

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fairlight Nursing Home is situated in Rustington, West Sussex. It is a residential 'care home' for up to 62 people some of whom are living with dementia, physical disabilities, older age and frailty and who require support with their nursing needs. At the time of the inspection there were 60 people living in the home. The home is spread across two buildings. Staff provide care for people who may require support due to their nursing needs and for those who are living with dementia.

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

People did not always receive safe care. There was a lack of oversight of medicines management and some people had not had their medicines according to prescribing guidance. Systems, to ensure that people who required a modified diet, were not always safe and there was a lack of assurance about the types of food people had consumed. Most risks were managed well, and most people were supported in a safe way that met their assessed needs. Staffing levels were not always sufficient to meet people's assessed levels of need. People and staff told us that staffing levels did not always enable them to meet people's needs in a timely way. We found that despite this, the registered manager had been creative with the deployment of staff to make the best use of the staff available. Due to some of the concerns that were found at the inspection, we made safeguarding referrals to the local authority. When there had been other concerns, the registered manager had acted appropriately and had made referrals to ensure people's safety. Infection prevention and control was maintained.

There was a lack of oversight, and quality assurance process that were in place had failed to identify the concerns that were found as part of the inspection. Systems that had been introduced were not used to their best effect to ensure people were receiving appropriate care to meet their assessed needs. Notifications to inform CQC of incidents that had occurred at the home were not always raised to us. The registered manager and staff worked in partnership with people, their relatives and external healthcare professionals. They were responsive when concerns or suggestions for improvement were raised.

People told us they were cared for by kind and compassionate staff. People were supported to retain their skills and their independence was encouraged. People were treated in a respectful way and their privacy and dignity was maintained. People were involved in their care and were supported to make decisions in relation to it.

Staff were responsive and adapted their support to ensure people's needs were met. Consideration had been given to the environment and information provided to people to help ensure they were treated equally to others. People were provided with support with their emotional and social needs and were able to maintain their interests. When people and relatives had raised concerns, these had been listened to and changes made as a result. People were supported to plan for and receive appropriate end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed in accordance with best practice guidance. There was a coordinated approach to the care people received. They were supported to access external healthcare professionals to maintain their health and if they became unwell. People were supported to have enough to eat and drink and told us that they liked the food that was provided.

Rating at last inspection and update

The last rating for this home was Requires Improvement. (Published 22 January 2019). There was a breach of regulation in relation to the leadership and management of the home. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although some improvements had been made, we continued to have concerns and we found the service was still in breach of regulations. The home remains rated Requires Improvement and has now been rated Requires Improvement at the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to people's safety, staffing, the leadership and management of the home and the registered manager's and provider's failure to notify us of incidents that had occurred. Please see the action we have told the registered manager to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow-up

We will continue to monitor the intelligence we receive about this home. We will request an action plan from the registered manager to understand what they will do to improve the standards of safety. We will work alongside the registered manager and the local authority to monitor progress. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fairlight Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was undertaken by two Inspectors. One inspector returned to the home for the second day.

Service and service type

Fairlight Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home had a manager who was registered with the Care Quality Commission. This means that both they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We had not asked the provider to submit a provider information return (PIR) since the last inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. A discussion took place with the registered manager to enable them to share this information with us. We took this into account when making our judgements in this report.

During the inspection

We observed the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. We spoke with seven people and one visitor, eight members of staff, the registered manager and the provider. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for 16 people. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the registered manager in relation to people's safety and the care they received. We liaised with four health and social care professionals for their feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This was because there were areas that needed improvement in relation to people's safety. Changes that had been made to respond to risks when people required a modified diet and fluids needed to be embedded in practice. People did not always have access to call bells to call for staff's assistance. Staffing levels meant that people had to sometimes wait for support from staff. Systems were not always in place to ensure equipment to relieve pressure was adequately monitored to ensure it was safe.

