

# South Coast Nursing Homes Limited

# Blatchington Manor

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

About the service:

Blatchington Manor is a residential 'care home'. The home is registered for up to 43 older people living with dementia or frailty. There were 23 people living at the home at the time of inspection. People had access to a communal lounge, a dining area, activity rooms and landscaped gardens. People had their own bedrooms with en-suites.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- People were safe from the risk of abuse and other identified risks relating to them.
- The home was clean and people were protected from infection risks.
- Staffing levels met people's needs and staff were suitable to work with people.
- People received effective care from skilled, supported and knowledgeable staff.
- People were supported to maintain a balanced diet. One person told us, "The food was very good and there is a good choice."
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People received kind and compassionate care. A relative told us, "Staff are amazing, take time to get to know people and they seem to really care from cleaning staff to directors."
- People's privacy and dignity were respected and their views listened to.
- People received person centred care that was specific to their needs.
- The provider had implemented a range of activities to enhance people's lives.
- There was a complaints procedure in place which was accessible to people.
- People were supported with compassionate end of life care.
- People, staff, relatives and professionals spoke positively of the management of the home.
- There were a range of audits in place with the aim of driving the quality of the home and most were effective in this.
- People were supported to be engaged in the running of the home and their opinions were listened to.

Rating at last inspection:

This was the first inspection of Blatchington Manor.

Why we inspected:

This was a planned inspection based on the date the provider registered with the Care Quality Commission

to provide a regulated activity at this location.

Follow up:

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was 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 Well-Led.

Details are in our Well-Led findings below.

**Good** ●

# Blatchington Manor

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was undertaken by two inspectors and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type:

Blatchington Manor is a care home providing accommodation and personal care for older people living with dementia or frailty. 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.

At the time of the inspection the home did not have a manager registered with the Care Quality Commission. The provider had ensured robust measures were in place to support the management of the home in their absence.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection:

- We used information, the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections
- We looked at information we held about the service including notifications they had made to us about important events.
- We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

- We spoke with 16 people who lived at the home, the head of care, two directors, a healthcare professional, six members of staff and three relatives.
- We reviewed a range of records about people's care and how the service was managed. These included the individual care records for six people. Medicine administration records for five people, eight staff records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- One person said, "This is a wonderful place to live. No-one is nasty to me and they make sure I have everything I need. The doors are all so secure and I don't have to worry about locking up, that makes me feel safe."
- Staff had a good understanding of safeguarding and systems and processes were in place to protect people from the risk of harm.
- A member of staff told us, "If I felt the service user wasn't safe or was vulnerable I would discuss it with the manager. If I felt she couldn't resolve it I would contact the director. I wouldn't be afraid to take it further."
- Staff told us they were confident that senior staff would act should they raise any concerns about the care people received.

Assessing risk, safety monitoring and management

- Risks to people were assessed and identified. Risk assessments were person centred and addressed people's individual needs.
- One person was identified as being at risk of self-neglect. Staff had good guidance within their care plan to reduce this risk for the person.
- Another person was identified as being at risk of depression and anxiety. Staff had personalised guidance to support the person to engage in activities they enjoyed, to raise their mood and to offer reassurance when they were feeling anxious. We saw staff use this guidance effectively in practice.
- Risk assessments were reviewed regularly to ensure people living at the home were receiving appropriate care, in line with their needs.
- People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which ensured they would be safe exiting the building in an emergency.

Staffing and recruitment

- Recruitment processes were robust and ensured staff were safe to work with people before they started working at the home.
- There were sufficient numbers of staff to meet people's needs, staffing levels were flexible depending on people's changing needs.
- Staff responded to people in a timely way.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine.
- Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe.
- People and their relatives praised how medicines were managed.

#### Preventing and controlling infection

- Staff were aware of infection control risks and received training in this area. People lived in a clean and hygienic environment.
- We observed staff use personal protective equipment (PPE) such as gloves.

