

Mills Family Limited

Fairlight

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

Fairlight is a residential care home providing personal care to up to 29 people aged 65 and over. There were 26 people living at the home at the time of the inspection.

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

People spoke positively about their experience of living at the home. They were protected from the risk of abuse by staff who knew the action to take if they suspected someone had been abused. People had risk management plans in place which staff followed to keep them safe. There were enough staff working on each shift to provide the support people needed. The provider followed safe recruitment practices.

People's medicines were safely managed. Staff were supported in their roles through an induction, training and regular supervision. People's needs were assessed before they moved into the home. These assessments were used to form the basis of people's care plans. People were also supported to maintain a balanced diet and to access a range of healthcare services, when needed. Staff followed safe infection control practices while working.

Staff sought consent from people before supporting them. 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. The provider worked with other agencies to ensure people received good quality care.

Staff acted with care and consideration. They treated people with dignity and respected their privacy. People were involved in the planning of their care and in making decisions about the support they received. The provider had a complaints procedure in place and people were confident any issues they raised would be addressed.

People, relatives and staff spoke positively about the management team and the running of the home. The registered manager and staff understood the responsibilities of their roles. The provider had systems in place for seeking and acting on any feedback. The management team carried out a range of checks and audits to help drive continuous improvement within the home.

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

Rating at last inspection

This service was registered with us on 14 September 2020 and this is the first inspection at which a rating has been awarded.

Why we inspected

This was a planned inspection in order to provide an initial rating. 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.

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 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 ●

Fairlight

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.

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

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fairlight 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people living at the home and three visiting relatives about their experience of the care provided. We also spoke with 11 staff, including the registered manager, unit manager, deputy manager, three care staff, a maintenance person, the chef, an activities co-ordinator, an administrator and a domestic staff member. Additionally, we spoke with a visiting community nurse who provided clinical support to people living at Fairlight.

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 reviewed five people's care plans and five staff recruitment files. We also reviewed a variety of records relevant to the management of the service, including medicine administration records, staff training information, the provider's policies and procedures, and audits carried out by the management team.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service at which a rating could be awarded.

This is the first inspection for this newly registered service at which a rating could be awarded. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I feel safe here. The staff are very helpful and quick to act if I have any problems." A relative said, "The staff make [their loved one] feel safe. We're happy with the care provided."
- Staff had completed safeguarding training. They were aware of the different types of abuse that could occur and the action to take if they suspected someone had been abused. One staff member told us, "I would report any concerns I had to the registered manager. I also know I could contact social services or CQC if necessary."
- The registered manager and unit manager knew the locally agreed procedures for reporting any allegations of abuse to the local safeguarding team. They were also aware to notify CQC of any abuse allegations, in line with regulatory requirements.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were safely managed by staff. People's care plans contained risk assessments which covered key areas in which they needed support to maintain their safety. For example, where one person had been identified as being at risk of choking, their care plan included guidelines from a healthcare professional as to how their food and drink should be prepared and the support staff should provide whilst they were eating or drinking.
- Staff demonstrated a good understanding of the areas at which people were at risk and the steps to take to manage them safely. We observed staff following people's risk management guidelines, for example when supporting them to transfer between a wheelchair to a chair, or when supporting them at mealtimes.
- Staff routinely monitored key areas of the home environment to ensure they were safe. Regular checks were carried out on areas including water temperatures, gas and electrical safety and fire safety equipment. Records showed the provider had experienced some difficulties in arranging for an external contractor to visit and carry out six monthly hoist checks due to restrictions that had been in place during the pandemic. Whilst these checks were overdue, we confirmed that a contractor had been booked to visit and complete the work during the week following our inspection.
- The provider had procedures in place for dealing with emergencies. Staff received first aid and fire safety training. They were aware of the action to take in the event of an emergency. People had personal emergency evacuation plans (PEEPs) in place which identified the support they would need from staff or the emergency services, should they need to evacuate from the home.

Staffing and recruitment

- The home allocated enough staff on each shift to support people safely. One person told us, "There is

always somebody around." Another person said, "They [staff] come quickly if I use my call bell." A staff member commented, "There are enough of us on each shift to make sure everyone gets the care they need without us rushing."

- Staffing levels were determined based on an assessment of people's needs. Records showed that the staffing levels on each shift during the two weeks prior to our inspection had been consistent with the planned allocation. The registered manager confirmed that the number of staff on each shift would be adjusted accordingly if people's needs changed.
- The provider followed safe recruitment practices. Staff files confirmed that pre-employment checks had been carried out on staff which included checking identification, work histories, references from previous employers and carrying out criminal records checks to confirm their suitability for the roles they had applied for.

