

Forever Care Ltd

# Fairlight Nursing Home

## Inspection report

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Date of inspection visit:  
16 February 2017  
20 February 2017

Date of publication:  
19 April 2017

## 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 16 and 20 February 2017 and was unannounced.

Fairlight Nursing Home is registered to provide accommodation and nursing care for up to 62 people with a variety of needs including those living with dementia and when people leave hospital for rehabilitation, which is called 'step down' care. At the time of our inspection, there were 60 people living at the home all of whom were over 65 years of age and 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. All bedrooms are single and each had an en suite toilet. Thirty three of the 60 bedrooms had an suite shower and toilet. Communal bathrooms are also provided. The service has well maintained gardens which people could use in warmer weather. The premises were well maintained, clean and brightly decorated.

The service had 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.

The last inspection took place on 23 and 24 September 2015. At that inspection we made legal requirements for four breaches of our regulations; these were regarding the unsafe management of medicines, not maintaining a safe environment, a lack of adequate training for staff, care records not accurately reflecting people's needs and preferences and the lack of an adequate system to assess, monitor and improve the quality and safety of the services provided. The provider sent us an action plan to say how these legal requirements would be met. At this inspection we found action had been taken to meet these regulations, but we still found aspects of the service that were requiring improvement.

At this inspection we found the service had policies and procedures regarding the safeguarding of people and staff were aware of their responsibility to report any concerns of this nature. However, the provider had not notified the local authority safeguarding team of an allegation of abuse.

The provider had not always ensured accurate records were maintained. We identified omissions in the recording of care provided to people. This was in regard to care plans and the use of charts to monitor care. Where charts were used to record people's food and fluid intake these were not always recorded accurately. Where people were repositioned to prevent pressure areas developing on people's skin the person's care plan did not always detail how often this should take place. Staff had a good knowledge of when to use 'as required' medicines but this was not recorded to ensure staff had the correct guidance of when to administer it. The arrangements for the supervision of staff were not recorded and there was a lack of records to show staff supervision had taken place.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures showed only suitable staff were employed.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and treatment was assessed and applications made to the local authority where people's liberty needed to be restricted for their own safety.

There was a choice of food and people were complimentary about the meals. The food was wholesome and nutritious and people were supported to eat and drink. People were consulted about the food and meal choices.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular checks such as dental and eyesight checks.

Staff were observed to treat people with kindness and dignity. People were able to exercise choice in how they spent their time. Staff took time to consult with people before providing care and showed they cared about the people in the home.

People said they were consulted about their care and care plans were individualised to reflect people's choices and preferences. Each person's needs were comprehensively assessed and included information about people's social and recreational needs. Care plans showed how people's needs were to be met and how staff should support people.

A good standard and range of activities were provided including entertainment and outings. People said they enjoyed the activities.

The complaints procedure was available and people said they know what to do if they had a complaint. People said they had opportunities to express their views or concerns. There was a record to show complaints were looked into and any actions taken as a result of the complaint.

People's views about the quality of the service were sought. People and their relatives said they felt able to raise any issues with the home's management. People and their relatives spoke of the service as 'family orientated.' A number of audits and checks were used to check on the effectiveness, safety and quality of the service.

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

Whilst the service had policies and procedures regarding the safeguarding of people the provider had not made a referral to the local authority safeguarding team when an allegation of abuse was made.

Medicines procedures were safe with the exception of a lack of records of when a person needed to have 'as required medicines.'

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Whilst staff said they felt supported and received supervision the arrangements for supervision were poorly planned and not always recorded.

Staff were supported to complete relevant training and had a good knowledge of people's needs.

People's capacity to consent to care and treatment was assessed and 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. Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

**Requires Improvement** 

### Is the service caring?

The service was caring.

**Good** 

People were treated with kindness and dignity by the staff who demonstrated values of compassion and respect for people.

People received support and care which reflected their needs and choices.

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

People were supported regarding care at the end of their lives which reflected their wishes.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed. Care plans were individualised and reflected people's preferences.

A range of activities were provided to people by activities coordinators who were motivated and had the resources to enhance this aspect of people's lives.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Records of care and decisions about care were not always accurately recorded. The management and arrangements for staff supervision were not clear and there was a lack of recording of supervision and planning.

The provider sought the views of people regarding the quality of the service and to check if improvements needed to be made.

There were a number of systems for checking and auditing the safety and quality of the service.