#### Learning lessons when things go wrong

- Accident and incidents were managed safely and lessons learned to improve the care people received.
- Senior staff analysed incident reports to reduce the risk of a similar incident happening again.
- One person, experienced falls over a short period of time. The management team analysed these incidents to identify themes and trends, and identified the person was falling when trying to sit in a chair. This was assessed and the provider put chair raisers in place to reduce the risk of falls for the person. This has had a positive impact on the number of falls they experience

## 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person, their relatives, if appropriate, and gaining information from relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of people's initial assessment. For example, one person was asked about their religious beliefs at their assessment. Staff support the person to attend church regularly to meet this need.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support. A relative told us, "The staff are well trained, they know my Dad's needs well and the care is very individual, he is doing so much more than he did at home. That is due to the staff and their competency."
- Staff received a range of training opportunities to enable them to deliver effective care and support that met the needs of people living at the home. For example; staff attended training in areas of practice that supported the care of older people.
- New staff received a comprehensive induction which included training and shadowing senior members of staff.
- Staff were supported in their role and received regular supervision and appraisal.

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

- People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well within their team and across organisations. Professionals provided positive feedback through an annual survey of their work with staff.
- A healthcare professional told us, "Staff communicate well with me, they listen and act on feedback and advice. They always ask questions after I have seen people which shows they care."

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

- People's needs were met by the design and adaptation of the building.

- A relative told us, "This is a beautiful place rather like a 5-star hotel. There are wide corridors-distinctive signs on doors and various lounges to rest, read, talk, or do activities and it is nice and warm."
- People had access to a variety of garden areas which were focussed to support people living with dementia.
- People could freely access the garden and enjoyed the raised beds to do their own gardening. A 'memory lane' was designed to spark conversations and allow people to reminisce by using different objects such as an old-style telephone box to prompt memories.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services in a timely manner.
- A health care professional told us, "Staff make prompt referrals and they are always appropriate."
- People's everyday health needs were well managed by the staff who accessed support from a range of health and social care professionals such as GP's, community psychiatric nurses, district nurses, social workers and a chiropodist.
- One person told us, "I have seen a Chiropodist here and when I needed a dental appointment they took me in a mini-van."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff attended training in the MCA.
- When people did not have capacity to make decisions, the provider had assured themselves that only people with legal authority had made decisions on people's behalves.
- People were asked consent before being supported. We observed staff asking people what they would like to do before assisting them to do it.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Some people at the home were subject to restrictions due to the complex nature of their needs. DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect.
- We observed positive interactions between people and staff and it was evident people trusted the staff that were supporting them.
- One person told us, "No-one is ever unkind they will do anything for you."
- A relative told us, "Staff are amazing, take time to get to know people and they seem to really care from cleaning staff to directors.
- People were supported to maintain relationships that were important to them. Relatives and friends could visit people as they wished.
- One person told us, "My daughter lives near and comes in whenever she likes and she is always made welcome"
- People were supported to maintain their personal identity. For example, we saw people dressed in clothing that reflected their personality.
- Staff were compassionate and provided people with emotional support.
- We observed one member of staff support someone to transfer from a chair to their wheelchair. The person was anxious but the member of staff provided reassurance in a calm and friendly manner and spoke to them in a dignified way.

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

- People had access to information in a format which reduced barriers to communication.
- People's communication needs were assessed and guidance provided for staff to support their needs. For example, one person's care plan guided staff to look for non-verbal cues and changes in body language to aid their communication with the person.
- Staff had a good understanding of how people communicated and expressed themselves.
- People were supported to be involved in decisions about their care and given support to express their views.
- A relative told us, "We are involved in reviews and the staff always ask my relative what he wants to do and they listen to his wishes."

Respecting and promoting people's privacy, dignity and independence

- Staff had a visible person-centred approach to supporting people to maintain their independence. For example, Staff were working with the chef to support people's independence at mealtimes. A breakfast bar was being introduced so people can help themselves and be involved in breakfast.
- People's mobility had been assessed and mobility aids were in place to support people's independence. We saw staff ensured people had access to these to enable them to move about the home independently.
- People's privacy and dignity was respected. We observed staff to respect people's wishes for privacy.
- One person told us, "I like to wash myself but they supervise my shower. They always close the door if anyone enters and cover me with a towel."
- The management team and staff understood the importance of confidentiality. People's records were kept securely and only shared as required.