At this inspection, some improvements had been made. There were effective systems to monitor equipment that was used, and people had access to a means of calling for assistance if required. We continued to have concerns about the oversight and implementation of guidance to ensure people's safety when they required a modified diet. People and staff told us that staffing levels were not always sufficient. We found new concerns in relation to medicines management. This key question remains Requires Improvement. This means some aspects of the service were not always safe.

Using medicines safely; Assessing risk, safety monitoring and management;

- Medicines management was not always safe. Medicines were administered by registered nurses. There was a lack of oversight to ensure people received their medicines as prescribed. Two people were prescribed medicines to help manage their pain. Staff had not always ensured there was sufficient time in-between doses of medicine and there was a potential risk people could have received too much medicine.
- Three people were living with Parkinson's disease and were prescribed medicines to help manage their condition. Parkinson's UK advises that Parkinson's medicines should be given at the prescribed times. They state, 'If someone with Parkinson's doesn't get their medication on time, every time, this can mean their symptoms are not well controlled and it is more difficult to manage day to day.' All three people had consistently not been supported to have their medicines administered according to prescribing guidance. This increased the risk that their conditions would not be well-managed.
- Some people required a modified diet due to their increased risk of aspiration and choking. Staff did not document what people had eaten and records viewed raised concerns about the types of foods people had been provided with. For example, the only documents completed were menu sheets which showed what food people had chosen. Staff had ticked the options and had recorded 'soft diet' alongside. Some foods staff had selected were not consistent with guidance that had been provided by Speech and Language Therapists (SALT) and were classed as high-risk foods that should be avoided as they could increase the risk of choking. When this was raised with the registered manager and staff responsible for preparing food, they informed us people would not have eaten these choices and staff had not clearly documented what people were eating. There was no other way for the registered manager to determine the types of food people had consumed and they had not assured themselves that people were receiving appropriate foods according to their assessed needs.
- Records showed, and staff confirmed, two people required a certain consistency of food. Both people had been assessed by a Speech and Language Therapist (SALT) who had recommended a different, softer food

consistency. This information and guidance had not always been provided to staff and this increased the risk that these people might be given the incorrect consistency of food for their assessed needs and therefore the risk of choking increasing. When this was raised with staff responsible for preparing food they demonstrated good knowledge and told us they did prepare food to the correct consistency but had not ensured this was accurately reflected in the guidance provided to staff when they were serving food and drinks. This increased the risk that people might have been given food and drink that was not consistent with their assessed needs and was of relevance due to the use of agency or new staff who might not yet know people's needs.

The registered manager had not always ensured that people were provided with safe care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, once the registered manager had been made aware of these risks, they acted to reduce further risk. They ensured that the guidance provided to staff accurately reflected people's assessed needs. They introduced a new way of monitoring and documenting the types of food, those on a modified diet were offered, to improve their oversight and assurance that people were provided with food that was safe for their assessed level of needs.

- At the last inspection and since, the registered manager had acted to improve staff's awareness and had introduced some systems to help ensure people received appropriate food according to their assessed needs. This included specialised training for catering staff and a system whereby red trays and jugs with red lids were used for those on a modified diet or fluids. This informed staff of which people were at risk of aspiration or choking.
- Medicines were managed so that there was enough stock available for when people required them. Medicines were stored securely and there were safe systems to dispose of medicines.
- One person was living with dementia and did not understand the importance of receiving their medicines. Staff had liaised with the person's GP and pharmacist to ensure that the person was supported to have their medicines according to their needs and in their best interests.
- GP's reviewed people's medicines to help ensure these continued to meet people's needs.
- People were supported to move and position in a safe way. Staff were provided with guidance advising them about people's needs and the type of equipment to use to support the person safely.
- People told us they were safe and their right to take certain risks was respected. For example, people at risk of falls were able to continue to mobilise independently. The provider had ensured they had access to appropriate equipment and means of calling for help should they require assistance.
- Equipment was regularly checked to ensure it was safe to use. Plans ensured that people could safely evacuate the building in the event of an emergency.