Using medicines safely

- People's medicines were managed safely. The provider had appropriate systems in place for receiving and disposing of any unused medicines safely. Once received, medicines were securely stored in a temperature-controlled environment. They could only be accessed by trained staff who had been assessed as competent to administer medicines.
- People had medicines administration records (MARs) in place which included a copy of their photograph and details of any known allergies, to help reduce the risks associated with medicines administration. MARs had been signed by staff to confirm when they had administered people's medicines. They confirmed people had taken their medicines in line with the prescriber's instructions.
- People had guidance in place for staff to follow on any medicines they had been prescribed to be taken 'when required'. We observed staff providing people with appropriate support when administering medicines. One person told us, "I've had no problems with my medicines."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was 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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff knew to report any accidents or incidents which occurred at the home. They completed accident records where required. The completed records contained information describing what had occurred and the action staff had taken in response. Relevant healthcare professionals had been contacted where needed to ensure people consistently received appropriate support following an accident.
- The registered manager regularly reviewed accident and incident records to identify any potential trends or learning and this information was shared with staff to reduce the risk of repeat occurrence.

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.

This is the first inspection for this newly registered service at which a rating could be awarded. This key question has been rated good. This meant 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 were assessed before they moved in to ensure the home's suitability. Senior staff carried out a more detailed assessment when people were admitted to the home, which was used as the basis for developing people's care plans.
- Assessments considered people's physical, mental and social needs as well as any preferences in the way they liked to be supported. The provider used nationally recognised assessment tools which helped ensure a consistent approach was applied by staff when managing risks to people. For example, they used Waterlow Scoring to assess risks to people's skin integrity and the Malnutrition Universal Screening Tool (MUST) to assess the risk of malnutrition.

Staff support: induction, training, skills and experience

- People were supported by appropriately skilled and trained staff. One person told us, "They do a good job looking after me." Another person said, "The staff are well trained."
- Staff received an induction when starting work at the home. This included time familiarising themselves with the provider's policies and procedures, a period of shadowing more experienced staff and completing training in range of areas relevant to their roles. Where new staff had no previous experience of working in care, they were also required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.
- Staff completed periodic refresher training to help ensure they stayed up to date with current best practice. One staff member told us, "The training I've received has been good. I feel confident that I'm able to provide the residents with the help they need."
- Staff were supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "I meet with [the unit manager] regularly for supervision. We discuss how I'm getting on at work and whether I have any upcoming training; that sort of thing."

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

- People were supported to maintain a balanced diet. The provider had recently contracted a new external caterer to prepare meals at the home. People had mixed views about the food on offer since this change. One person told us, "The food is alright." Another person said, "It could be better, there's not a lot of variation." However, the people we spoke with also confirmed that the chef had been seeking their feedback on the things they would like to see on the menu and most people agreed this was improving.
- People's nutritional needs had been assessed and their care plans included details of any support they needed to when eating or drinking. Care plans also included relevant guidance from a dietician or speech

and language therapist (SALT), where people had been identified as being at risk of choking or malnutrition. This information had been shared with the kitchen staff, to enable them to prepare people's meals accordingly.

- Staff were on hand and available to support people, where needed, during mealtimes. People were offered a choice of meal and drink. They were also able to eat where they wished. Most people ate together in the dining room, but others chose to eat in their rooms. We observed staff following the guidance in people's care plans when supporting people to eat and drink.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support to access a range of healthcare services when needed, in order to maintain good health. One person told us, "They [staff] arrange my appointments for me." Another person said, "The GP visits regularly; they checked on me yesterday."

- Staff confirmed they routinely monitored people's health and well-being when providing them with support. They told us they would report any changes in their conditions to the management team who would review the issue and arrange for a healthcare referral if needed.

- People's care plans confirmed they received support from a range of healthcare services in order to maintain good health. These included visits from a GP, community nurses, dietician, optician and audiologist. Staff confirmed they were able to support people to attend any appointments they had which were outside of the home, if needed.

- Staff sought to work effectively with healthcare services, to ensure people received effective, joined up care. A visiting community nurse told us, "The home has a good relationship with our team. The staff know people well and are able to provide us with any information we might need when we visit."

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

- The home had been adapted to meet people's needs. Toilets and bathrooms were accessible, and people had the use of a range of equipment to help them mobilise around the home where needed, including handrails, wheelchairs, a lift and a stairlift. Signage was also in place to aid with orientation.

