Assured Care Services Limited

The Heathers

Inspection report

162-164 Salvington Road
Durrington
Worthing
West Sussex
BN13 2JU

Tel: 01903265515
Website: www.tenbyhousecarehome.co.uk

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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
The Heathers is a residential care home providing personal care for up to 25 people with a range of care needs, including frailty of old age. The home also provides respite care for up to six people who have been discharged from hospital and who require a period of assessment. At the time of the inspection, 23 people were living at the home. The home accommodates people in one adapted building.

People's experience of using this service and what we found
People and their relatives felt the home provided a safe environment. One person said, "Oh yes, I feel pretty safe here. It's because the safety standards are very good". People's risks were identified and assessed, with guidance for staff on mitigating risks, which was followed. Staffing levels were enough to meet people's needs. Medicines were managed safely.

People were positive about the skills and experience of staff who supported them. People and their relatives were encouraged to be involved in decisions about their care. A relative said, "I think they look after her well and communication from the home is good; I always get information on Mum". Staff completed a range of training to meet people's care and support needs.

People were supported to have a healthy diet and with their nutrition and hydration needs. The lunchtime meal was a sociable occasion. Special diets were catered for. One person said, "I like the food here and I have put on weight since coming here". Another person told us, "The meals are nicely cooked and they always make sure I have fluids". People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs.

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.

People were looked after by kind and caring staff who knew them well. People were treated with dignity and respect. One person said, "Staff are nice and helpful. I'm quite happy with all my things around me".

People received personalised care that was responsive to their needs. Activities were organised and people were encouraged to go out if they wished. External entertainers visited the home.

People could spend the rest of their lives at the home, if their needs could be met and this was their wish.

People felt that the provider and management team were approachable and friendly. People were encouraged in involving and developing the service provided and their feedback was valued. One person said, "I'm happy living here and the staff are pretty good. I'd recommend the place".

Staff felt supported by the management team in their roles. Staff meetings provided opportunities for staff to reflect on their working practice and to discuss any issues or concerns.

A system of audits monitored and measured all aspects of the home and were used to drive improvement. The home worked proactively with health and social care professionals.

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

Rating at last inspection
The rating at the last inspection was Requires Improvement (published 28 September 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.
The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Heathers on our website at www.cqc.org.uk.

Follow-up
We will continue to monitor information we receive about the service until we return 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Heathers

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.

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
The Heathers 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
Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. 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. We used all of this information to plan our inspection.

During the inspection-
We spoke with eight people, two relatives and a friend of a person living at the home. We spent time observing the care and support people received. We spoke with the registered manager, area manager, care manager, assistant manager, two care staff and an administrator. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the home on behalf of the provider. We also spoke with a healthcare professional who was visiting the home at the time of the inspection. We reviewed a range of records. These included five care records and multiple electronic medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection, some risk assessments were not completed within two days of a person being admitted, in line with the provider's policy. The care manager stated that some risk assessments had been deleted from the computer in error and had not been re-written. Some risk assessments had not been updated to reflect people's changing needs. The care manager often assisted on the floor and this was identified as an issue in that they did not always have time to complete administrative tasks, such as care plans and risk assessments.

At this inspection, following actions taken, we found enough improvement had been made.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- In addition to people who lived permanently at the home, the provider had a contract which allowed for six people to be admitted for assessment following a stay in hospital, for example. Up to six people were admitted to the home and their care needs were assessed to decide whether they were fit enough to return home or needed additional support moving on, such as in a residential or nursing home.
- Risk assessments were detailed and relevant to each person living at the home. For example, one person was at risk of falls and required to be cared for in bed. Their risk assessment included that they were at risk of falling out of bed and, if bed rails were used, these could cause injury due to the person's extreme frailty. The assessment concluded the person's bed should be lowered and a mattress placed on the floor next to the bed, in case they rolled over or fell out of bed.
- Thought had been given as to what was the least restrictive option for people and, where other options had been considered, these were fully documented, with reasons why they were discounted. One person said, "I use a walker to move about and I can go on my own". Another person told us, "I can move around using my trolley. When I need help, staff assist me to go up and down in the lift".
- Risk assessments applied to a range of areas such as people's risks relating to mobility, skin integrity, nutrition/hydration and continence. Personal Emergency Evacuation Plans (PEEPs) assessed the support people needed should the building need to be evacuated in an emergency. Staff followed this guidance.
- Risks in relation to premises had been assessed and provided for. For example, checks were made against the risk of Legionella in the water supply. Equipment, such as hoists, was regularly serviced and records confirmed this.

