

Chanctonbury Health Care Ltd

Alfriston Court Care Home

Inspection report

Sloe Lane
Alfriston
Polegate
East Sussex
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Alfriston Court Care Home is a nursing home providing personal and nursing care to 27 people aged 65 and over. At the time of the inspection there were 23 people living in one adapted building. People living at the home had a range of needs. Some people were living with dementia whilst some had clinical needs and those associated with old age.

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

We found that improvements had been made following the last inspection.

Quality and governance systems had improved however they had not been fully established and embedded into everyday practice. This meant areas needing improvement were not always identified and responded to effectively. We found some care plans were not complete. This included the absence of suitable care plans to support people with dementia, their mental health and emotional needs. Management and medicine audits had not identified missing and poorly completed records. These areas were identified as needing improvement.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed and recruitment practice ensured only suitable staff worked at the service.

There were suitable arrangements in place to assess and respond to any risk to people and to provide people with their prescribed medicines safely. Infection prevention control measures meant the service was clean and people were protected, as far as possible, from the risk of COVID-19.

People received personalised care that was delivered by staff who had a good understanding of their needs and how they should be met.

People had access to health professionals to promote their health. People had regular contact with the activity staff to promote social interaction and minimise any risk of isolation. Visiting was taking place in line with government guidelines. Complaints were listened to and resolved in a timely way.

The new manager had established a positive culture at the service and was supportive to people and staff. They understood their responsibilities and was making positive changes in the service to improve outcomes for people. There was a clear management structure with the manager supported by a clinical lead and a team of registered nurses.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 26 July 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by our internal intelligence systems that assesses potential risks at services, taking account of concerns in relation to aspects of care provision and previous ratings and any enforcement. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only. This enabled us to review any potential risks and review the previous inspection ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During the inspection no areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 

Alfriston Court Care 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.

This focussed inspection was prompted by our internal intelligence systems that assess potential risks at services. It was also completed to check whether the provider had met the requirements of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Alfriston Court Care 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 service had a manager, who had applied for their registration with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because of the COVID-19 pandemic. We needed to know about the provider's infection control procedures.

What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report and the action plan supplied by the provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people and other people who used the service throughout the inspection. Due to their dementia, people were not always able to give feedback about their experience at the home. Therefore, we spent time talking with them and observing their interactions with staff. We spoke with five members of staff including the manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke to two health professionals who have a knowledge of the service.

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. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection the management of medicines was inconsistent. At this inspection improvements had been made to ensure people received their medicines in a safe way.
- Systems were in place that ensured the safe ordering, storage and disposal of medicines. Staff had received training on safe medicine administration and medicine procedures had been updated and reviewed since the last inspection.
- Staff followed good practice guidelines when giving medicines ensuring they were given to people individually and in a way that suited them.
- For those people who had been prescribed 'as required' (PRN) medicines, such as medicines for pain control or anxiety there were PRN protocols in place. This provided information for staff to give these medicines in a considered and consistent way.
- Additional procedures and checking ensured medicine stocks were monitored and any errors were identified early and responded to. For example, daily checks were completed on the Medicine Administration Record (MAR) charts to ensure accuracy.