Staffing and recruitment

● People and staff consistently told us staffing levels set by the provider were not always sufficient and that staffing levels impacted on staff's abilities to support people in a timely, calm and effective way. One person told us, "No, there's not enough staff. We were short staffed last night. We are short staffed quite regularly. Some of them [care staff] get stressed out trying to get everything done." Another person told us, "To be honest, they could do with more staff. The Saturday just gone, the two carers were run-ragged. One came in and apologised for getting me washed and dressed so late. People kept ringing their bells. To me they need more staff on the ground. I feel for the staff. They don't seem to sit down for five minutes." When asked about staffing levels, a member of staff told us, "Not on one of the floors in the mornings, it is busy. We need that third member of staff even if it is just to answer the bells. We've had a lot of agency staff." Another

member of staff told us that it sometimes took them a long time to administer medicines to people as so many people required medicines and there was only one member of staff able to do this. This was of relevance due to the concerns found in relation to medicines management and the untimeliness of medicines administration according to prescribing guidance.

- The registered manager and provider had not always considered people's needs when allocating and deploying some members of staff. For example, the home provided both nursing and residential care to people and some people received funding for their nursing support. All people were supported with their nursing needs by the employed registered nurses. This meant their time was spread amongst all people at the home and they were unable to dedicate their time to people who had been assessed as requiring additional nursing support.
- Staffing levels had not always been aligned to people's assessed level of need. For example, in one area of the home people required more assistance and support with their mobility and had been assessed as needing two members of staff to support them. Staffing levels at night sometimes meant there were only three members of staff in total to support people. This meant that if two staff were busy supporting one person there would only be one member of staff to support others. There was a potential that people would not receive timely support if they required assistance at the same time.

The registered manager and provider had not always ensured there was sufficient staffing to meet people's assessed needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When the concerns raised to us were fed back to the registered manager, they explained they would discuss the staffing levels with the provider and consider whether these should be increased.

- Our observations found the registered manager had been creative with the deployment of staff to ensure that staffing levels were used to their best effect. Due to people requiring more support during the mornings, a new role of a carer's assistant had been introduced during peak periods. This person was responsible for ensuring people had drinks, supported people to eat and attended to people's needs such as supporting them to brush their hair or trim their nails. This enabled the care staff to support people with other tasks such as people's mobility or support for people who required more assistance with their personal hygiene. The registered manager had allocated staff to support certain areas of the home to best meet people's differing needs. For example, during the night in one section of the building, some people required more assistance with their mobility. Staffing levels had been aligned to this need and once this period had passed the member of staff was then allocated to work in another area of the home for people living with dementia, as it had been recognised that these people were more likely to be awake during the night and therefore more staff were required to meet their needs.
- Recruitment processes were safe, and the registered manager had assured themselves that staff were of good character and suitable for the role before they started work. Appropriate checks ensured that registered nurses were able to support people effectively and they had necessary registration with the Nursing and Midwifery Council (NMC).
- Staff's skills and levels of experience were considered when allocating and deploying staff. New staff were required to work alongside existing staff to ensure they had time to understand people's needs and requirements. Staff working during the night were required to work during the day before they moved onto nights to ensure they had an awareness of people's needs and preferences.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Although some lessons had been learned and changes made to decrease some risks, not enough improvement had been made in relation to known risks such as people who were at risk of choking and the

management and oversight of modified diets.

- Following the inspection, due to the concerns found in relation to unsafe medicines management and modified diets for some people, CQC made referrals to the local authority for them to consider as part of their safeguarding guidance.
- Most people had been protected from the risk of abuse. Staff understood the signs and symptoms that could indicate that people were at risk of harm. The management team had shared information with external health and social care professionals when they had identified concerns about people's safety and had worked alongside them to assist them with their enquiries.
- People told us they felt safe and comfortable with staff and they knew who to speak to if they were ever worried about their care. One person told us they felt safe as, "They always make sure my walking frame is close to me."
- People who were at risk of falls were effectively monitored. The registered manager had responded to ensure risks were managed effectively. They had identified that there were more falls in one area of the home due to people's increased mobility and cognitive needs. In response, they had deployed more staff and moved the office to the area of the home where people who experienced the most falls, resided. This enabled staff to have better oversight and monitoring to ensure people received timely support when mobilising independently.