- People had the use of a range of facilities, including a spacious garden and a library. They were able to personalise their bedrooms with their belongings and many people's walls were decorated with photographs or pictures which had personal meaning.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service 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.

- Staff sought people's consent when offering them support. One person told us, "They [staff] explain what

they're doing when they're helping me and make sure I'm OK with it." A staff member said, "I always check the residents are happy for me to support them. We can't make anyone do anything they don't want to do." We observed staff seeking consent from people before assisting them throughout our inspection.

- Staff worked in line with the requirements of the MCA. Mental capacity assessments had been carried out and best interests decisions made with the involvement of people's families and relevant healthcare professionals where appropriate.
- The registered manager and unit manager understood the process for seeking legal authorisation to deprive people of their liberty in line with DoLS. They had submitted DoLS authorisation requests appropriately, where needed. They also acted to ensure any conditions placed on people's DoLS authorisations had been met.

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.

This is the first inspection for this newly registered service at which a rating could be awarded. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff treated them well. One person told us, "The staff are very caring." Another person said, "They [staff] look after me very well. I enjoy it here." A relative commented, "They check on [their loved one] regularly."
- Staff showed people compassion and respect when engaging with them. They regularly checked on people's well-being and offered them support in a friendly manner. We observed staff communicating discreetly with each other where they had concerns about one person's well-being, to ensure they were all aware to offer emotional support, if needed. The person in question responded positively to the sensitive support staff offered them throughout the afternoon of our inspection.
- Staff told us they were committed to promoting equality within the home. One staff member told us, "Everyone who moves in is welcome here, regardless of their age, cultural background, sexual orientation or disability." People's care plans included consideration of their cultural and spiritual needs. They were supported to practice their faith where this was important to them, both within the home and by attending places of worship.

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

- People were involved in decisions about the support they received. We observed staff consulting with people throughout our inspection, involving them in decisions about how and where they spent their time. One staff member told us, "I try and involve the residents in everything I do with them, in case they have any preferences. For example, I'll ask them what they want to wear, when they'd like to wash, or what they'd like to eat or drink so they can choose."
- People received a copy of the home's service user guide when they moved in. This contained information about the support that was on offer at the home and what they could do if they were unhappy with anything. They also received a copy of the home's regular newsletter which helped keep them informed about events they may wish to take part in.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "They [staff] always treat me respectfully. A relative said, "[Their loved one] is shown respect." We observed staff treating people in a dignified manner throughout our inspection. For example, staff used a privacy screen where one person needed to be transferred from a wheelchair to a chair in a communal area, to ensure their dignity was maintained.
- Staff worked in ways which respected people's privacy. One staff member told us, "I always knock on

people's doors before entering their rooms. If I'm helping someone to wash or dress, I'll make sure we have privacy by closing the door and drawing the curtains." We observed staff knocking on people's doors and waiting for a response before entering their rooms during our inspection.

- Staff encouraged people to maintain their independence wherever possible. One staff member said, "I work with the residents and try to only do the bits they can't do for themselves. For example, some of the residents are able to dress themselves and will only need occasional help with things like putting on socks or doing up buttons." A person commented, "They [staff] encourage me to be as independent as possible."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service at which a rating could be awarded. This key question has been rated 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

- People and their relatives, where appropriate, had been involved in the planning of their care. One person told us, "We had a chat about the sort of help I needed when I moved in. I know I have a care plan; we have review meetings every now and then." Records confirmed people's views had been sought when their care plans had been reviewed, to ensure they reflected their current needs and preferences.
- People's care plans contained guidance for staff on the support people needed to have their assessed needs met. They also included information about their preferences in the way they wished to be supported as well as details of their likes and dislikes.
- Staff knew the details of people's care plans. They knew the ways in which people preferred to be supported and their typical daily routines. They were also aware of the things that were most important to people, for example which relatives were in regular contact with people, and when they usually visited the home. One person told us, "They know how to look after me here."

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 when they moved into the home and included in their care plans. Staff were aware of the importance of allowing people to communicate at their own pace and in their own way. One staff member told us they only used short sentences when speaking with one person who was living with dementia and often asked questions that could be answered 'yes' or 'no' as this enabled the person to make their wishes known.
- The provider confirmed they were able to resource information for people in formats which best met their needs. For example, they told us information could be presented in a range of languages as well as large font and a pictorial format if needed. However, at the time of our inspection, people did not require these formats to aid their understanding.

