Littlefair Care Home Limited

Littlefair

Inspection report

Warburton Close
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West Sussex
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 May 2017 and was unannounced.

Littlefair is registered to provide accommodation with personal care and support for up to 41 older people. At the time of this inspection there were 28 older people, some of whom were living with dementia. The service is a large purpose built property spread over three floors with a well maintained garden and accessible patio area.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on the 10 August 2016, where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in medicines were not always managed safely or recorded correctly, people were not always supported to eat and drink safely and their requirements were not always recorded or respected, care plans were not all up to date so staff did not always have the most up to date information on how people needed to be supported and there were no formal supervision arrangements for the acting manager and limited oversight of the management of the service by the provider. The service received an overall rating of 'Requires Improvement', and after our inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

The majority of care plans we examined had been updated and improvement had been made since the last inspection. Staff told us they found care plans to be detailed with people's support and care needs. However, although care staff told us they felt they were aware of people's current care needs, care plans did not always fully demonstrate the areas that had been discussed as part of the review. We have identified this as an area of practice that needs improvement.

People told us they felt safe living at the service. Comments from people included "Oh yes, I've felt safe and there's always someone around, so I think there are enough staff", "Yes, I feel safe here and everything here is alright". People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the providers policy and procedures if it occurred. One member of staff told us "If we have a concern about the safety of a resident, it is reported to one of the managers. It would always be looking into".

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "The food's quite good, plenty to eat and you get choice and we get tea and coffee all day". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable leisure and social activities.

People and relatives found staff to be kind and caring and the care they received was good. Comments included "The staff are very nice, kind, helpful and obliging" and "The staff are quite pleasant and caring and the carers do come round and ask if I'm alright". A relative told us "When we first came, I overheard lovely kind words being given by a carer to a resident in bed. The carer did not know I was there".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One member of staff told us "Yes we have supervision with the manager, we talk about how things are and what we want to train in. I had an action plan set up of what I wanted to achieve.

There was a calm and relaxed atmosphere at the service. People, staff and relatives found the management team approachable. One person told us "I find the manager is understanding and find it reasonably well run". A member of staff told us "The manager and team leaders are good and supportive, everyone is very approachable". The registered manager and provider carried out regular audits in order to monitor the quality of the service and plan improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People were supported by caring and kind staff.

People where possible and their relatives were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes. However care plans did not always fully demonstrate the areas that had been discussed as part of the review.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to raise a concern or complaint and were confident that they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, staff and relatives found the management team approachable and professional. There was a calm and relaxed atmosphere at the service.

The registered manager and provider carried out regular audits in order to monitor the quality of the service and plan improvements.

There were clear lines of accountability. Management were available to support staff, relatives and people living in the service.

Littlefair

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 was planned to check 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.

The inspection took place on the 23 May 2017 and was unannounced. The inspection team consisted of two inspectors 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. In this case the expert had experience in older people's services.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people using the service, three relatives, five care staff, four kitchen and domestic staff, an activities co-ordinator, the deputy manager, the registered manager and the registered provider.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining room during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a member of staff administering medicines.

Good

Is the service safe?

Our findings

At the previous inspection on 10 August 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely or recorded correctly. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the registered manager was meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider for staff to follow to ensure medication was managed and administered safely.
Medicine administration was carried out by trained staff that were designated competent to do so. The registered manager undertook medicines competencies. The competency examined staffs understanding of the medicine policy, procedures and knowledge of medication side effects.

Medicines were stored securely in a newly installed locked medicine room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a member of staff who demonstrated that staff took care to ensure that the correct medicine was administered to the correct person. The member of staff was familiar with people however they ensured they had the correct medicine for each person. Each medicine record had a photograph of the person it applied to, supporting staff such as agency staff who may not have been familiar with the person. The member of staff explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. The member of staff was not interrupted due to wearing a do not disturb red apron on.

