

AMJ Care Ltd

Heathfield Care Home

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

Heathfield Care Home is a service that is registered to provide accommodation and support for 23 older people living with dementia. The service also provided limited respite and day care facilities. The registered providers are AMJ Care Ltd. On the day of our visit 22 people lived at the home.

This was the first inspection of the service since new providers had taken over the home and

it was registered with the Care Quality Commission. This inspection took place on 13 May 2015 and was unannounced

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff on duty. Thorough recruitment checks were carried out to check staff were suitable to work with people.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. These gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks. There were also contingency plans in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

People were supported to take their medicines as prescribed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff were supported to develop their skills by regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications NVQ or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.) All staff had completed training to a minimum of NVQ level two or equivalent. People said they were well supported

Staff said that they felt supported by management to undertake their roles. They received regular, formal, supervision to enable the registered manager to monitor staff practice and to support staff development. Staff also received an annual appraisal.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider had suitable arrangements in place to establish, and act in accordance with people's best interests if they did not

have capacity to consent to their care and support. The registered manager understood his responsibility with regard to Deprivation of Liberty Safeguard (DoLS) and had completed mental capacity assessments and made DoLS applications when required. This meant that people's rights were protected.

People were satisfied with the food provided and said there was always enough to eat. People were given a choice at meal times. Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the registered manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with healthcare professionals.

People told us the staff were kind and caring. Relatives had no concerns and said they were happy with the care and support their relatives received. Staff respected people's privacy and dignity and used their preferred form of address when they spoke to them. Observations showed that staff had a kind and caring attitude.

There was a comprehensive programme of activities in place. An activities co-ordinator was employed who arranged and organised a range of activities in line with people's interests. There were individual social get togethers such as a 'chit chat club' where the activities co-ordinator produced a paper which gave information on events that happened on the same date in history which produced lively discussion topics. There was also an 'out and about club' where people would go out in the mini bus once a week to local places of interest. The activities co-ordinator also organised monthly social get togethers. Currently they were organising a range of themed evenings. They had already held a 20's & 30's night, a 40's night and the next event planned was a 60's night. The registered manager had a purpose built bar made for the dining area because people had expressed a wish to have a pub atmosphere when socialising.

People told us the registered manager, deputy manager and staff were approachable. Relatives said they could speak with the manager or staff at any time. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. Regular meetings took place with staff, people and relatives.

Summary of findings

The provider had a policy and procedure for quality assurance. The registered manager carried out weekly

and monthly checks to help to monitor the quality of the service provided. There were effective systems for staff to learn from incidents and staff were enabled to help develop the service.

Summary of findings

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.

People felt safe. There were sufficient staff to support people safely.

Staff had received training on the safeguarding of adults and this helped to keep people safe. Risk assessments were in place together with measures to reduce any risks to help keep people safe.

Medicines were stored and administered safely by staff.

Good



Is the service effective?

The service was effective.

Staff were sufficiently trained and skilled to care and support people effectively.

People consented to the care they received and the provider met the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

People had sufficient to eat and drink and were supported to make informed choices about the meals on offer. People were supported to access health care services when needed.

Good



Is the service caring?

The service was caring.

People told us staff were kind and caring. Relatives said they were very happy with the care and support provided at Heathfield Care Home.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

Staff understood people's needs and preferences.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and gave staff the information they needed to provide individualised care to people to meet their needs.

There was an extensive activities programme to provide stimulation for people and families and friends were encouraged to participate.

Staff communicated effectively with people and involved them in making decisions about the support they wanted.

Outstanding



Is the service well-led?

The service was well led.

Good



Summary of findings

The registered manager was committed to providing a good service and people were encouraged to be actively involved in developing the service. The registered manager was approachable and open to new ideas.

Staff were supported by the registered manager and were able to raise any concerns they had.

Quality assurance systems were in place to measure and monitor the quality of the service provided and help to ensure good standards were maintained.

Heathfield Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 May 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection we reviewed previous inspection reports. We also looked at our own records such as any notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with 10 people, four care staff, two domestic staff, the deputy manager and the registered manager. We also spoke with two health care professionals who visited the service and a social care professional. Following the inspection we contacted four relatives to obtain their views on how the home was meeting their relative's needs. Due to people living with dementia we were not always able to ask direct questions to people. We spoke with people to obtain their views as much as possible.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home and at lunch time. We looked at plans of care, risk assessments, daily records and medicines records for four people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as activities, menus accidents and complaints as well as quality audits and policies and procedures.

Is the service safe?