# 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 16 and 20 February 2017 and was unannounced. The inspection was carried out by two inspectors, an inspection manager and an Expert by Experience, who had experience of services for older people. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with 20 people and five relatives of people who lived at the home. We spoke with 11 staff, the registered manager and a representative of the provider.

We spent time observing the care and support people received in communal areas of the home. 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.

We looked at the care plans and associated records for ten people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints.

We obtained the views of the NHS Coastal West Sussex Clinical Commissioning Group and the local authority contracts team who commissioned services from the home and gave permission for their comments to be included in this report.

# Is the service safe?

## Our findings

At the inspection of 23 and 24 September 2015 we found the provider was in breach of Regulation 12 as sufficient action had not been taken to ensure the premises were safe. The provider submitted an action plan which said the issues with the premises were addressed and checks would be made to ensure the premises remained safe. At this inspection we found the premises were safe and well maintained. At the inspection of 23 and 24 September 2015 we also found the management of medicines were not safe as records were not made by staff when they administered creams and lotions to people. The provider submitted an action plan to say changes had been made and a record of any creams or lotions would be maintained. At this inspection we found staff made a record on the 'activities of daily living' section of care records when they administered cream or lotions. This requirement was also now met

Staff were trained in procedures for reporting any suspected abuse and for safeguarding those at risk. Staff said they would report any concerns to their line manager and knew the procedures for contacting the local authority safeguarding team. Staff told us people received safe care. The service had policies and procedures regarding the safeguarding of adults, including a copy of the local authority safeguarding procedures. We saw a record of a complaint made by a person which fell within the definition of a safeguarding incident which should have been reported or discussed with the local authority safeguarding team but had not been. There was a record that the complaint had been investigated by the registered manager who said a decision and judgement was made that the complaint did not need to be referred to the local authority safeguarding team. The registered manager described how arrangements were made to ensure the person did not experience any more distress. Due to the nature of the allegation, the complaint should have been referred to the local authority safeguarding team, which it had not. The provider had not taken appropriate action to regarding an allegation of abuse which was not in line with the local authority safeguarding procedures. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the service and that they received safe care. For example, one person told us, "Yes, I feel safe with the staff," and, "I need help to get around." This person added, "They are gentle with me when using the hoist." Another person told us how staff made frequent checks that they were safe.

Risks to people were assessed and recorded. There were corresponding care plans so staff had guidance on how to support people to reduce the risk of injury or harm. These included the risks of falls, the risk of pressure areas developing and risks when moving people. Risk assessments and care plans gave staff clear guidance on how to support people to mobilise safely. Where people were assessed as being at risk of developing pressure areas on their skin there was a care plan of the action being taken to reduce this such as by the use of air mattresses and action to ensure people were assisted to move at regular intervals. Charts showed people were repositioned at regular intervals when in bed and as set out in care plans. We did note one person's care plan did not specify how often the person needed to be repositioned and the registered nurse on duty completed this at the time of the inspection. A registered nurse said the service managed pressure area prevention well and that staff anticipated any future issues by observation and assessment which allowed them to take action to prevent pressure areas developing. The RGN said she had attended

additional training in pressure area care and was the 'wound champion' for the service, meaning she took a lead role in this area.

Assessments and care plans regarding the safe moving and handling of people were of a good standard showing the numbers of staff needed, the type and extent of supervision and the equipment to be used. Risk assessments were reviewed on a regular basis to ensure they were still accurate and reflected the current risks.

The ability of people to use the call bell in their rooms was assessed and we saw people had access to the call points in their room. People told us staff responded promptly when they requested help by using the call points.

People and their relatives said there were enough staff to meet their needs, although one person felt there were not enough. One person said of staff deployment, "Yes, they are all over the place." We observed there were enough staff to meet people's needs. For instance, we observed one person requested the assistance of staff by using the call point and staff responded promptly and supported the person in a calm and respectful way. Another person commented positively on the availability and responsiveness of staff when they needed help as follows, "The staff seem rushed, but the night staff sat with me last night," and "They respond to my calls for help quickly."

Staff told us they considered there were enough staff so they could safely look after people. Staff also said that staffing levels can be increased if people's needs changed and that the proprietor was attentive and responsive if this was raised. One of the registered nurses we spoke to said there was always a staff member in each of the communal areas so people could be monitored, which was also our observation. The service operated with between three and four registered general nurses (RGNs) and eleven care staff between the hours of 8am and 2pm. From 2pm to 8pm there were two RGNs and 10 care staff. The staff duty roster reflected the provision of these staffing levels. These staff were deployed between the four units of the home.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC).

