

Fairlight Manor Limited

Fairlight Manor

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 Manor is a care home providing personal care to up to 19 people. The service provides support to older people, people living with dementia and other mental health conditions. At the time of our inspection there were 16 people using the service. Fairlight Manor accommodates people across two floors, each of which has separate adapted facilities.

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

Some people were not always kept safe. There were hazards with the environment that were not mitigated. There were stair gates in other areas of the service, however the first floor had a stair gate missing at the top of a staircase. This meant people's safety was compromised living on that floor were at risk of falling should they have attempted to use the stairs if they were unsupervised or if they were not able to use the lift. This was addressed on the day of inspection.

Risk assessments were not always robust. Staff were not provided with full guidance with how to support people with different health needs and how to respond if health needs changed.

Quality assurance systems were in place to monitor the service people received. However, they had not identified the shortfalls we found at this inspection with regards to risk assessments for people and the environment.

The registered manager did not notify the CQC of incidents in a timely fashion in accordance with their regulatory responsibilities.

Staff understood how to protect people from poor practice and abuse. People told us they felt safe at Fairlight Manor. We observed people to be relaxed in the company of staff. Staff had training on how to recognise and report abuse.

People and their relatives told us they were happy with staffing levels. Staff were recruited safely and were suitable skilled and trained to support people.

Relatives told us they were confident in the care provided to people. People were supported to have choice and control of their day to day lives. Records showed that if people needed other healthcare needs, these were arranged using external healthcare professionals.

Staff supported people in the least restrictive way and in their best interests. Staff, people and relatives were supported to engage with the service. People and relatives told us the management team were approachable and accessible. Staff told us they felt well supported, empowered to develop and that Fairlight had a positive culture to work within.

Rating at last inspection

The last rating for this service was good (published 14 December 2017).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement

We have identified breaches in relation risk assessments, safety and management, and 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 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 Manor

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 completed by 2 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 care service.

Service and service type

Fairlight manor 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 CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fairlight Manor is a care home without nursing.

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. Inspection activity started on 12 April 2023 and ended on 26 April 2023.

We visited the location's service on 17 April 2023.

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 and professionals who work with the service. 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 observed the support people received throughout the day. We spoke with 11 people who used the service about their experience of the care provided and 5 relatives of people who use the service. We gathered feedback from 1 health care professional who regularly visited the service. We spoke with 4 members of care staff including the registered manager, clinical lead and kitchen staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were assessed but not all risks were mitigated. Some areas of the environment were not safe. Stairs were assessed as a risk for people and safety gates were installed to provide a barrier to people falling down. However, on the first floor, one of the staircases did not have a gate installed. This was despite people being able to use the stairs should they wish to. Staff told us people were never left unsupervised in these areas. We spoke to the provider about this and was addressed during the inspection.
- Specific risks to people were not always assessed to ensure they were kept as safe as they can be. One person was on medication that thins the blood and was also assessed as a risk of falling. There was no risk assessment in place and we could not be assured that staff had the knowledge to support this person effectively in the event of a head injury being sustained after a fall. Staff would assess them without taking into account what medication they were on and call the registered manager if they felt they needed to.
- Risk assessments did not always contain sufficient information to reduce to the risk to people. People chose to smoke outside in the garden and records showed that people used flammable creams for specific health needs. Although in people's care plans there were references to these creams there was not information documented that ensured other risks associated with their use were considered.
- Another person was observed to be very sleepy and needed arousing after lunchtime and records showed that they were diabetic. We asked staff if they had investigated whether their mood and physical state was due to abnormal glucose levels, but they could not be assured what was causing the person to be lethargic. There was not enough information in their diabetes risk assessment for staff to ensure they recognised the signs to look for if somebody living with diabetes' health was deteriorating.

Using medicines safely

- Medicines were not always stored safely or effectively. People had their medicines in cupboards within their bedrooms and staff were checking and recording temperature readings daily in line with the provider's medicine policy. Temperatures should not exceed 25 degrees. One record showed a temperature of 24 degrees at 7am. Records showed that temperatures were being taken early in the morning but not in the afternoon. We observed lunchtime medication administration and one person's medicine cupboard showed a reading of 30 degrees. Medicines were not being stored according to the provider's policy and procedures or according to the manufacturer's recommendations. This meant medicines were at potential risk of not being as effective as they should be.

A lack of environmental risk management and medication storage monitoring and lack of robust risk

assessments in place exposed people to the risk of injury or harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported safely with their medicines. We observed staff to be respectful and work within good practice. Staff asked people for permission to administer medicines and informed people which medicines they were taking. One person told us, "I know all the medicines I have."
- Staff competencies with medicines were regularly and spot checks were carried out. One staff member told us, "We are well supported as a team and always have training. Extra training if we need it."