Our findings

People felt safe at the home. They said there were always enough staff on duty. One person told us “If I need any help I just ask and the staff will help me”. All relatives we spoke with said they felt their relative was cared for in a safe environment. One relative told us “I am very happy, whenever I visit there are always enough staff on duty and I have never seen anything that has given me any cause for concern”. Regular visitors to the home told us that they felt people were cared for safely. One person said “The home creates a very pleasant environment and I have never seen anything to concern me”.

The provider had an up to date copy of the West Sussex local authority safeguarding procedures. The registered manager knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff confirmed they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse people might be at risk of and knew what action to take

Risk assessments were contained in people’s plans of care and these gave staff the guidance they needed to help keep people safe. For example one person’s risk assessment was for moving and handling and assisting the person from sitting to standing and standing to sitting. The action plan detailed that one staff member was needed to assist the person and detailed the action to be taken. The aim of this risk assessment was to keep the person safe and to enable them to maintain their current level of independence and confidence.

The provider had an up to date fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

The provider employed a maintenance person and the registered manager told us that he conducted regular maintenance checks of the building. If staff identified any defects they were recorded on the computer and also in a log and reported to the maintenance person who would update the records once defects were repaired.

There were sufficient numbers of suitable staff to keep people safe and meet their needs and staff rotas confirmed this. Staffing levels were assessed in line with people’s needs. The registered manager told us about the staffing levels at the home. There were a minimum of four care staff on shift from 8am – 2pm. From 2pm - 8pm there were a minimum of three staff on duty. There were two waking night staff who worked 8pm to 8am. In addition an activities co-ordinator worked flexibly at the home and the registered manager worked 40 hours per week flexibly. He said that he worked alongside staff when required. Staff said the staffing levels were sufficient to meet people needs. Relatives said whenever they visited the home there were always enough staff on duty. We observed people received the support they needed from staff when they needed it.

Recruitment records for three members of staff showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview with a senior staff member and the manager. Following a successful interview recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

There was an accident book where any accidents were recorded. The manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff. The registered manager also completed a monthly review of accidents and incidents in order to identify patterns and to ensure if necessary, appropriate action was taken to help prevent any reoccurrence.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage administration and disposal of medicines. Medication administration records (MAR) contained no gaps and there were sample signatures for staff administering medicines. MAR sheets displayed a photograph of the person they related to and there was a picture of each tablet to guide staff. We observed the lunch time medicines being administered and saw that this was carried out in a calm and unhurried manner. People were encouraged to drink with their medicines and the staff member ensured medicines had been taken before leaving the person. There were also clear procedures in place for the use of

Is the service safe?

controlled medicines. These were kept in accordance with the relevant guidelines. The majority of medicines that were to be taken as needed (PRN) were prescribed. However, where people were taking over the counter medicines checks had taken place to ensure that homely remedies did not clash with people's prescribed medicines

and a GP had signed their agreement to this. Medicines that were required to be refrigerated were stored in a dedicated fridge at the correct temperature. Regular audits of medicines were undertaken by the responsible member of care staff and by the dispensing pharmacy.

Is the service effective?

Our findings

People told us they got on well with staff and they were well supported. Relatives told us the staff were knowledgeable and had the skills to support people effectively. Staff were seen to engage with people in a positive way. Relatives said people received the care they needed. People told us the food was good. One relative said “I have had eaten with my relative on a few different occasions and the food has always been good”.

The registered manager told us about the training provided for each member of staff. Training was provided through computer based training courses and also by completing workbooks. These helped staff to obtain the skills and knowledge required to support people effectively. Once staff had completed a training course they were given a questionnaire to complete the following day to ensure staff had gained the required knowledge. This questionnaire was sent away to be independently marked by the training organisation and if sufficient knowledge was gained then a certificate was issued. The registered manager told us that should anyone fall short of the required standard then additional training was given. All staff had completed training in the following areas: dementia awareness, fire safety, health and safety, manual handling, food hygiene, pressure area prevention, record keeping, stroke awareness, equality and diversity.

Staff told us they had a good induction and received regular training and that this helped them to provide effective support to people. Records showed that staff received a structured induction in line with the Skills for Care common induction standards which are the standards people working in adult social care need to meet before they can safely work unsupervised. The registered manager told us that three new staff members had recently been recruited and they had been enrolled to complete the new Care Certificate which replaces the skills for care induction standards. On appointment all staff signed up to agree that they would obtain additional training up to a minimum of NVQ level II in health and social care, and the provider supported people to achieve this qualification. This showed a commitment by the provider to train and equip staff with the knowledge needed to care for people

effectively. The registered manager was able to show us evidence of staff supervision and this was carried out every two months. All staff also received an annual appraisal. Staff confirmed this.