We looked at the service's procedures for the handling, storage and administration of medicines. RGNs handled and administered medicines. A record of each person's prescribed medicines was maintained on a medicines electronic recording system. Training was provided to staff in using the electronic medicines records. Staff completed a record when they administered medicines to people. Stocks of medicines also indicated medicines were administered as prescribed. People confirmed they were supported to take their medicines and that they were satisfied with this. Medicines were stored in people's bedrooms in a locked cabinet. The temperature of the bedroom was monitored and recorded to check medicines were stored at the right temperature.

Where people had 'as required' medicine prescribed for specific occasional symptoms the medicines records included the reason the medicine may be needed. However, we identified these needed to be in more detail so staff had clear and consistent guidance to follow. For example, a RGN described how someone, who was prescribed medicine for 'agitation', would be counselled to see if they calmed and if this did not resolve the distress then the 'as required' medicine would be used. However, this support was not recorded so staff had guidance to ensure the person was consistently supported in this way. When staff



administered 'as required' medicine a record was made of the reasons it was given. At the time of the inspection the registered manager confirmed arrangements were being made to review care records to ensure clear guidance was in place of the circumstances when staff should administer 'as required' medicines.

The premises were found to be clean and well maintained. People commented that the home was clean with comments such as, "This place is always clean and they do my room daily". We observed cleaning staff working throughout the home to ensure it looked and smelled clean.

Hand sanitisers were available for staff and visitors to use for good infection prevention, although we observed a staff member did not wash their hands between administration of medicines in people's rooms which did not reflect best practice in reducing the spread of infections.

Checks were made by suitably qualified persons of equipment such as the passenger lift, hoists, fire safety equipment and alarms, electrical wiring and electrical appliances. The risk of legionnaires disease was checked by a suitably qualified contractor and action taken regarding any identified improvements. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. Temperature controls were in place to prevent any possible scalding from hot water.

## Is the service effective?

### Our findings

At the inspection of 23 and 24 September 2015 we found the provider was in breach of Regulation 18 as not all staff had completed training which ensured they provided received safe and effective care. This included staff not receiving moving and handling training and training in the Mental Capacity Act 2005. The provider submitted an action plan which said a new training programme was to be implemented to ensure all staff received adequate training. At this inspection we noted improvements had been made in staff training. The registered manager maintained a spreadsheet record of the staff team training which was essential and mandatory for staff to complete. The spreadsheet also allowed the registered manager to monitor when individual staff needed to update their training. The spreadsheet also included training in more specialist areas such as nursing procedures in venepuncture (obtaining accessing intravenous access for blood sample or intravenous therapy) and catheter care. The mandatory training included health and safety, moving and handling, dementia care, fire safety, first aid, nutrition, pressure area care and falls prevention; there were notices of forthcoming staff training in these subjects. All staff had completed moving and handling training with the exception of eight staff and the registered manager had a plan to ensure these staff would complete this. Staff confirmed they received training and said the training was of a good standard. For example, a RGN told us they were able to suggest training courses which would enhance their knowledge and skills and that the service's management team supported this by facilitating this training. The staff member gave an example of the provider supporting her to attend training in palliative care. The requirement made at the last inspection regarding staff training was met.

Staff told us they received supervision and felt supported in their work. Staff also said they felt able to ask for advice when they needed it and described a supportive working environment where ideas and information were shared. We observed two staff 'handover' meetings where the RGN on duty briefed the incoming staff on any changes to people's care needs. A RGN told us how they supervised four to five care staff. Another staff member who supervised five care staff said supervision sessions had not taken place due to lack of time. Records of staff supervision and appraisal were inconsistent and poorly maintained. The registered manager acknowledged this did not meet the provider's policy of being able to demonstrate supervision took place four times a year.

A RGN who started work in 2015 had a record of just one group supervision in 2017. There was no record of any appraisal, supervision or competency assessment to ensure the quality of their work, particularly when they first started. For a member of the care staff team there was a record of supervision in 2014 and a group supervision on 14 February 2017; there was no record of any other supervision or appraisals in between. For another RGN we saw records of three competency assessments in 2015 and 2016 and a supervision session in 2015. A care staff member had a competency assessment in 2015 plus two group supervisions and an individual supervision since then. Therefore there was a great deal of variation in the frequency and consistency in methods for supervision and the recording of this. The registered manager maintained a spreadsheet of staff supervision dates and acknowledged these did not show staff supervision received supervision on a regular basis. This was an area requiring further improvement.