Preventing and controlling infection

- People were protected from the spread of infection. Staff used protective equipment and disposed of waste appropriately. The environment was clean, and people told us they were happy with the cleanliness of the home.
- The registered manager assured themselves that infection prevention and control was maintained by conducting audits and taking action when needed.
- Staff responsible for preparing food had received appropriate food hygiene training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. This was because when people had a health condition that had the potential to affect their decision-making abilities, the registered manager had not always made or documented best interests decisions. Staff did not always demonstrate effective skills when supporting one person who was living with dementia.

At this inspection, improvements had been made. People's capacity to consent to certain aspects of their care was assessed and best interests decisions made and documented. Staff had received training on supporting people living with dementia and demonstrated good knowledge and effective skills when supporting people. At this inspection, this key question had improved to Good. This meant people's outcomes were good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us they had confidence in staff's abilities and skills and that they supported them in a safe and appropriate way; our observations confirmed this. Staff had undertaken courses which the provider considered mandatory and had also been able to receive training to ensure they had knowledge of people's specific needs. For example, staff that supported people who were living with dementia or mental health conditions had received appropriate training to help them have the necessary skills to support people effectively.
- Staff who demonstrated enthusiasm and interest in particular fields had been allocated champion roles. These members of staff acted as points of contact for staff who had queries about certain aspects of health and social care. One member of staff was a dementia champion and had undertaken more enhanced training so that they could share their knowledge and skills with other staff to further improve people's experiences. One member of staff told us they had an interest in providing good end of life care and had been supported to complete additional training. They told us they had been able to use this to enhance their practice and a person's experience, when supporting the person at the end of their life.
- Registered nurses were supported and able to maintain and develop their knowledge and skills by having access to specialised learning and development. This included end of life care, catheter care and venepuncture. Venepuncture is the puncture of a vein as part of a medical procedure, typically to withdraw blood or for an intravenous injection.
- Staff told us they felt supported and able to seek further advice and guidance from senior staff. A member of staff told us, "I get supervision from [person's name]. They've been really, really, good to me. Any problems and I can go and talk to them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed in accordance with best practice guidance. Nationally recognised tools

were used to assess people's risk of malnutrition and skin integrity. People had been supported appropriately and in accordance with their assessed needs.

- People's personal and oral hygiene needs had been assessed and staff had been provided with guidance which informed them of the type of support people required. People told us they were well-supported with their needs. A visitor told us, "They've helped [person's name] secure their dentures. It has helped them greatly."
- People assessed as being at increased risk of malnutrition and dehydration had received safe and effective care. There was clear guidance for staff and an increased oversight of people's care to ensure they received effective support to maintain their health. People who were at risk of malnutrition had their weight monitored. This showed that people's weight had stabilised as they were provided with food and snacks that were fortified to increase their caloric intake as well as additional prescribed supplements. There was good oversight of people's fluid intake when they were at risk of dehydration. Registered nurses totalled each person's intake at the end of each day so that they were assured that people had enough to drink. When people were seen to have a low intake, actions were taken to prompt and encourage the person to consume more the following day.
- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists or mobilising wheelchairs to support them to move and position.
- People who required support with their health and nursing needs received this from experienced and skilled staff. One person told us how much their health had improved from the care they had received. They told us, "My diabetes is so stable now. This is down to the staff. The nurses are very good. They take my blood sugar levels three times a day, always before meals."
- People told us they had access to external healthcare professionals to help maintain their health and to seek medical assistance if they were unwell. Staff liaised and worked alongside external healthcare professionals to help ensure people received coordinated care.
- Technology was used so that people were able to call for staff's assistance by using call bells. For people who were unable to use call bells, due to their level of understanding, sensor mats were used so that when people stepped on these, staff were alerted and were able to go to the person's aid. New electronic care plans and monitoring systems had recently been introduced which enabled staff to record the support they had provided to people in real-time. Once fully implemented and embedded in practice this would help provide a greater oversight of the care people had received.