The provider and registered manager met the requirements of the MCA and (DoLS). Records showed and staff confirmed they had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Care records showed capacity assessments had been carried out for those people who were deemed to lack capacity and where required best interest decisions had been recorded. The registered manager told us that a number of people had enduring power of attorney and the registered manager had obtained copies of these documents. This meant that the manager understood his responsibilities and acted in accordance with legal requirements.

Before anyone moved into the home the registered manager carried out an assessment of the person needs to establish that these could be met by the provider. The assessment was used to form the basis of the person's individual plan of care. Care plans contained an assessment of the persons care needs together with information for staff on how these needs could be effectively met. For example the care plan for one person stated the person could wash and dress independently. The plan explained that although the person was able to carry out these tasks staff should offer encouragement and support to the person so they could maintain their current level of independence.

We observed the lunchtime meal experience which was the main meal of the day. This was a sociable occasions and there was a calm and relaxed atmosphere. People were offered a glass of wine or a soft drink with their meal and there was chat and banter between staff and people and from table to table. The meals looked and smelt good with suitable sized portions for individuals. There was a four week rolling menu which offered a choice of home cooked meals. On the day of our visit lunch was stew and dumplings or chicken and mushroom pie with fresh

Is the service effective?

vegetables followed by sticky toffee pudding, or yogurts and fresh fruit. People had a choice as to where they wanted to eat lunch; in their rooms, or in the dining room. Staff were seen to offer support where required and encouraged people to eat giving them time and not rushing them. During the morning and afternoon we saw staff bringing a tea/coffee trolley round and there were cold drinks available. The registered manager told us the kitchen is open 24 hours a day and if anyone would like anything to eat or during they only have to ask.

People had different communication skills and staff used a range of methods to ensure effective communication. The care plan for one person regarding communication said. 'May loose track during conversation or have minor difficulty finding the right words'. Staff were instructed to keep language simple and assist the person to be fully active in the conversation. We saw that large writing was used on notice boards, which they could read more easily. One staff member said I know each person individually and understand how they communicate. They said for some people they needed to repeat things and give them time to answer. Although people had problems remembering things they said people were able to make their wishes known to staff. We observed staff supporting people and saw people were consulted as much as possible and staff took time to explain things to people in a way they understood. People told us that they made choices about how they spent their time. They told us staff let them make their own decisions. One person told us, "they always listen to what I have to say".

People's healthcare needs were met. People were registered with a GP of their choice and the registered manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians. The registered manager told us that they had an optician service who visited people in the home and he had just managed to obtain support from a visiting dental service who would be visiting six times a year. However some people had chosen to keep their own dentist and optician in the local community. Staff said appointments with other healthcare professions were arranged through referrals from their GP. Following any appointment staff completed records to show the outcome of the visit together with any treatment or medicines prescribed. There was also details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy.

Care records showed that people had received support from a range of specialist services such as mental health and occupational therapy teams. A visiting GP, a community nurse and a community psychiatric nurse all told us the registered manager and staff were proactive in asking for advice and support and confirmed they were always made to feel very welcome whenever they visited. They confirmed staff were attentive and willing to work with them to improve the care of the service users. The manager, deputy manager, carers and all staff showed a desire to do the best for people.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were really kind and they were well looked after. Comments included “Staff are very nice, you could not ask for better”. “I have never heard a bad word about anyone”. Relatives said they were very happy with the care and support provided and said staff looked after people well. Comments from relatives included: “All the staff are excellent”. “The staff really care; you can tell by the way they all get on so well together”. “I am very impressed by all the staff, they are wonderful” and “I have never seen any of the staff get frustrated, they always have a smile on their face and are never disrespectful to anyone”.

Care plans included people’s preferences and choices about how they wanted their care to be given and we saw that this was respected. Staff understood the importance of respecting people’s rights. People were supported to dress in their personal style. We saw that everyone was well groomed and dressed appropriately for the time of year. A relative told us they had never seen their relative other than ‘immaculate’ in the way they were dressed and groomed. They said “The staff are excellent, they provide really good care and are always on hand to help people.” Another relative confirmed they were involved in their relative’s care and said “There is always someone to speak with if I have any questions about the care and support my relative receives”.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

Staff were knowledgeable and understood people’s needs. We observed staff supporting people in the communal areas of the home and they interacted well with people.