People told us they considered the staff were skilled and knowledgeable to provide effective care. For example, one person said, "The staff know my needs really well. They discussed them with me and are fully

aware of how to help me." One person, however, commented that they thought staff were not well trained. People said staff interacted with them well and checked how they were. Relatives also made favourable comments about the staff, such as, "The staff are very informative and so cheerful. They are so sensitive."

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).

The service had policies and procedures regarding the Mental Capacity Act 2005 and the associated Code of Practice. Most staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) but one staff member told us they were still to receive this. Most staff had a good understanding of the principles of the MCA although one staff member did not. Training in the MCA had been included on the service's training programme. The service used an assessment tool for determining if people had capacity to consent to their care and treatment. The registered manager and RGNs we spoke with had a good understanding and experience of the MCA. We observed the registered manager liaising with the local authority regarding the need for a DoLS authorisation for one person. The registered manager had applied for 'urgent' DoLS authorisations where this was needed. Four people were subject to a DoLS authorisation and a further 19 DoLS applications had been made. Where people were unable to consent to their care, 'best interests' decisions were recorded such as for the use of covert medicines after consultation with the person's GP. Where people had capacity to consent to their care and treatment records and discussions with these people showed they were fully involved in any decisions about their care.

People told us they liked the food and said there was a choice of meals. For example, one person said, "The meals are good, plenty of choice and they would do an omelette or something, if you don't like the menu," and, "There is plenty of fluid, tea or juice, which is available all day." Another person said of the food, "It's good. You wouldn't have better food in a hotel." People also said staff supported them to eat when they needed this. We spoke to the chef and a kitchen assistant who said the food stocks were well resourced and people could have what they wanted to eat. People were asked in advance what they would like to eat.

We observed the midday meal in three of the dining rooms. Staff supported people to eat and knew people's needs and preferences regarding food. The meal looked appetising and was presented well. Drinks were provided at meal times and were available for people in their rooms. Snacks and hot drinks were also provided in the morning and afternoon. These included homemade cakes which people were complimentary about. Specialist diets were catered for such those for people with diabetes.

Where needed, people's nutritional needs were assessed using a malnutrition universal screening tool (MUST). People's weight was monitored to assess any changes. A care plan was devised if people needed support to eat such as pureed food. Records showed people were referred for assessment from the dietician or speech and language therapist where people were at risk of malnutrition or had difficulties swallowing. Where appropriate food intake was monitored but we found these were inconsistent. For example, one person who had a chart to monitor food and fluid intake had no entries between 2 February 2017 and 16 February 2017. This is referred to in the Well-Led section of this report.

People told us they were referred to health services when needed. Relatives also confirmed staff referred

people for health care services such as the GP or chiropody services. Care records included details about each person's medical history and the monitoring of health care needs.

## Is the service caring?

### Our findings

At the September 2015 inspection we found inconsistencies in the caring approach by staff which meant not all people were treated with dignity and respect. At this inspection we found that improvements had been made in this area.

People told us staff treated them with kindness, respect and dignity. For example, one person said, "When they talk to you, they look you in the eye. Staff are good, you have a laugh with them. All of them [the staff] are good." Another person told us, "The staff continually ask you how you are. They want you to be happy. Very caring nurses who offer emotional support by chatting to you. It's important as it is soothing and helps me with my anxiety."

Relatives were also complimentary about the attitude and approach of the staff. For example, one relative said of the staff, "Everybody is very kind. Their patience is amazing."

We observed staff treated people with kindness and respect. Staff spoke to people calmly and made good eye contact with them. Where people were distressed or upset staff provided support and reassurance which had a positive outcome for people. Staff allowed people time and space to eat their lunch and provided appropriate support. Where people needed assistance to eat staff were skilled in communicating with people and showed warmth towards them. Staff were cheerful and friendly with people. This was also the view of some of the relatives we spoke to. For example, one relative said, "The staff are so attentive towards residents. The staff take the hassle from residents in their stride."