When required the member of staff reminded people what their medication was for and encouraged people to take them. Tablets that needed to be destroyed or returned a member of staff told us they followed the provider's policy to dispose of the medicine safely. Storage was secure and where needed some medicines were stored in a refrigerator. Regular checks were recorded to ensure the refrigerator temperature remained suitable. Some people were prescribed 'when required' medicines (PRN). There was clear guidance for staff with regard to when these medicines should be offered and we saw that Medicines Administration Records (MAR) charts were completed correctly. The MAR chart detailed why a PRN was administered and the time. The management team undertook regular audits to ensure the safe and effective management of medicines. These included checking medicines had been signed for when dispensed and that medicines were safely stored and disposed of. There was also an external audit which had also been undertaken by the provider's assigned pharmacy. People's comments around receiving their medicines included "We believe we get our medication when we should", "I do get my medication when I should and I think they look after the medication rounds well" and "I definitely get my medication regularly".

People and relatives told us they felt the service was safe. People's comments included "Oh yes, I've felt safe and there's always someone around, so I think there are enough staff", "Yes, I feel safe here and everything

here is alright" and "Yes, I have felt safe, staff are attentive, that makes it safe". A relative told us "I do feel Mum is safe here, the staff are very good". A health professional told us "I have no concerns regarding safety from my work with the service. I am always accompanied by a member of staff usually the team leader when I visit a service user so they can discuss their concerns and can feed back to the team what my proposed action plan is. They are a very caring home and seem to form strong relationships with the residents and from what I have seen are always respectful to the residents and treat them as individuals".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concerns in reporting abuse and were confident that management would deal with any concerns raised. One member of staff told us "If we have a concern about the safety of a resident, it is reported to one of the managers. It would always be looking into". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the service if they felt they were not being dealt with effectively. Information on safeguarding was also displayed in the staff areas as a reminder of the process staff should follow. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People were cared for by staff that the registered manager had deemed safe to work with them. Prior to their employment commencing identity and security checks had been completed, and their employment history gained. In addition to this their suitability to work in the health and social care sector was checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

People and relatives felt there was enough staff majority of the time, but felt more permanent staff was needed. One person told us "There are not always enough staff, they could do with more and there is a change in staff". Another person said "There has not enough staff here, they could do with more". A third person told us "I know some staff have left, it happens and they have got more and the manager told me she is interviewing". A relative told us "My relative is very happy here and there is always someone around to help". However, staff rotas showed staffing levels were consistent over time and that consistency had been maintained by permanent staff and the use of agency staff. On the day of the inspection we saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us "We are recruiting at the moment, we have had some staff leave and three go on maternity leave. We use agency staff when required. We ensure for continuity of care we aim to use the same agency staff, we have also had some staying and are now employed by us". Staffing levels were devised by looking at people's assessed care and support needs and adjusting the number of staff on duty based on the needs of people living at the service.

On the day of inspection call bells were answered without any undue delay. We spoke with the registered manager on how they monitored call bells and we were told that call bells were audited day and night and spot checks were carried out to ensure staff were attending to people's needs in sufficient time. They told us "We have a new system installed for the call bells and able to run off reports when needed to see if call bells are being answered in the right amount of time".

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out on people. This is a tool to assist and assess the risk of a person developing a pressure ulcer.

This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk. For example ensuring that the correct equipment is made available to support pressure area care. Some people required barrier creams to be applied to prevent rashes and pressure ulcers. Staff told us that they were aware of the individual risks associated with each person and that they found the care plans to be detailed and clearly identified the care to be given.

Accidents and incidents that had occurred were recorded and analysed to identify the cause of the accident and determine if any further action was needed to minimise the risk of it occurring again. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. Regular checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of a fire had been considered, as each person had an individual personal emergency evacuation plan.

Good

Is the service effective?