Staff explained what they were doing and gave people time to decide if they wanted staff involvement or support. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. When speaking to people staff got down to the same level as them and maintained eye contact. Staff spoke clearly and repeated things so people understood what was being said to them.

All staff, including those with domestic and catering roles had a caring attitude. We saw the cook and cleaner took time to chat with people and treated them with dignity and respect. There was a good rapport between staff and people and they got on well. The atmosphere in the home throughout our visit was warm and friendly. Staff knocked on people’s doors and waited for a response before entering.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People had regular meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved and put their views forward and were listened and responded to.

Outside professionals we spoke with all told us the staff were kind and caring. One person said “I visit regularly and have always found the staff polite, courteous, kind and caring. I have never seen or heard of any concerns regarding people’s care”.

All the staff we spoke with said they that people were well cared for in this home. They said that they worked as a team and they enjoyed supporting people. One staff member told us “If I ever have to go into a care home I would definitely choose Heathfield care Home”.



Is the service responsive?

Our findings

People said staff were good and met their needs. Relatives told us they considered the service was very responsive to their relative's needs. Comments included: "There is always lots of activities going on". I always call before I visit because I know they are involved in a lot of different activities" and "There is always something for people to do".

There was a comprehensive programme of activities in place. There was an activities notice board in the hallway to the home and this showed the activities programme for the week. There were activities planned for each morning, each afternoon and each evening. An activities co-ordinator was employed who arranged and organised a range of activities in line with people's interests. These included: carpet bowls, dominoes, audio books, sing alongs, Wii games, films, easy listening music, puzzles, arts and crafts, games and visiting entertainers. There were also individual social get togethers such as a 'chit chat club' where the activities co-ordinator produced a paper which gave information on events that happened on the same date in history which produced lively discussion topics. There was also an 'out and about club' where people would go out in the mini bus once a week to local places of interest. The garden had been landscaped with a raised decking area where people could sit outside. There were also raised flower beds so people could be involved in gardening without having to bend down. The home also kept chickens and people were encouraged to be involved in their feeding and upkeep. People had approached the registered manager and said they would like a pub atmosphere for some evenings. The registered manager had a purpose built bar made for the dining area. This was open each day where people and their relatives could meet and socialise. No charges were made for drinks to ensure compliance with relevant regulations. People told us that it was always such a good atmosphere.

The activities co-ordinator also organised monthly social get togethers. Currently they were organising a range of themed evenings. They had already held a 20's & 30's night, a 40's night and the next event planned was a 60's night. We saw people practising 60's dances in preparation. Staff told us these were always well supported by relatives. We saw numerous pictures around the home of activities and parties and staff and residents had dressed according to

whatever theme and everyone was seen to be having a great time. We saw that each person had an activities section in their care plan where any activities were recorded. Relatives told us they were delighted with the amount of activities that took place. One relative said "It's so refreshing to see people active and taking part in a range of activities instead of just sitting around watching TV".

Staff were given appropriate information to enable them to respond positively to people. Each person had an individual care plan. The registered manager and provider had introduced a computer based care planning system. Each staff member was able to log in and access anyone's plan of care. There was also printed care plans should the computer system fail. Care plans contained good information on the support people needed together with information on what the person could do for themselves. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, care at night, diet and nutrition and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in one of the care plans we saw. For example one person had recently suffered a stroke which had resulted in some loss of speech and presented some difficulties in eating. We saw that the care plan had been updated to reflect the person's changing needs and there was also information that the speech and language therapist had been contacted to establish if any other support could be given to enable the person to maintain a good quality of life. We also saw that care plans were evaluated each month to see how the plan was working for each individual. Reviews were conducted every three to six months with the people concerned and their relatives.

Staff recorded the support that had been given to people in care notes to document people's progress and whether the care was meeting their needs. The computer system allowed for staff to record any interactions as soon as they had taken place. Records were dated and timed which provided a clear audit trail. Staff told us they were a little apprehensive when the computer system was first



Is the service responsive?

introduced but all staff said that now they had overcome their initial concerns that the system worked really well and gave them up to date information to meet people's needs.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. When call bells went off staff responded promptly.

People told us, and records confirmed that residents and relatives meetings took place where people talked about anything relevant to the smooth running of the home and communal living. The next meeting was planned for 18 May 2015 and we saw that invitations were being sent out to relatives. The registered manager told us that meetings were normally well attended by people and relatives. We were told as a result of previous meetings the bar in the dining area had been introduced, extra car parking had been provided, raised flower beds and decking had been added to the garden and a woodland walk was being planned so people could utilise the outdoor space. Relatives told us that any suggestions they put forward to improve the service were always considered and where ever possible they were introduced.