Staff demonstrated values of compassion and respect for people. Staff said they treated the people in the home as if they were members of their own family and said people were the focus and priority for their work. For example, one staff member said, "We are here for the people. They like to see us smile." Another staff member told us, "People are looked after well. I love them all here. I treat them like my family."

Staff stressed the importance of providing care which reflected people's needs and preferences. People said they were consulted about their care. Each person's care plan showed people's preferences were assessed and included in how care was provided. For example, details about people's choice for male or female staff and preferences for how care was delivered were recorded. Emotional and mental health needs were assessed and there was guidance for staff to follow if these needs increased.

Independence was promoted and people confirmed they were supported to maintain their own daily living skills. For example, one person said, "I feel I am encouraged to do as much for myself as I can. I like it that way". Care plans included details about which aspects of personal care people could do for themselves and where staff needed to provide support.

People told us staff respected their privacy and dignity by always knocking on their bedroom door before entering. We observed staff knocked on people's bedroom doors and waited for a response before entering.

Arrangements were in place to ensure people were supported to have a dignified and comfortable death. The service had a RGN whose job title was Palliative Care Coordinator, which involved taking a lead role in end of life care. The RGN had completed training in end of life care, and the RGN informed us the service had achieved an accreditation for its end of life care procedures. This staff member said they were fully supported by the registered manager and provider to undertake more training in this area and said the service was well resourced for end of life care. This staff member was motivated to enhance their training and skills in end of life care. People who were nearing the end of their lives had care plans for this which reflected their preferences and changing needs.

## Is the service responsive?

### Our findings

At the inspection of 23 and 24 September 2015 we found the provider was in breach of Regulation 9 as care plans did not reflect people's preferences or care needs. The provider submitted an action plan to say how this was to be addressed. At this inspection we found people's needs were assessed to a good standard and that care plans reflected their care needs as well as their preferences. This requirement and regulation was now met.

People and their relatives said the staff met their needs and preferences. For example, a relative told us, "Staff are very friendly, they spend time with residents," and, "He/she is always clean and well looked after." People said they were involved in the assessment of their needs when they were first admitted to the service. People said staff responded to their changing needs and to requests for help. For example, one person said, "They get me up in the morning. I like getting up early."

There was a comprehensive system for assessing people's needs prior to admission to the service and also after they were admitted. This included a pre admission assessment which covered a range of care needs such as mobility, medicines, communication, continence, medical history and social and recreational needs. Following admission, further assessments of need were assessed and these included a total of 25 care needs. Care plans were recorded to show how care needs were to be met. We saw moving and handling care plans were of a good standard and included details of the numbers of staff needed to support someone as well as the guidance for staff on how to support or supervise people when they moved. There were assessments of the risks of pressure areas developing and the action staff needed to take. Personal care needs were assessed and care plans gave guidance to staff on how to support people with personal hygiene. The care planning system included people's goals regarding personal care. Mental health and emotional needs were assessed and there was guidance for staff so they could identify and take action if these needs increased. Monitoring charts were used where needed although we identified these were not always consistently completed.

The service provided a good range of activities to meet people's social and recreational needs. People and their relatives said they were able to attend a range of activities both in the home and outside. People showed us a copy of a newsletter and activities programme for the month of February 2017. Comments from people included the following, "They [staff] take you to go shopping." Another person said, "I personally feel I get the care I need. I never complain, but I praise them. The three activities girls do their best, they try to suit us all. They are super fun. They have a mini-bus and we have trips out. I see my family quite often. There are no restrictions on visitors." People said communication from the activities coordinators was good and made comments such as, "The lady comes round to tell me what's on," and, "Staff come and ask me if I want to go to the activities."

We spoke to two staff who provided activities for people, both of whom were motivated and enthusiastic about their work. They said they consulted people about what activities they wanted and said they would provide any activities people wanted to do. An activities timetable showed activities on every day Mondays to Fridays. These included gentle exercise, arts and crafts, one to one sessions with people, musical

entertainment and a visiting therapy dog. The activities coordinators said they looked at people's needs assessments to check what activities would be suitable and made a record of activities completed by each person. People were supported by staff to access community facilities such as the shops, pubs or cafes. The activities coordinators said they attended training courses in providing activities and the provider ensured they had all the resources they needed and any requests for additional resources were positively responded to.