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

- People were complimentary about the food. They told us they had choice and were provided with alternatives if they disliked the food served. Staff encouraged people to eat and drink. People were observed having drinks and snacks throughout the day.
- When people required a modified diet due to their risk of choking or due to their oral health, staff ensured that this was presented in an appetising way. Efforts were made to ensure that each item was softened and then placed into moulds so that food had a recognisable shape. These were then served individually on the plate. This demonstrated that staff were aware of the importance of providing food that was appetising and was respectful of people's needs. Staff were mindful that this could help to increase the person's nutrition as people would be able to differentiate the flavours and types of food.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the last inspection, a dedicated member of staff was responsible for overseeing MCA and DoLS. They had ensured that appropriate systems were in place. When people were living with a health condition that had the potential to affect their decision-making abilities, staff had assessed people's capacity to consent to certain aspects of their care. When people had been assessed as lacking capacity, staff had consulted with people who had been appointed to act on the person's behalf. For example, Lasting Powers of Attorneys (LPA) for Health and Welfare. If people did not have an LPA, staff had consulted with others who were involved in the person's care to ensure that any decisions made were in the person's best interests.
- People who were unable to consent to staying at the home had a DoLS application made to the local authority. Some people had a DoLS authorisation which had associated conditions. This means that the provider and staff are required to comply with the conditions that have been set. People had been supported appropriately and in accordance with their DoLS conditions. For example, one person's condition required staff to ensure that their medicines were regularly reviewed. The person had been supported appropriately and staff had worked with a medicines optimisation team to ensure that the person was prescribed the correct medicines for their health condition.

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

- Since the last inspection there had been an increased focus and emphasis to ensure that the environment was suitable to meet people's needs and requirements. The registered manager had visited other homes within the local area and had used this to enhance the environment for people who were living with dementia. This helped ensure that people were being supported in accordance with best practice guidance. Areas of the home had been refurbished and decorated with stimulating murals and scenes which included sensory experiences. For example, there was a bakers shop and market stall complete with plastic vegetables and paper bags so that people could do their 'shopping'. Internal windows had been decorated with window boxes and flowers. A bus stop and seaside theme had been introduced to provide additional stimulation and sensory experiences for people.
- The registered manager and staff were mindful of people's needs and had acted to help people to orientate around the home. Each person's bedroom door had been decorated with a 'door wrap'. This resembled different coloured front doors so that people were supported to remember which room theirs was.
- When people had mobility needs, they were provided with adequate space to move around the home. People were observed mobilising independently with their mobility aids.
- People had private rooms if they wished to spend time alone or receive visitors in privacy. Some people had been encouraged to personalise their rooms with items that were important to them. This helped to create a homely environment for them to spend their time in.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind, caring and compassionate staff and our observations confirmed this. A member of staff told us, "I treat them like members of family." People were observed smiling and responding well to their interactions with staff. One person told us, "They're a good bunch of guys." Another person told us, "I like it here, staff are attentive."
- Staff supported people according to their needs and preferences. Two people told us how staff spent time with them and noticed when there were changes in their emotions or mental health. One person told us, "They often come in and chat. They ask if anything is bothering me." Another person told us, "They've been very good. You get to know staff."
- When people had agreed, information had been obtained and shared with staff about people's life histories and experiences. This helped staff to know people well and adapt their approach and support to meet people's needs.
- People were supported by kind and considerate staff who ensured that people's privacy and dignity was maintained. Staff were discreet when assisting people with their personal hygiene needs and ensured that their privacy was maintained by closing doors when supporting people. One person told us, "They're very considerate."
- Handovers, where staff shared information about people's needs and conditions, were conducted in offices so that people's privacy was maintained. Information held about people was securely stored on password protected computers or in secure cabinets and offices.
- When people who were living with dementia displayed signs of apparent anxiety, staff took time to speak with them and offer reassurance. One person was supported to access the local community to help calm their anxiety. The person was observed to be visibly calmer after going outside and told us how much they had enjoyed it.
- People's independence was respected and encouraged. People were observed mobilising independently around the building using their mobility aids. People who required adapted crockery were provided with suitable equipment to enable them to remain independent when eating and drinking. People were able to choose how they spent their time and staff respected their right to make decisions. Two people told us how staff's actions helped them retain their independence. One person told us, "They encourage me to do things. One carer helps me to walk down the corridor and back." Another person told us, "There is one called [staff member's name]. They really help me with my walking. I have to keep the mobility going. I've been stuck in a rut. They're an inspiration to me."
- People's religious and cultural needs were established when they first moved into the home and people