# Is the service responsive?

## Our findings

Responsive – this means that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider understood the importance that activities and engagement could have on people's wellbeing. People had access to a broad range of activities that met their interests.
- People enjoyed group and one to one activities.
- One person was chatting to a member of staff with their photo album and talking about their memories from the past. They were engaged and enjoying this conversation, sharing laughs with the member of staff.
- People were supported to engage in activities they enjoyed from their past. One person was included in 'household' tasks around the home as they took pride in looking after their home before moving to Blatchington Manor.
- One person told us, "There are lots of activities, even at weekends".
- Another person told us, "I enjoy sewing and knitting and the staff encourage me. I make things for my grandchildren."
- People were at the centre of care planning and involved in the process. Staff supported people in the way they wanted.
- One person's care plan said they enjoyed 'a bath but generally later in the day.' Their records reflected this preference was met.
- People had access to different technologies to meet their needs. For example, one person was living with a sight impairment. They had access to a telephone with large numbers to aid their independence in making phone calls.

Improving care quality in response to complaints or concerns

- There were systems in place to manage concerns and complaints. The management team responded to complaints in a timely manner.
- People and relatives told us that they were very comfortable around raising concerns and were aware of the policy.
- One person told us, "I would talk to the head of care, he is wonderful."

End of life care and support

- People's end of life wishes had been considered by the provider and they were continuing to improve their planning to ensure their work in this area continued to improve.
- One person was entering the end of their life. Staff had worked with them and their family to ensure their needs could be met in the safest way. They supported the person to move to another one of their nursing homes. Their loved one remained at Blatchington manor and staff had created a plan to ensure they were

regularly taken to see their relative.

- Their relative told us, "The care has been absolutely fantastic, very personal and individual."

# 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

The service was consistently managed and well-led. Leaders and the culture they create promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility; Continuous learning and improving care

- The culture of the home was positive, people lived in a homely and friendly environment.
- People told us they felt at home and were happy with the care they received. One person told us, "It is like a big happy family here."
- The management team promoted an open and honest service and lead by example. We saw them to be accessible to people and staff throughout the inspection and there was an open-door policy for all.
- We saw that when things went wrong the management team worked openly with other professionals, people and relatives to learn from any mistakes and acted to improve the care people received.
- The management team understood the importance of continuous learning to drive improvements.
- A director told us of the positive impact a new pharmacy lead medicines training course had for staff. This improved their knowledge and practice in the administration of medicines.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager at the time of this inspection. The manager had applied to register with the Care Quality Commission and has since been on leave from the home.
- The provider had ensured robust measures were in place to support the management of the home in their absence.
- Directors were at the home on a regular basis and the provider had employed a 'head of care' who was overseeing day to day management.
- People relatives and staff spoke positively of the management of the home.
- One person told us, of the head of care, "You can always approach him and he will help" "He is hands on and always available."
- Staff understood their roles and responsibilities and told us they felt well supported.
- A member of staff told us, "We receive 100% support from the management."
- Quality assurance process were robust and identified areas in need of improvement.
- The management team undertook regular audits of the service. If these audits identified area of concern these were acted upon.
- The audit in August identified that four people had a urinary tract infection. Their needs were assessed, medical advice sought and guidance given to staff to prompt fluids during the hot weather.

- The director had implemented an action plan which was being worked on to continuously drive improvements to the service people received.

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

- People, their relatives, staff and professionals were engaged in the service.
- The provider offered various opportunities for people to be involved and to share their views. They acted on feedback. This included, meetings, surveys and a suggestions box.
- Staff suggested to have Wi-Fi in the lounge area to support with activities. The provider acted on this and provided Wi-Fi in the lounge.
- There were regular meetings for people, their relatives and staff where the provider shared information and listened to feedback.
- At a resident's meeting in October 2018, people said they wanted more access to activities. The provider listened to this and had since employed more activity staff. They had adapted their rotas to ensure people had access to activities in the evenings.
- A relative told us, "I have attended a Resident's meeting, it was very good."

Working in partnership with others

- The management team and staff had developed good working relationships with others.
- We observed staff talking with a health care professional. They had an open relationship and were knowledgeable when being asked questions about the person being supported.
- A healthcare professional told us, "I would always recommend this home. They are really good at communicating with me which makes a massive difference when supporting people well."