Staffing and recruitment

- At the last inspection, it was found the home did not always have enough staff. Whilst people's care and support needs were assessed, and the number of staff allocated accordingly, when staff were busy, the care manager often worked on the floor. This meant that some administrative tasks were not completed in a

timely fashion, such as people's risk assessments.
● The management team had taken action and additional administrative support was available to the care manager when required.
● There were sufficient staff to meet people's needs. One person said, "Staff come quite quickly when I call". Another person told us, "Yes, there are enough staff, but they are kept busy because there are always two to help you". Staffing rotas confirmed the number of staff on duty.
● Agency staff were used occasionally to fill any gaps due to sickness or when staff were on annual leave.
● One staff member said, "I think we do have enough staff because there are always three staff on the floor and [named care manager and assistant manager] as back-up if we need them. I have time to spend with people. People like to chat first thing in the morning and they might tell us what they dreamt last night".
● New staff were recruited safely. Staff files showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Systems and processes to safeguard people from the risk of abuse
● The home provided a safe environment for people. People were protected from the risk of abuse by staff who had been appropriately trained.
● People told us they felt safe living at the home. One person said. "Yes, I've felt safe and it's because I feel I get help when I need it". A relative told us, "I've not had a second's concern since she has been here. I've got absolutely no worries".
● Staff knew what action to take if they suspected any form of abuse. A member of staff said, "The first thing I would do would be to go to [named care manager] and discuss it with her. If nothing got done, I would have to go higher, but I've never had anything like that happen".
● The registered manager and care manager understood their responsibilities under safeguarding and the need to notify CQC of any abuse or allegations of abuse, in addition to informing the local safeguarding authority.

Using medicines safely
● Medicines were managed safely and audits were effective. The provider had introduced software to implement a system where electronic Medication Administration Records (eMAR) were used instead of paper-based records. Staff felt that the electronic system was effective and reduced the risk of medicines being administered unsafely.
● People told us they received their medicines as prescribed. One person said, "I do get my medication when I should". Another person commented, "They give me the medication I expect to have".
● Staff had been trained in the administration of medicines. Medicines that were to be taken as required (PRN) were administered in line with the provider's policy. eMARs were completed to show why a particular medicine was administered and whether it was effective.
● Medicines for immediate use were stored in a medicines trolley within a secure medicines room. Temperatures were monitored within the room and for medicines that were required to be refrigerated. All were within safe limits.

Preventing and controlling infection
● People were protected by the prevention and control of infection. There were hand-washing stations dispensing alcohol gel at various points around the home.
● The home was clean and smelled fresh. One person said, "It's usually clean here". Another person told us, "They do my room on a regular basis".
● Staff had completed training in infection control. We observed staff using disposable aprons and gloves

when providing personal care or serving meals.

● We observed staff removing dirty laundry from people's rooms into the laundry room. The laundry room was well organised and clean. One staff member said, "You're always washing your hands and no yellow bags or dirty laundry goes through communal areas".

● The area manager told us that the local authority had offered advice on auditing against infection control and shared a spreadsheet on this. The system used scores and updates to ensure the environment was monitored safely.

Learning lessons when things go wrong

● Lessons were learned when things went wrong.

● After the last inspection, one issue had been raised in relation to assistance being sought to ensure care records and risk assessments were completed promptly. The area manager explained how steps had been taken to relieve the pressure on managers if they were required to assist on the floor.

● Staff at the home had access to additional administrative support to assist with the completion of care records, for example, to ensure each person living at the home had an up-to-date plan that reflected their current care needs.

● The area manager said, "If staff are having difficulties, they know to communicate with the management team. If things get too much, it's knowing when to ask for help".

● When people were referred to the home under a local authority contract for assessment, their care and support needs were now documented within 48 hours of admission. Staff could quickly access the necessary documentation, so they could get to know people and how to support them in line with their assessed needs.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- Before people came to live at the home, their care needs were recorded and pre-assessments were completed.
- The home worked closely with health and social care professionals. The provider had a contract under 'Discharge to Assess' (D2A). D2A is about funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs at the home.
- Six beds were allocated to people who were referred under D2A. Referrals were made by health and/or social care professionals with information about people and their care and support needs. The management team then considered the information sent and decided whether The Heathers was a suitable placement for people.
- People's health needs were continually reviewed and monitored in line with best practice. Goals were discussed with people and professionals and a plan drawn-up as to how staff would support people to attain these goals. One person said, "The occupational therapist has organised rails for me that help me get up to the toilet, especially at night".
- A staff member explained that when people came to live at the home, they would be asked about their preferences, for example, whether they preferred a bath or a shower. The staff member added, "We aim to get people home. So, for example, if they're quite unsteady because they've had a fall, we try our utmost to get them walking again. We build their confidence and their independence".