were able to continue to practise their faith by attending regular Communion if they so wished.

- People were supported to have contact with their family and friends who told us they were made to feel welcome and could visit at any time.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in day-to-day decisions that affected their care and our observations confirmed this. People were asked what drinks or food they would like or what they would like to wear. People were observed wearing clothes of their choice that reflected their individuality and preferences.
- People could choose to take part in residents' meetings where they could raise issues and make suggestions. People or their relatives, if appropriate, had been involved in initial and ongoing discussions about people's care. One person told us, "They ask me what I want to do."
- Information and helpful links to external organisations that could provide people and their relatives with independent support and advice, were displayed on the provider's website.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People received person-centred care that met their preferences as they had been involved in initial and ongoing discussions about their care. Care plans which provided guidance to staff about people's needs and preferences, were individualised and specific to people's needs. This helped staff to be responsive and support people appropriately. For example, one person required staff to support them in particular way due to events that had happened to them in their life. Staff were provided with clear and detailed guidance about the best way to support the person. We saw that staff implemented this in practice and the person confirmed that they received appropriate support for their needs.
- One person had a visual impairment. Staff had been provided with clear guidance as to how to support the person according to their needs. They had been advised to announce their name when approaching the person so that they were not startled and knew who the member of staff was. The person told us staff always did this and that this helped them
- People had been asked about their interests and aspirations. There was a variety of different activities to help meet each person's preferences and people were able to choose which ones they took part in. One person was enthusiastic and told us how much they had enjoyed being involved in the creative talks that took place. They told us about one that had focused on Christmas celebrations around the world. They explained that they had been involved in the talk and had found it, "Extremely interesting." Another person told us, "I love a good quiz, they're always on. I help with the questions." One person told us they spent time in their room and had in the past felt lonely. The registered manager had identified that people who preferred to spend time in their rooms were at risk of social isolation. They had recently recruited more staff who were responsible for ensuring that people who chose to spend time in their rooms had regular contact and support from staff to help reduce the potential risk of isolation.
- People's rights and their interest in the wider community and issues that affected this, were acknowledged and respected. People had been supported to vote in the national general election by completing either postal votes or were supported to attend in person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One area of the home was adapted to support some people who were living with dementia. Signs and visual cues had been used to help people to orientate and know the location of facilities. For example, toilet

doors had a special door wrap on them which showed a large, colourful picture of a toilet so that if people were unable to recognise written signs they would still be able to independently find and access the toilet facilities.

- Some people were living with dementia and might find it more difficult to understand choices of meals when looking at a written menu or being informed verbally by staff. Photographs and pictures of different types of food and meals had been provided to help support people to make choices. Staff also served meals in front of people so that people could see and smell the food and were able to change their mind about their meal if they preferred what someone else was having.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. When concerns had been raised, these had been dealt with appropriately and in accordance with the provider's policy.
- People told us they felt comfortable raising issues of concern to the management team.