Assessing risk, safety monitoring and management

- At the last inspection fire safety measures had not been fully completed. At this inspection fire safety arrangements had improved and had been reviewed and updated. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). These were available to the emergency services in the event of an evacuation.
- Any risk to people and their safety were well managed. Staff understood the risks associated with looking after people and these were assessed and responded to. For example, people at risk of falling had individual risk assessments, that included additional professional support if necessary. This identified measures to reduce the risk which included sensor alarms. A relative told us, "They had been falling at home, but not here, they look after him beautifully."
- Risks associated with people's health needs were well managed. Some people were at risk of skin damage from pressure. These risks had been assessed and measures had been put in place to reduce this risk. This included the use of pressure relieving mattresses and regular checks of people's pressure areas. Staff understood the individual care needed and told us how they used creams to reduce skin damage.
- Environmental risks were identified and managed. For example, any worn carpets had been recorded with a scheduled date for replacement. Regular maintenance and servicing were completed on equipment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. There was a visiting procedure in place that was in line with Government guidelines. It included recording people's details, COVID-19 risk assessment and a Lateral Flow Device test (LFD) before a visit was undertaken. Each person had an individual assessment to ensure the visiting arrangements were in accordance with their wishes.
- We were assured that the provider was meeting shielding and social distancing rules. This was promoted through staff practice and included practical measures to promote social distancing. For example, the number of people at each dining table had been reduced and chairs in the lounge had been spaced out. Staff breaks had been staggered so only two staff members took a break at any one time.
- We were assured that the provider was admitting people safely to the service. Any admissions were in accordance with clear criteria to minimise any risks associated with COVID-19. This included isolation of any person admitted for 14 days.
- We were assured that the provider was using PPE effectively and safely. Suitable stocks of PPE were available and used appropriately.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was found to be clean and the senior housekeeper was clear on additional cleaning put in place to improve IPC.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff had received additional training on COVID-19 and were given regular support and training while working.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The manager and operations director worked closely with the local authority to address any safeguarding issues to ensure the safety of people.
- Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and how to respond.
- There were clear safeguarding procedures and relevant contact details were available for staff to use. Staff knew the referral procedures to be followed if concerns around abuse were raised, they knew who to contact and understood this could include the police.

Staffing and recruitment

- People and relatives told us they felt safe, with all their needs attended to. One person said, "The staff are wonderful, I have no worries here." A relative told us, "They have looked after them so well. They are so much more relaxed now, and I know he is being well cared for."
- Staff told us they had enough time to look after people safely. Records confirmed a consistent number of staff was provided throughout the day and night.
- A thorough recruitment procedure was followed before people worked in the service. This included criminal record checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to reduce the risk of any reoccurrence. For example, a recent accident had identified the need to secure some furnishing that may cause a risk if fallen against.

- Accidents and incidents were reviewed within a monthly audit and any trends or patterns were identified and responded to.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

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

- At the last inspection the provision of activities did not meet people's needs. At this inspection activities staff provided a varied provision to meet individual need.
- The service had two activities staff working in the service. They had different approaches and, in this way, provided an activity programme that was individual and flexible.
- Over recent months people had spent a great deal of time in their own rooms some of this was to reduce the risk of spreading infection. A number of people had chosen to spend time in their own rooms. The activities staff had worked on reducing any risk of isolation and had regular individual contact with everyone in the service.
- Ways of maintaining links with family and friends over the pandemic had been given a priority and included supporting people with using technology to keep in touch with their loved ones.
- Visiting had been re-established taking account of government guidelines. Individual assessments had been completed to ensure the visiting arrangements supported people to have meaningful, safe and enjoyable visits.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support. People and relatives were happy with their care and confident that staff knew and understood their care needs. One person said, "They know me and look after me beautifully."
- Staff knew people well and responded to their specific individual needs. One professional said, "I find that the nursing team are highly tuned with their residents' needs. All of the staff have a good knowledge of residence, co-morbidities, communication, emotional and physical needs."
- Staff worked well together and shared information about their work and people regularly. Systems were in place to record the care and support provided and daily handovers ensured staff received up to date information and had the opportunity to discuss changes in people's condition and needs.
- People had their needs assessed and these were recorded within individual care plans. The care plans provided staff with the information they needed to provide individualised care and support. However, we found some care plans had not been fully completed and this was discussed with the manager and operations director. This did not impact on care and had been highlighted in some of the quality audits and is reflected further under the well-led section of this report.

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.

- People's communication needs were assessed and recorded. When any needs were identified, these were known by staff and responded to. For example, if people had poor hearing and used hearing aids, staff were aware and took account of this when communicating with them.
- Staff used techniques and equipment to promote communication. For example, they were patient with people giving them time to find their own words to express themselves. Staff recognised when people were struggling and supported people with extra time and helpful prompts.

Improving care quality in response to complaints or concerns

- People told us they did not have any concerns or complaints. They were comfortable with the staff and manager and were able to raise issues with them directly if need be.
- The provider had arrangements in place for investigating and resolving complaints. The manager was committed to resolving any concern quickly and effectively.
- There was a complaints procedure, and this was available to people and their representatives. Complaints received had been investigated and responded to in line with this procedure.