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. This included mandatory training on moving and handling, fire safety, health and safety, safeguarding and equality and diversity. Records confirmed this.
- People felt that staff were well-trained and equipped to do their jobs well. One person said, "The staff know my needs and work their socks off. They are all lovely". Another person told us, "I do think the staff are reasonably well trained".
- Staff were encouraged to study for vocational qualifications such as diplomas in health and social care. New staff, with no previous experience of working in care, studied for the Care Certificate, a universally recognised, vocational qualification. They shadowed experienced staff as part of their induction programme.
- A member of staff explained that some training was completed on-line and other training, such as moving and handling, was delivered face-to-face. They told us, "We do a lot of training on-line. [Named pharmacy]

do the meds training and then we have actual, physical, manual handling or physical intervention training. When people come to the home and if we need additional training, this would be organised".

● Staff received supervisions every three months from their line managers. A staff member said, "Supervision is recorded; this makes it more thorough and we don't miss anything. Recordings are available to us via Drop-Box under staff supervision. Any action points are addressed and followed-up. If there are any issues, these would be followed up sooner".

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

● People were supported to eat and drink enough to maintain a balanced diet.

● We observed the lunchtime meal in the dining room. Twelve people attended and were served by staff. Where needed, staff assisted people to eat. One person used a plate guard which prevented food spilling off their plate and meant they could eat independently. Lunch was a social occasion with people chatting to each other and with staff.

● Some people chose to eat their meals in their rooms. People selected what they would like to eat the day before from a rotating menu. However, people could change their minds on the day if they wished and choose something else. The menu for the day was displayed on the wall in the dining room and a list of all meals planned for the current week was available on each table.

● Special diets were catered for. For example, on the day of our inspection, one person was given fruit with jelly, in line with their dietary needs, instead of cheesecake. We checked whether people were receiving an appropriate diet in line with the requirements of their care plan. For example, one person required their fluids to be restricted because of heart failure. Ideally, they should only drink between 1500-2000 mls per day. Staff recorded how much the person drank through a fluid chart and this was totalled daily to ensure the person stayed within the limits identified.

● People were complimentary about the food on offer. One person said, "The food and meals are pretty good. We order our meals the day before, but you can have something different". Another person told us, "The food's good here and there's always a choice of meals. I'm not too keen on the corned beef sandwiches though!" A relative said, "She eats very well and loves the food".

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

● The service had been adapted to meet people's needs. Signage was used where needed to enable people to find their way around the home.

● People could access all parts of the home easily. A lift helped people to move between floors.

● Rooms were personalised according to what people wanted. One person said, "I have moved rooms to avoid having the sun shine in all day, but in my new room, I could do with a blind too". (This was discussed with the registered manager who told us they would arrange for a blind to be fitted.) Another person told us, "At first I was moved into a room without a bathroom. After asking, they moved me to a room with one".

● On the day of inspection, the weather was warm and sunny. We observed people sitting outside and enjoying the fresh air in the garden.

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

● People received healthcare support as needed from a range of healthcare professionals. Care plans showed that people had access to opticians, dentists and chiropodists. A GP visited monthly and carried out routine checks with people. However, if people needed to see the GP more urgently, this was arranged.

● We spoke with a district nurse who was visiting to attend to one person at the home. They told us they did not normally visit the home, but had every confidence that the advice they provided would be followed up by staff. We heard the district nurse explain to the care manager the outcome of their visit and how staff should support the person they had visited. We later saw the advice had been written up for staff to follow.

● People confirmed to us they received healthcare support as needed. One person said, "They would call

the doctor if I was unwell and we have a chiropodist every six weeks". Another person told us, "I'm sure they would get the doctor if I was unwell".

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.

- Consent to care and treatment was gained in line with MCA and DoLS guidance.
- Three people had been assessed as lacking capacity in relation to specific decisions. For example, one person was unable to make decisions in relation to their care and welfare. Where required, DoLS had been applied for and one had been authorised by the local authority. Some DoLS had yet to be processed by the authority.
- Staff completed training in relation to mental capacity. We asked one staff member about their understanding of the MCA. They explained, "Well obviously, if you're sitting talking to someone and they can make their own decisions, such as financial or for their health care, then you would say they had capacity to take decisions". The staff member then provided an example of a person who might lack capacity. They told us of one person who knew the date they were born but did not know how old they were. The staff member said, "She can't remember what she had for breakfast, but she can make choices and we encourage her with that".