End of life care and support

- Some staff had received additional training to increase their skills and awareness of how to support people at the end of their lives. People were able to plan for their end of life care. Staff were provided with guidance about how the person wanted to be cared for at the end of their lives. This included where they wanted to be and who they wanted with them. People who had passed away had been supported according to their expressed needs. When people did not want to discuss their end of life care needs, staff had respected their right to refuse.
- Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that when these were required, their comfort was maintained.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection this key question was rated as Requires Improvement. This was because there were concerns about the leadership and management of the home. There was a lack of effective oversight. Records were not always well-maintained, assessments had not been regularly reviewed to ensure risk was suitably managed. Audits were not always completed and those that were had not always identified the concerns that were found as part of the inspection. There was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered manager and provider to complete an action plan to show what they would do and by when to improve.

At this inspection, improvements had been made to provide better oversight in some aspects of the care people received but the registered manager and provider had not complied with the action plan in full. There were continued concerns about the lack of oversight and failure to identify issues that were found as part of the inspection. The registered manager and provider are in continued breach of the Regulation. This key question has remained rated as 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. The home has now been rated as Requires Improvement at the last five consecutive inspections.

- The management team consisted of the registered manager, deputy managers and a clinical lead. They, and staff were motivated to provide safe, effective and high-quality care. The provider's website informed people, 'We pride ourselves on providing safe care.' Concerns found as part of this inspection showed that this was not always implemented in practice. Since the last inspection, both the provider and registered manager had acted to help make some improvements to the oversight and quality of care people received. They had worked with an external quality assurance organisation who conducted regular audits. The registered manager had also implemented more robust, detailed audits and action plans to ensure that when issues were identified there was clear delegation of tasks to ensure that those responsible were held accountable. This had helped to ensure that some improvements were made and had increased the oversight within the home. The registered manager was provided with more assurance about some of the care people had received. Despite this, issues identified at the inspection in relation to unsafe medicines management for some people and a lack of oversight and assurance about people who required a modified diet having appropriate food for their needs, had not been identified by the registered manager, the member of staff responsible for overseeing people's clinical needs or the external quality assurance organisation. This raised concerns about the effectiveness of the audits and quality assurance systems being used.

- There was a lack of oversight to ensure some people received the correct consistency of food according to their assessed needs. Before the inspection, the registered manager had notified us of the death of one person who required a modified diet. Concerns in relation to the type of food they had been exposed to prior to their death, were being looked into by the local authority as part of their safeguarding duties. At inspection, when we asked about the types of food the person had eaten prior to their decline in health, the registered manager was unable to provide assurances of this. There was no system to monitor the type of food those on a modified diet consumed.
- A new electronic care planning system had been implemented at the last inspection and at this inspection staff were in the process of transferring to a different electronic system. The registered manager and other staff responsible for overseeing people's care, had not used either of these systems to their best effect to provide sufficient oversight of the care people were receiving. For example, medicines were managed by an electronic system that showed the time medicines were due to be administered. The registered manager had not considered using this system to safeguard people's access to medicines and had not set-up the system to ensure medicines were given at their prescribed times or to help ensure that medicines were not given within a certain timeframe. Neither had the system been used to confirm that people were receiving their medicines at the prescribed time and in accordance with prescribing guidance.
- The new care planning system had been chosen and was being implemented to increase staff's ability to document people's care in real-time. This would provide the registered manager and those responsible for overseeing people's care, with increased oversight so that they were assured that people were receiving the correct support for their assessed needs. It had not been recognised that staff were not always documenting the support people had received in a timely way. For example, one person had been assessed as needing to be supported with repositioning and continence care at regular intervals. Staff were not clearly documenting when this support had been provided to confirm the person had been supported with their assessed needs and in a timely way.
- Staff had been using two different systems to monitor people's weight and ensure the equipment provided was suitable for their needs. For example, the electronic records for one person showed that they had not been weighed for several weeks, despite them requiring their weight to be monitored weekly. The electronic system used the person's weight to calculate the setting their pressure equipment should be set to so staff could monitor this was correct. When this was raised with staff they showed us that the person had been weighed weekly, but they had recorded this on paper documentation. As staff were not transferring the information to the electronic system, this did not ensure that accurate and current information was being used to calculate pressure relieving equipment settings. There was a risk that the person might not have been supported appropriately according to their assessed needs and this increased their potential risk of sustaining a pressure injury.
- Although recently improved due to a dedicated member of staff who was responsible for overseeing Deprivation of Liberty Safeguards (DoLS) applications and authorisations, there had been occasions when there had been a lack of oversight. Some people had not had their DoLS reapplied for in a timely way before their existing DoLS had expired.
- There was a lack of oversight by the provider which meant that shortfalls that had not been identified by the registered manager and other senior staff responsible for people's care, had not been recognised by the provider and action taken to ensure improvements were made.
- There was mixed feedback from staff and people about the registered manager and the provider. One person was positive about the leadership and management of the home and told us, "If she's [registered manager] walking past she says hello. I haven't engaged with her, but I can sense how a place is run." Other people and staff told us that the registered manager's attitude and approach was sometimes hard to decipher and left staff feeling devalued and unsure about what they were required to do. One member of staff told us, "If you do anything wrong she [registered manager] is on to you. I don't get any praise back. A lot of us feel the same." Other staff told us that they did not always feel supported by some of the decisions