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- There were enough staff to meet peoples needs and they were recruited safely. There were systems in place to safeguard people.
- The provider undertook recruitment checks on staff to ensure they were suitable for their roles. This included obtaining proof of identity and address, references, and exploring any gaps in employment history. The provider also obtained a Disclosure and Barring Service (DBS) certificate for new staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff attended safeguarding training and knew how to report any concerns they had about abuse or people at risk. One member of staff told us, "Any concerns of safeguarding or abuse will be reported straight away to my manager. A form will have to be filled out and any further action will be taken by my manager. If it needed to go further, I could report straight to the CQC."
- Staff rotas reflected the staffing requirements assessed by the provider needed to meet peoples needs and agency staff were used where necessary. Staff were trained and appropriately skilled to support people. One person told us, "There are enough staff here. I don't wait long if I need something."
- New Staff had a thorough induction, involving training, shadowing experienced staff and competency checks. One staff member told us, "When someone is recruited, they do the online training, then they are observed and don't work independently until someone says they are competent."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Records showed that although authorisations were met, the registered manager failed to notify CQC. This is covered more in the well led section of the report.
- Peoples legal representatives were clearly indicated in their care plan and decisions made in people's best interests were recorded correctly.

Preventing and controlling infection

- 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.
- People were able to welcome their friends and families into the service and to go out with them if they wished.

Learning lessons when things go wrong

- Accidents and incidents had been analysed and considered. Changes were made to manage future risks for people.
- Safeguarding investigations were followed up and actions taken to mitigate future risk to individuals such as additional training and competency checks for staff were arranged if needed.

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

- The providers quality assurance processes were not robust enough to identify shortfalls and concerns in practices. Audits had not identified the lack of information in care plans, specifically risk assessments. Environmental and health risks were not always addressed. Medicine audits did not identify that medicines were not being stored correctly. This posed a risk to people receiving care in a safe and effective manner and medicines being administered in a way which was not in line with best practice and manufacturer guidelines.

- The registered manager did not notify CQC of events that they are required to in line with their regulatory responsibilities. People told us that the lift was out of action due to a fault. We could not ascertain exactly how long for, but approximately 3 weeks. Staff assured us that people affected, were supported to use the stairs to access other areas of the service. The registered manager failed to notify us of an incident that stopped the service running safely and properly.

- The registered manager had applied for DoLS authorisations where people's liberty was being restricted. However, when the authorisations were received the registered manager failed to notify CQC these had been received. This meant we could not check that conditions, if any, were being met. However, at this inspection, we did not find any conditions that were not being met.

Systems had not been established to mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. Regulatory responsibilities were also not adhered to. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service had a positive environment. People and their relatives knew registered manager and spoke very highly of the staff team. One person told us, "I know who he [registered manager] is. He is approachable." One relative told us, "Communication is brilliant and is always kept up to date."

- We observed staff positively engage with people. One staff member told us, "I've only been here 6 months but I enjoy looking after people here. I like talking to them about things they like." One person told us, "Staff

work well wonderfully together. Problems get ironed out quickly."

- The registered manager told us that, "The culture of the service is important to him. Staff know how I want the service to run, he wanted people and relatives to feel they have only but nice experiences whether visiting or living here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people to engage with the service. However, one person said that, "She hadn't received a newsletter for a while. She was going to raise this with the registered manager. Another person told us, "There are resident's meetings, and if you say what needs to be changed, they really try to do it. At the next meeting they always ask if it happened."
- Relatives were invited to be involved with the service and people's care. The registered manager told us, "We have a yearly questionnaire and get their feedback. We have an open-door policy, so anyone can pop in at any time." One relative told us, "They always ring me once a month and see if I have any problems."
- Staff told us they are able to ask questions and put forward ideas. These are addressed in supervisions if needed.
- People's communication needs were supported to enable their involvement. The registered manager told us, "We will support people with specific communication needs and go through any questionnaires or similar with them."

Continuous learning and improving care

- People and relatives told us that lots of investment has been spent on facilities, the rooms and the gardens. There was a newly constructed annex housing a socialising area where people could dance, listen to music and celebrate historic and important events."
- The registered manager empowers staff to work together and focus on their own self development. Staff told us, "I try to take responsibility for my development." Another staff member told us, "Everyone is working together to improve life for residents."

Working in partnership with others

- The service worked effectively with professionals. Staff had access to all professional's contact details to ensure timely care and support for people. One relative told us, "[Person] had to go for a scan on his heart and they arranged all that. Another person told us, "I see the dentist and chiropodists regularly."
- The provider had linked with a local chemist who could support with medicine supplies at short notice. The registered manager told us, "If we need short term things quickly like antibiotics we use the local chemist down the road."
- Staff were proactive in working in partnership with others to improve people's quality of life. One member of staff told us, "We call for help when we can't manage something, like we are always talking to community nurses speech and language therapists (SaLT)."

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 A lack of environmental risk and medication storage monitoring and lack of robust risk assessments in place exposed people to the risk of injury or harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. Regulatory responsibilities were also not adhered to