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- People's religious needs were respected. Some people chose to receive Holy Communion and a priest visited the home every month to deliver this.
- Staff knew people well and how to support them. Contact by staff with people was observed to be kind, warm and caring. Staff had time to spend and chat with people.
- One person said, "Staff are very good, all very caring and always helpful. Everyone who comes in here is treated like a human being. Staff make sure I get my sleep pattern right". Another person told us, "Staff were very nice with me when I arrived; everyone is very nice, kind and helpful". A relative said, "The staff are very good with [named family member]. Staff encourage residents to mix and chat. They contact us about Mum and staff are very friendly with me".

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

- People expressed their views and were involved in decisions about their care.
- One person said, "I do feel involved in decisions. I control my life here". Another person told us, "They have spoken to me about my care plan". A third person explained, "When I arrived, I answered a lot of questions about myself and what I need".
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "I feel as independent as my age allows and I feel I have privacy when I need it". Another person told us, "I feel a bit independent as I am able to go out, as long as I tell them".
- People were encouraged to be as independent as possible. People told us they chose how they wanted to spend their days, where they had their meals and if they wanted to go out.
- We observed staff treated people in a respectful way. We asked one staff member how they would protect people's privacy. They said, "I would make sure that if they're receiving personal care or anything, it's private. Curtains are drawn. If people have had an accident, you would gently take them to the shower. If people don't want to do something, you might try again later. It's about encouraging people and giving them plenty of reassurance. One lady last night was a bit upset, so we phoned her daughter for her and then she was fine".

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider had failed to ensure that every person living at the home had an up-to-date care plan and that information in the care plan reflected the care being given. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

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

- Since the last inspection, the management team had worked hard to ensure every person living at the home had an up-to-date care plan that reflected their needs and preferences.
- We looked at five care plans. These provided detailed information about people and guidance for staff about the support to be delivered. Care plans included information about people's personal care needs, physical and mental health and personal histories. For example, one person experienced episodes of distress due to a previous trauma or cognitive impairment. Staff were advised to provide the person with constant reassurance. One way staff did this was to distract the person by talking about their life story, details of which had been recorded in a book, which staff looked at with the person.
- When people came to live at the home, they were given a welcome pack. This included photos of the staff and what they did around the home. This helped people to acclimatise to their new environment.
- One person said, "I am aware of my care plan and I have had a review. I feel I am getting the care I need, sometimes more than I need!"

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.

- Information was presented to people in a way that met their needs and which they could understand.
- People's communication needs were assessed and recorded. For example, one person spoke English and German, but their preferred language was English.
- People's hearing and sight were assessed. Where people wore glasses or hearing aids, information was provided within their care plans as to how staff should assist people, if needed.
- Communication cards were available which people could use if they struggled to verbalise. Memory aids,

such as photo albums, were used to help people to reminisce and communicate with their families and staff.

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

● Activities were designed and organised based on what people wanted to do, their interests and hobbies. One person told us that they used to play a musical instrument once. Since they now could no longer do this, they helped to organise musical sessions at the home.

● Another person said, "They do try to put on a good programme of activities, like Bingo and quizzes". A third person told us, "The activities co-ordinator is very pleasant and helpful and will do shopping for people".

● The activities co-ordinator organised activities three days a week. In addition, external entertainers visited the home and there was a full programme of activities for people to participate in if they wished. On the day of inspection, an entertainer was playing popular songs for people, which was thoroughly enjoyed.

● Relatives told us they could visit without restriction and were made to feel welcome by staff.

● We were told a lovely story about one person who did not have any relatives to visit them; this had made them feel rather lonely. In response, the home contacted the Red Cross, who managed to trace some of the person's relatives who were living in Germany. The person made contact initially through writing letters and the activities co-ordinator support them in this. A staff member said, "She got upset when other people had their visitors and there was no-one personal for her. She is much more settled now. She does speak German, but was a bit rusty. We plan to use Skype soon when she feels confident, so she can chat to them".

Improving care quality in response to complaints or concerns

● When complaints were received, these were managed in line with the provider's policy.

● Four complaints had been received during the year. For example, one person did not like a sensor mat being placed next to their bed at night. When it was explained to them why this was needed, the person understood and gave their consent to the sensor mat.

● All complaints were clearly recorded, with actions taken and the outcomes.