made by the provider such as decisions around staffing or equipment, which sometimes had a negative impact on the quality of care they were able to provide. It was evident that some of the staff's feelings had been recognised by people. One person told us, "She's [registered manager] not very understanding. There are carers always leaving, the really good ones are. She can be rude to the carers, they come and tell me." When this feedback was raised with the registered manager she explained that she treated staff equally and in a respectful way but that if they gave cause for concern with regards to their practice, attitude or not upholding the provider's values, then she would raise these concerns with them to help improve the care people received.

The registered manager and provider had not always ensured that they assessed, monitored or sufficiently improved quality and safety, or minimised risks. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider had not always complied with the CQC registration requirements. Due to a misunderstanding about their responsibilities, they had not always notified us of certain events that had occurred to people so that we could have an awareness and oversight of these to ensure that appropriate action had been taken. These related to safeguarding enquiries that were being looked into by the local authority when concerns had been raised by external organisations.

The registered manager and provider had not always notified the Commission without delay. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was receptive to the feedback provided. They took immediate and prompt action to ensure people's care and the systems in place, improved. They sent us an action plan of what they were doing in response to the feedback raised. Medicine systems had been set up so that staff were alerted when people's prescribed medicines could be administered on time and with sufficient time in-between doses. Clearer, accurate information had been provided to staff in relation to modified diets to help ensure people received appropriate food according to their assessed needs. New protocols had been introduced to ensure that there was better and more accurate documentation to record the types of food those on a modified diet were offered. Notifications to inform us of historic incidents were submitted.

- To provide increased monitoring to ensure people's safety, the provider had installed CCTV in communal areas. The registered manager told us this helped them to establish why incidents had occurred and helped their decision-making when making changes to people's care or the environment.

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: Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had informed external health and social care professionals, when care had not gone according to plan. People and their relatives told us that the registered manager was open and honest with them. Records also showed that they were kept informed of any changes in people's needs.

- The registered manager welcomed people's views and feedback and had acted to ensure these were listened to and improvements made. For example, they had implemented a 'You said, we did' response to feedback. One comment related to one of the lounges not feeling inviting to people. In response, the registered manager had arranged for the room to be redecorated with a 1950s theme. We were able to see this had been implemented. A vintage television and bar area had been created with items that would be familiar to people and support some people who were living with dementia to reminisce.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment. The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person had not ensured that systems and processes were established and operated effectively to: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Maintain securely an accurate, complete and

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

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The registered person had not ensured that there were:

Sufficient numbers of suitably qualified, competent, skilled and experienced people.