End of life care and support

- When people needed end of life care, they received care that took account of their wishes and supported their comfort.
- All staff had received training on end of life care and the registered nurse had additional training to ensure their knowledge and skills when caring for people who were dying.
- Staff work with other health care professionals to provide the best care for people. For example, the GP had prescribed anticipatory medicines with relevant guidelines that could be used to relieve any distressing symptoms. These are known as 'Just in case medicines' (JIC).
- Staff took account of people's wishes about their care and requests following death. For example, one person had made certain requests following her death that had been clearly documented and was known by staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This is a third repeated Requires Improvement for this key question, however, there have been significant improvements and the service is no longer in breach of any regulations.

This meant the service management and leadership was not always consistent. Leadership did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not ensured good governance had been maintained. Quality assurance systems were in place, but these were not always effective in driving improvement and identifying shortfalls. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Although management and governance systems had improved, they had not been fully established and embedded into practice to ensure all areas needing improvement were identified and responded to. This was identified as an area that needed improvement.
- A new manager was appointed in November 2020 and had applied for registration with the CQC. She had a good understanding of her role and responsibilities and had established a stability to the service.
- However, the quality audit tools were not always used effectively to improve record keeping. For example, audits completed on the care documentation had not been followed up to ensure missing documents to support the care provided had been completed. Other care documentation had not been audited and we found some care plans were not complete. This included the absence of suitable care plans to support people with dementia, their mental health and emotional needs. This had not impacted on people's care at this time as staff knew people well.
- The audits completed on MAR charts had not ensured they had been used effectively to monitor the use of PRN medicines or that topical creams were used in a consistent way. The manager and operations director were aware of the improvements needed and were working to improve these areas.
- Quality monitoring systems had not identified missing checks and documents for agency staff used. This included checking their current training and registration with the relevant governing body. The manager addressed this matter during the inspection to ensure the suitability of the agency nurses working in the service.
- Other quality systems were in place and were used effectively to improve the service. The new manager was having regular meetings with staff to review practice and monitor quality. A monthly quality report

completed by the operations director assessed the service against the legal requirements and quality indicators. This was reviewed and discussed with the manager to plan improvements.

- There was a clear management structure with the manager supported by a clinical lead and a team of registered nurses. Each department had an identified lead who communicated directly with the manager facilitated through daily catch up meetings.

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

- The manager was warm and inclusive in her approach with both people and staff. She took time to listen to them putting them at ease. She was visible around the service and maintained positive links. One staff member told us, "It's good because we have a lot more meetings now where we can discuss things with the manager."
- Staff told us they were comfortable and confident with the management arrangements and could approach senior staff at any time. They felt well supported and had the opportunity to influence and improve decisions around the provision of care and the management of the service.
- People, relatives and visiting professionals were positive about the management of the service. One relative said, "They have managed the situation well." A visiting professional said, "There appears to be effective communication between staff."
- The manager was fully aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to the CQC promptly.
- The manager acted in an open, honest and transparent way. This was demonstrated through the inspection process, she offered additional information to clarify and support inspection findings.
- There was focus on continuous learning and improving the service and outcomes for people. The manager was positive about learning from audits and inspection outcomes. They discussed proposed improvements in response to inspection findings. For example, improving identified care plans to reflect dementia care needs. Accident and incidents were also used to change and improve practice.

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

- The manager was keen to gather and listen to the views of people, representatives and staff. She had established meetings with staff and people living in the service and gained people's views on an individual basis.
- Contact with relatives and representatives had been maintained throughout the pandemic with regular emails and telephone contact. Feedback was sought through regular contact and feedback surveys.
- The manager and staff had worked hard to maintain and support professional links with social and health care professionals and had good working relationships with them. One professional told us, "Generally we have no concerns and they are very good."
- Alfriston Court Care Home was seen as an important service within the local community. People living in the service were often from the local area and maintained links with the local community. This had been difficult over the pandemic and limits with non-essential visitors. However, the manager is keen to maintain the community support.