The registered manager had introduced a residents shop which was not for profit. This enabled people to maintain their independence and people could buy chocolates, toiletries and everyday items. Relatives and people were asked if there were any specific items they would like the shop to stock and these were obtained as required. This enabled people to be in control over day to day purchases.

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. A relative told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They said whenever they visited they could talk to the registered manager or staff and they would inform them of how their relative was progressing. Families we spoke with told us that they were able to visit their relatives whenever they wanted. They said that there were no restrictions on the times they could visit the home.

The provider had a complaints procedure in place and copies of the complaints procedure were given to people and relatives when they moved into the home. A copy was also on display on the notice board in the home. We saw there was a comments box in the entrance hall of the home where people could raise any issues anonymously if they so wished. There were also cards and letters of thanks and compliments about the home and staff. All relatives we spoke with knew how to raise a complaint and said they were confident that any concerns would be responded to appropriately. The policy and procedure helped ensure comments and complaints were responded to appropriately. However due to the nature of people's dementia there were not always fully aware of the complaints procedure but said if they had any concerns they would speak to a member of staff. Staff told us they would support anyone to raise a concern or complaint if they wished to do so.

Is the service well-led?

Our findings

People told us the manager and staff were very good and that they could speak with them at any time. Relatives told us that the manager and staff were very approachable and always kept them informed. One relative said “The home is really well managed, it’s a lovely home, you can’t fault it. I would recommend it to anyone”. Relatives confirmed that they were kept informed of their relative’s progress by staff. A relative said “When my relative had a chest infection, the staff told me straight away and kept me informed of her progress until it cleared up”.

The registered manager told us that his and the providers philosophy was to ensure that people living with dementia could maintain an independent quality of life. Observations showed that this philosophy was put into practice and people were supported to be as independent as they could be.

Communication between people, families and staff was encouraged in an open way. Social and healthcare professionals told us that the staff worked well with people and there was good open communication with staff and management. The registered manager told us he had an open management style and wanted to involve people, relatives and staff in the day to day running of the home as much as possible. He said he welcomed feedback on any aspect of the service and anyone could come to him at any time with any queries. Staff we spoke with confirmed this. They said the registered manager and the deputy manager were very approachable and said they would always take time to listen.

Questionnaires were sent to people and their relatives. These asked people for their views on how the home was meeting people’s needs and included questions on the environment, staffing, care, meals and activities. Relatives confirmed that they completed questionnaires and supported their relatives to do so. There was also a comments box at the entrance of the home where people could record their experiences of the home or raise concerns and this information could be given in confidence.

During the inspection we observed that the staff team worked well together and had the resident’s needs as their focus. All the staff said that they worked as a team and they enjoyed supporting people. Staff confirmed they received

regular support from the manager and his deputy. One staff member said “If we have any concerns about anything we can talk to them. They always listen and are keen to know what we can do to sort things out. This approach works really well and makes you feel valued”. Regular staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly with the manager and the rest of the staff team. Minutes of the staff meetings showed who had attended and gave information about the issues discussed. The registered manager said that he and the deputy manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

The registered manager told us about the “Employee of the Month” certificate scheme that had recently been introduced to acknowledge and show appreciation for staff’s good work. People, relatives and staff were asked to vote each month and there was a voting form and comments box in the front entrance to the home where voting could take place anonymously. The manager explained that he wanted staff to feel recognised for their achievements

The registered manager showed a commitment to improving the service that people received by ensuring his own personal knowledge and skills were up to date. He was currently undertaking a level five care management course and attended manager forums and accessed training from West Sussex County Council as it was made available. He also completed all of the training that staff were expected to undertake.

Quality assurance audits were completed by nominated staff and monitored by the registered manager to help ensure quality standards were maintained and legislation complied with. When audits were completed staff recorded this on the computer system. The computer system in use had a traffic light system so the manager could see at a glance when audits had been missed, were due or if they had been completed. The system of audits included medication, infection control and cleanliness, health and safety, care plan reviews, premises staff supervision. Where audits identified actions were needed then steps had been taken to address these.

Records were kept securely. All care records for people were held on the computer which was password protected and staff were confident in the use of the computer system.

Is the service well-led?

All staff received training with regard to record keeping. All records we saw were accurate and up to date and when asked to produce individual files, policies, paperwork etc. the registered manager or other staff found them straight away.