knew whether temperatures were monitored where people's medicines were stored, temperatures were monitored but actions had not been taken when temperatures went above the average storage temperatures to check that medicines were safe to continue using. We did not identify any impact on the safety of people living at the home and told the registered manager so they could address the issues we identified with record-keeping and monitoring.

The home used an online care planning system which was still in the process of being embedded. Staff told us they were waiting for an update with a new version of the system. Staff at all levels and in all teams, did not always find information about a person's care accessible on the system. The registered manager acknowledged in their own action plan that a new version of the system aimed to be in place in November 2018 and training for nursing staff was to be arranged.

Staff told us that there were limited laptops and computers to use to update the care planning system. A member of nursing staff told us that staff did not have time to access a computer each time they gave care which meant records were not always up to date or accurate. An independent advocate told us that they had seen an improvement in record-keeping and that staff were continuing to work to improve record-keeping.

Directly following our inspection, the provider appointed a Clinical lead, the registered manager told us the clinical lead would support nursing staff to make decisions, communicate with professionals and oversee recording, audits and checks.

Systems for assessing and monitoring the quality of the services provided were not effective. We saw records of monthly clinical audits. For example, there was a monthly audit of wound care however the audit did not identify the gaps in recording we identified on inspection. Medicines audits were carried out monthly and stock was not checked regularly. A procedure was not set out for staff to follow when medicines were found to have been stored above average storage temperatures. The registered manager told us that the newer version of the online care planning system would provide an improved audit and monitoring system.

Records were not always accurate and complete and processes for assessing and monitoring the quality of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their role and responsibilities for managing the home and all notifications had been completed in line with the Commission's requirements.

People gave us feedback about the approachability of the registered manager. One person told us that the registered manager was responsive when they had a concern. The person told us "I haven't had much to do with [registered manager]. She came in when I had a problem and she sorted it out."

The registered manager had carried out their first staff survey recently and results were being analysed and therefore were not available to the inspection team. Staff received a range of benefits such as incentives from the provider. Team meeting minutes and the registered managers action plan showed that General Data Protection Regulation (GDPR) training was discussed at two team meetings to update staff on how to keep personal information safe and confidential.

The provider sought to continuously learn and improve the service. Following an external fire assessment, a new policy was introduced following a recommendation from this assessment. An independent advocate told us that staff took on advice and were responsive and open to ideas.

A social worker told us that they found staff to be very responsive. They also told us the registered manager understood that working in partnership produced a better experience and better care for the individual and their family. An independent advocate told us that the home is calm, clean and bright and that staff and the registered manager engaged well with external professionals.

The local authority contracts told us that a routine monitoring visit had recently been carried out and that the registered manager actively sought support and new ideas to help the running of the home. The registered manager told us they were signed up to an initiative called the Well Led programme run by a local forum of care providers, West Sussex Partners in Care.

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<br><br>Shortfalls, for example gaps and lack of up to date records, were identified in records such as wound records and medicine checks and there was a lack of procedure for what staff should do where medicines have been stored above average temperatures. |