Our findings

At the previous inspection on 10 August 2016, the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured peoples nutrition and hydration needs were documented correctly and guidance for staff was insufficient to support people to eat and drink safely. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the registered manager was meeting the legal requirements of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Food at the service was both nutritious and appetising. People could choose their meals from a daily menu and alternatives were available if they did not like the choices available. We observed a member of staff in the morning asking people what they would like and offering choices. People could choose where they would like to eat, some ate in their rooms, on the day of the inspection however the majority ate in the dining room. While observing the lunchtime period, one person required encouragement with eating and we saw a member of staff providing support in an unhurried manner while coming down to their level and talking with the person. Some people required care plans to record food and fluid intake, we checked to ensure this was carried out and found records were all up to date with people's intake. Special diets were catered for, this included diabetic, low fat and purified. Details of people and their diets were in the kitchen, so staff were reminded and aware. One member of staff told us "We have a number of residents on fortified diets and a couple of diabetics and those requiring pureed diets. We have a good line of communication with the dietician if we have concerns. Residents are always offered alternatives if they are unhappy with the menu options".

The registered manager told us about how they had improved the meal time experience and making sure staff were interacting with people. A member of staff took the role of a hostess at lunchtime to ensure the meal experience was positive for people. This has included setting up tables to be attractive with tablecloths and flowers and also not assuming where people want to sit but asking them each time where they would like to sit and showing them to the table. Supporting people in eating and drinking at mealtimes and coordinating activities in the dining room. They told us "It all works well usually. I am happy here". People's comments around food included "The food's quite good, plenty to eat and you get choice and we get tea and coffee all day", "The meals are perfectly good, enough choice and quantities" and "In general, the food is ok and I get enough to drink, we have jugs in our room and we can help ourselves". A relative told us "The food is very good. They will do an alternative if she wants".

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. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to

make decisions. People and a relative confirmed that staff always asked for people's permission and consent before supporting them. One person told us "Yes, staff do ask before doing anything".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty that these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority where required. We found that the registered manager understood when an application should be made and how to submit one.

People were cared for by staff that had the appropriate training, skills and experience. People told us that they felt that staff had appropriate and relevant skills to meet their needs. People's comments included "Most staff seem well trained and generally, staff do respond to our needs", "The staff seem well trained. They are pretty friendly and everything is done for you" and "They (staff) are well trained and I do feel I can make choices for myself. The level of care I need is given".

New staff were supported to learn about the provider's policies and procedures, undertake essential training and work towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. In addition to this, staff that were new to working in the health and social care sector, were able to shadow existing staff to enable them to become familiar with the home and people's needs, as well as to have an awareness of the expectations of their role. One member of staff told they were currently working on the care certificate and other training completed included safeguarding, health and safety and food hygiene. Records showed that staff had undertaken essential training. The training plan documented when training had been completed and when it would expire to show when staff needed to attend a refresher training course. The registered manager had links with external organisations to provide additional learning and development for staff, such as a diploma in health and social care.

Staff received supervision and an annual appraisal. Supervision is a formal meeting where training needs, objectives and progress are discussed as well as considering any areas of practice or performance issues. These meetings could also be used as competency spot checks to assess staff member's practice. Staff told us that they found these meetings useful. One member of staff told us "Yes we have supervision with the manager, we talk about how things are and what we want to train in. I had an action plan set up of what I wanted to achieve".

People received support from specialist healthcare professionals when required and visits from professionals were recorded in people's care plans. On the day of the inspection one person was feeling unwell, a member of staff contacted a GP and arranged to them to call in later in the day. On observing a staff handover this was also communicated to staff coming on shift for the afternoon. This showed that staff responded to the person's healthcare needs in a timely manner. People's comments included "If I was unwell, they would get the doctor in", "I could see the doctor if needed, someone comes to do my toenails and we have a hairdresser" and "The doctor and dentist comes when needed". Also we get visits from a chiropodist and the hairdresser comes twice a week". The registered manager confirmed that staff liaised with health professionals such as GP's, dieticians and district nurses in supporting people to maintain good health.

Good

Is the service caring?

Our findings

People and their relatives described the staff as kind and caring. People's comments included "I think the staff are very nice and other residents think so too and the residents seem to get plenty of attention", "The staff are very nice, kind, helpful and obliging", "Mostly the staff are helpful and kind" and "The staff are quite pleasant and caring and the carers do come round and ask if I'm alright". A relative told us "When we first came, I overheard lovely kind words being given by a carer to a resident in bed. The carer did not know I was there".