We observed the activities coordinators provided activities to people in the lounges and encouraging people to attend. The activities coordinators were also observed engaging people with impromptu activities. This included one activities coordinator who engaged with a person who was living with dementia. The staff member was skilled in interacting with the person to look at books which the person responded to. There was equipment for people to use and interact with such as specialist dolls, rummage boxes and handbags. We noted there was a lack of signs in communal lounge areas to assist people living with dementia such as a calendar board with the day, date and other information, which would assist them.

People and their relatives said they were aware of the complaints procedure and said they knew what to do if they had a concern. We observed one person was comfortable in approaching the registered manager with an issue which was responded to by the registered manager. People told us staff were attentive in asking how they were and if they had any concerns. People and their relatives said any issues raised were dealt with to their satisfaction.

The registered manager maintained a record of any complaints made which showed each one was looked into and addressed. The records of complaints were comprehensive and showed any issue raised was looked into and that the complainant was satisfied with the outcome of the investigation. We raised a concern about how one complaint was dealt with in line with safeguarding protocols and have elaborated on this in the SAFE section of this report.



# Is the service well-led?

## Our findings

At the inspection of 23 and 24 September 2015 we found the provider was in breach of part of Regulation 17 as the provider had not ensured there were systems and processes to monitor and improve the quality and safety of the service. The provider submitted an action plan to say how this was to be addressed. At this inspection we there were systems and processes to monitor the quality and safety of the service. This part of Regulation 17 was now met.

Care records were generally well maintained but we did find examples where this was not the case. There were inconsistencies in care planning and monitoring charts as described in the Safe and Responsive sections of this report. For example, where people were repositioned to reduce the likelihood of pressure areas on people's skin the frequency of this was not recorded in the care plan for one person. Where it was identified people needed to have their food and fluid intake monitored we found one example where there were omissions in this. Details about how staff should support people with 'as required' medicines were not recorded. This is an area requiring further improvement.

Whilst staff told us they felt supported and were supervised the organisation and recording of staff supervision was not well managed and is an area in need of improvement.

Staff described the service as well-led and felt able to approach the registered manager or provider. It was clear from discussions with staff that resources were available for providing a good standard of care and for making improvements. One staff member, for example, said, "I feel proud to work here. There have been a lot of positive changes." Staff referred to working with community health services to enhance their knowledge and skills to provide a better standard of care.

People told us the registered manager was visible and approachable in the home. People and relatives said their views were sought and said action was usually taken when an issue was raised. One person commented that residents' meetings were held where they could raise their views although one person added they did not feel sufficient action was taken as a result of the meetings but did not elaborate on this. People and their relatives said the service was well managed. For example, one person said, "The management is very good here. We can't fault this place." People and relatives spoke of the service as being family orientated. For example, one relative said, "This home is very family orientated. I can't fault this home for their professionalism. My peace of mind for his safety here is the best thing about this place".

People and their relatives were asked to give their views on the quality of service, although one relative said they weren't asked to give their views. We saw annual satisfaction surveys were sent to people and relatives to complete and the last time this was done was in summer 2016. The provider had analysed the responses, which were positive regarding staff friendliness and care quality. Most people rated the service as "good" or "excellent" in areas such as overall impression, food, décor and cleanliness. However, where there were negative comments it was not clear if any action was being taken to address the issue.

Staff described the service as well-led and felt able to approach the registered manager or provider. It was

clear from discussions with staff that resources were available for providing a good standard of care and for making improvements. One staff member, for example, said, "I feel proud to work here. There have been a lot of positive changes." Staff referred to working with community health services to enhance their knowledge and skills to provide a better standard of care. Whilst staff told us they felt supported and were supervised the organisation and recording of staff supervision was not well managed and is an area in need of improvement.

The NHS Coastal West Sussex Clinical Commissioning Group and the local authority contracts team who commissioned services from the home said they were satisfied with the standard of care and management of the service.

The provider and registered manager used a number of audits and checks regarding the quality and safety of the service which were carried out on a monthly, three monthly and annual basis. The audits included accidents, incidents and falls, wound care, catering, infection control, complaints, fire safety and call bell response times. Changes were made if these reviews highlighted any risks such as changing care plans for supporting people where they had fallen.

The registered manager told us she carried out checks on staff, such as carrying out night visits and reviews of care. The local authority had been invited by the registered manager to carry out an infection control audit and action had been taken to address any identified shortcomings.

The provider had resourced the service well and improvements to the environment were ongoing and evident at the time of the inspection.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider did not have established systems and processes to report allegations of abuse. Regulation 13 (1) (2) (3)