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 were supported to maintain the relationships that were important to them. Friends and relatives were able to visit people at the home, although they were asked to schedule their visits in advance to enable staff to ensure they were safely managed during the pandemic. One relative told us, "They [staff] try to be as

flexible as possible in letting us visit when we want. We only called ahead this morning to ask if we could visit today and they've facilitated it."

- Staff also supported people to stay in contact with friends and relatives over the phone or using video conferencing, where they wished to do so.
- The home offered a range of activities which people could take part in, in support of their interests and to reduce the risk of social isolation. Activities on offer included one to one sessions, quizzes, cake baking, reminiscence and hand massage sessions. The provider had also just restarted supporting people on trips out in the local area, for example to a local coffee shop. One person told us, "We have lots of activities here; I think we are playing cards this afternoon. I am very happy with what they offer; it creates a good atmosphere."

Improving care quality in response to complaints or concerns

- The provider had systems in place to manage any complaints they received. A copy of the home's complaints procedure was on display in a communal area for people to refer to should they wish to. It described the ways in which people could make a complaint and the action they could expect in response. This included details of the timescales in which people could expect a response and the steps they could take if they remained unhappy with the outcome of any investigation.
- People and their relatives confirmed they knew how to complain. They also expressed confidence that any issues they raised would be investigated. One person told us, "I did raise an issue once. They sorted it all out; I was happy with their response." Another person said, "If I had a problem, I know the unit manager would resolve it."
- The registered manager maintained a complaints log. This contained details of any complaints the home had received and the action the registered manager had taken in response. We reviewed the complaints log and confirmed complaints had been dealt with in line with the home's complaints procedure.

End of life care and support

- At the time of our inspection, none of the people living at the home required end of life care. However, the registered manager confirmed staff would work with relevant healthcare professionals, in discussion with people and their relatives when needed, to ensure people received responsive end of life support.
- People had advanced care plans in place which contained information about any preferences they had in the way they wished to be supported at the end of their lives. Some people had Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in place. These confirmed they, or their relatives where appropriate, had been involved in making the decision in discussion with their GP.
- Staff had completed training in end of life care to help ensure they had the skills needed to provide responsive support to people at the end of their lives.

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.

This is the first inspection for this newly registered service at which a rating could be awarded. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about the management of the home. One person said, "The home is well run. Everything is managed well." A relative told us, "The management team are very good. If we were to have any concerns, I know we could talk to any one of them and they'd sort it out."
- Staff also told us they worked in a positive environment, focused on providing high quality support to people living at the home. One staff member said, "I'm proud to work with such a supportive team. The residents are all lovely and it's great to be able to help them every day." Another staff member told us, "We all work well as a team. There's always a manager around if we need any support and they're happy to pitch in." We observed staff working well together throughout our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of the requirements of their role, including their responsibilities under the Health and Social Care Act 2008. They knew to ensure the service's CQC rating was displayed within the home, once received. They also knew which incidents they were required to notify CQC of and had submitted notifications, where required.
- The registered manager also understood the duty of candour and had acted accordingly, where required. Records confirmed relatives had been informed when people had been involved in any incidents or accidents.
- Staff understood the requirements of their roles. They attended staff meetings where they received updates on the running of the home and what was expected of them. They also attended handover meetings between each shift to share up to date information on the support people required.

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

- The provider sought feedback from people and relatives through meetings, reviews and the use of surveys. One person told us, "I've attended the meetings; the staff do a first-class job." A relative confirmed, "We've been asked to complete a survey and the results are published online."
- Feedback from surveys indicated people were experiencing positive outcomes while living at the home. The only key issue we noted had been raised was regarding issues with the catering since the change of caterer. However, we also noted that the provider had been working to address people's concerns in this

area since issues had first been raised.

- Staff told us they were able to feedback any issues they had during either team, or one to one meetings. They expressed confidence that the management team would look to address any issues they raised.

Continuous learning and improving care

- The provider had systems in place for monitoring the quality and safety of the service. Senior staff carried out regular audits in a range of areas including infection control, health and safety, night-time support and care planning.
- Action had been taken where any shortfalls had been identified during audits. For example, the curtains had been replaced in one bedroom following a recent infection control audit. The home also had an improvement plan in place which had included the implementation of an electronic records system as well as environmental improvements, such as putting a ramp in place near one person's bedroom in support of their mobility.

Working in partnership with others

- The provider worked in partnership with other agencies to ensure people received good quality care. The registered manager was open to receiving visits from local authority commissioners and confirmed they would act on any feedback they received.
- Staff provided any visiting health or social care professionals with any support they needed when visiting people at the home. For example, records confirmed they had provided local authority staff with any information they needed during safeguarding investigations or reviews of people's needs.