The service had a relaxed and homely feel. Everyone we spoke with spoke of the caring and respectful attitude of the staff which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us "I love working here and love the residents". Another member of staff said

There was warmth and affection in the approach of the staff when checking on people's comfort and well-being. We observed staff to have a cheerful and approachable disposition. Staff reassured and spoke to people in a kind, calm manner using eye contact and ensuring that they were at the same height as people when communicating with them. There was often an arm placed around someone's shoulders as they spoke to someone and we could see people were happy and comfortable with this. One member of staff asked if a person was warm enough and if they wanted their blanket over their legs. The person smiled and nodded and the member of staff got the person's blanket and made sure they were comfortable.

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One care plan detailed a preference of a person who liked to wear make-up and their jewellery each day and how they enjoyed having the hair coloured on a regular basis. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to.

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and maintained. Information held about people was kept confidential, records were stored in locked offices. People confirmed that they felt that staff respected their privacy and dignity. One person told us "I've no complaints about privacy and dignity". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend

time alone and enjoy their personal space. One member of staff told us "I make sure I cover people up when providing personal care and ensure doors are closed".

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us "I encourage residents to wash and dress themselves and come to dining room for meals". They went on to tell us that they were able to sit with people and encourage them rather than do things for them, if the person had a degree of independence. People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. One person told us "I can look after myself and they give me the independence". Another person said and "Yes, I feel I'm given independence". Records and our own observations supported this. Visitors were welcome at any time and friends and family were coming and going throughout the day. One person told us "My family can visit anytime". Friendships had also established between people living at the service. We observed one person having a discussion with another person on the music they were listening to in the lounge and what singers they liked to listen to.

People's confidentiality was respected. Staff understood not to talk about people outside of the service or to discuss other people whilst providing care to another person. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection on 10 August 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not maintained securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided. After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the registered manager was meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured manner. Paperwork confirmed people or their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person needed reminding of needing their clothes laundered and for staff to prompt the person to change their clothing regularly. In another care plan it detailed a person had difficulty with reading and for staff to ensure they had their glasses close by.

All those care plans we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments specified equipment to be used which included hoists and wheelchairs to safely move people around the service and how staff should encourage people to aid their mobility. Staff were patient and ensured people were comfortable throughout any moves and engaging in conversation with people. Meeting people's needs and understanding how they communicate is key for older people and people living with dementia. Communication needs were detailed in care plans and in one care plan it detailed that a person required time to express their needs and liked to communicate by writing on a note pad.

The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct equipment was available for people. We observed one person at lunchtime attempting to stand up at the table, a member of staff asked if the person would like their walking aid to assist them and the person smiled and agreed. The member of staff assisted the person to stand, who appeared to be struggling and slowly took time to let them know they were there to support

them and to take their time. Staff we observed and spoke with all were able to demonstrate in-depth knowledge and understanding of both the physical and emotional needs of each person as they spent time together. We saw that staff asked people's views about what they wanted to do and encouraged them to be involved in decisions. The registered manager told us of the work they had completed to ensure care plans were up to date. The majority of care plans we examined had been updated and improvement had been made since the last inspection and work was on-going to complete those remaining. Staff told us they found care plans to be detailed with people's support and care needs. We discussed this with the registered manager who told us "We have our plan in place and care plans are reviewed as and when required and every six months. We are working hard to ensure they are all consistent and detailed. This also includes some of the layout of the care plans". However, although care staff told us they felt they were aware of people's current care needs, care plans did not always fully demonstrate the areas that had been discussed as part of the review. We have identified this as an area of practice that needs improvement.

We spoke with the activities co-ordinator about their role and responsibilities. They told us about their role and the variety of social and educational activities were on offer for people. Activities included quizzes, bingo, arts and crafts and trips out for some people and visiting entertainers. On the day of the inspection we observed people playing a game of bingo in the dining room and in the afternoon a 'knitting and natter' group. People appeared to be having fun and laughter while discussing many topics while knitting. They member of staff also told us "We also have lots of things happening this year as it is our 25th Anniversary so plans are under way. We have a summer party for people and their relatives with a band and buffet. Also planning a trip to Eastbourne and many other things". Details of activities were displayed around the home and people told us they enjoyed what was on offer. One person told us "The activities lady is very good, plenty going on". Another person said "Every day there is something going on and I can join in or not, as I please". A third person told us "We have a pianist comes in and small children come in to entertain us". A relative told us "The activities co-ordinator organises things morning and afternoon. We get visiting entertainers, they have cooking sessions, do quizzes, knitting, music and bingo" and "She (Activity co-ordinator) is brilliant"

There were systems and processes in place to consult with people. Satisfaction surveys were carried out, providing the provider with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of people's suggestions. A suggestion box was also available in reception for people and relatives to write down any suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. One person told us "No, there's been no reason to complain, If there's a serious problem, then we would go to the management". Another person said "If you complain, they will do something about it". A relative told us "I've no reason to complain. I've no hesitation going to the management".

Good

Is the service well-led?

Our findings

At the previous inspection on 10 August 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of experience of service users in receiving those services). After the inspection, the provider informed us of what they would do to meet the legal requirements in relation to this regulation. At this inspection it was evident that improvements had been made and the registered manager was meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance audits were carried out to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The registered manager told us "We have leads now, for example one member of staff is the infection control lead and carries out regular detailed audits. They have also attended training to support them in their role. We have also carried out a survey recently for people to give feedback and organising a staff survey". We spoke with the infection control lead of improvements that had been highlighted and works carried out. They told us of a recent change of flooring in the lift, which was replaced and now easier to clean and safer for people. The provider visited the service regularly and improvement plans were in place. On the day of the inspection the main lounge was being painted and a new fire and television being installed. The registered manager told us "The provider is here most days and always on the end of the phone. I feel supported and now have regular supervision to discuss how things are going". We saw evidence of supervision completed by the provider for the registered manager and items discussed included staffing, people and improvements for the home.

People, visitors and staff all told us that they were satisfied with the service provided at the home and the way it was managed. One person told us "I find the manager is understanding and find it reasonably well run". Another person said "The Home seems to be managed ok". A third person told us "The management seems alright. The staff do listen and act on things". A relative told us "I can go to the management as I feel they are all approachable and will listen". A member of staff told us "The manager and team leaders are good and supportive, everyone is very approachable".
We spoke with an agency member of staff and asked them what the home was like to work in. They told us "Communication is good and handover's are thorough". They went on to say it was good that people's names were on their doors as this helped them to navigate around the service and get to know the residents more quickly. A health professional told us "The care they give the residents seems well structured and communication between members of the team seems effective .I believe that the home manager is an effective leader for the team of care staff".

People looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a homely, relaxed and supportive environment. One staff member told us "I feel

supported by management and my colleagues. It's a lovely place to work and aside from wanting more permanent staff I really enjoy my work". Another member of staff said "I'm really happy working here, it's a nice atmosphere and a good home". A third member of staff told us "I absolutely love it here. The people, the residents, the atmosphere are all great. We can have fun and I call it my happy place. Even when it's busy, it's fun". All staff told us that they were committed to providing a good quality service and ensuring that the people were able to be actively involved in the decisions about the service. There were good links with the local community. We were shown pictures and told of school children that had come to visit people recently and how much everyone had enjoyed it".

The registered manager showed passion and knowledge of the people who lived at the service. They told us "My door is always open for people to come and see me or just come in for a chat, which they do". While walking around with the registered manager they saw a person appeared to be struggling to stand with their walking aid. The manager asked if they person was feeling alright and they said they felt light headed. The manager suggested the person sat down and offered to get them a glass of water. It was apparent the manager knew people well and had great rapport with them. They took time to make sure the person was going to be alright and called for a member of staff to attend to them.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.