● The complaints procedure was available to people in normal and large print and included the use of pictures, to aid understanding. Staff told us they also went around to people to explain the complaints procedure when they moved to the home.

● People said they had no complaints about the home. One person said, "I've got no complaints, but if I found anything wrong, I'd tell them". Another person told us, "No, I've not needed to complain about anything".

End of life care and support

● People could live out their lives at the home, if this was their wish and their needs could be met.

● One person was receiving end of life care at the time of the inspection. Their care plan showed that they wished to die at The Heathers and of their wishes for their funeral and burial arrangements.

● Staff told us that the local hospice provided support when people had life-threatening or terminal conditions. Staff also completed end of life training.

● Where people and/or their relatives were happy to discuss end of life care, their wishes were recorded in their care plans.

● 'Do Not Attempt Cardio-pulmonary Resuscitation' forms had been completed for some people. These showed that people and a relevant healthcare professional had been involved in decisions not to resuscitate them if they experienced a cardiac arrest.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to implement a robust system of audits and consequently records such as care plans and risk assessments were not up to date and did not reflect the current needs of people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- A robust system of audits had been implemented. These measured and monitored all aspects of the home and were effective in driving improvement. Audits related to areas such as medicines management, infection control, staff files, the kitchen and an analysis of accidents and incidents.
- Actions were recorded and showed how improvements had been made. For example, the kitchen audit identified that staff had not always signed the schedules to confirm that cleaning had occurred. This issue was addressed through an action plan.
- An external consultant undertook audits on behalf of the provider. Under their contract with the local authority, the provider was obligated to share information in terms of how the quality of care was monitored.
- The registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home.
- Staff were clear about their roles and responsibilities. Staff meetings took place and provided opportunities for staff to reflect on their working practice and to discuss any issues. One staff member explained that handover meetings between shifts also enabled staff to share or discuss any immediate concerns or issues.

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

- People received a good standard of care from staff who understood how they wished to be supported.
- One person said, "Overall, people couldn't be looked after better anywhere else. This place is a Godsend for most people; I'm glad I came". A friend of a person living at the home told us, "I think this home is very good. She didn't want to come from hospital at first, but now she loves it and wants to stay on, even though

she is only here for respite".
● According to the provider's website, their aim is, 'to provider personal centred care in a safe and comfortable environment that supports the core principles of privacy, dignity and respect. This philosophy allows our residents to lead fulfilling lives and gives them the opportunity to exercise choices over the care that they receive'. Our findings at inspection confirmed this aim was met.

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 management team understood their responsibilities under duty of candour. One manager said, "It's making sure everything is clear and transparent, following the policies. The staff are responsible for following them and everyone working at the same level. It's apologising if things go wrong and having an action plan, moving forward and learning from mistakes".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
● People were encouraged to be involved in developing the service. Residents' meetings took place and people told us their views were listened to and acted upon. One person said, "There are meetings for us and we can have our say about the meals". Another person said, "I have not been to a residents' meetings, but they know my likes and dislikes". A relative told us, "There are joint meetings for residents and relatives".
● The last residents' meeting took place in July 2019. The record showed that people were happy with the food and to have themed food days, for example, trying food that was popular in another country. People were happy with the activities on offer and could go out if they wanted to. An ice-cream van had visited and everyone went out front and chose ice-creams – an enjoyable experience.
● Where people chose not to attend residents' meetings, the activities co-ordinator visited people individually to obtain their feedback.
● We were shown many 'thank you' cards from relatives. One read, 'I can honestly say that Dad seems much happier and more content than he has been for the past year which is in great part due to the care he has received at The Heathers'.
● Questionnaires were sent out annually to people and relatives and these were due to be sent out at the time of this inspection.
● People and their relatives were happy with the management and leadership of the home. One person said, "The senior management team are very good here and they help me when I need it". A relative commented, "I do know the managers and owners. The management seems all right".
● Staff felt supported by the management team and enjoyed working at the home. One staff member said, "I like the staff and I like the management. It's a nice atmosphere. If I didn't feel supported, I wouldn't carry on working here".
● Some staff did not have English as their first language or struggled with the written word. Training was adapted to suit staff members' individual needs. For example, new staff were encouraged to complete on-line training on various topics, before embarking on the Care Certificate. The area manager explained that this was easier for staff as new topics were introduced gradually and in 'bite sized' chunks, so was not too overwhelming.
● The care manager attended local groups, such as the West Sussex Managers' Forum, to share practice and network with others who worked in a care setting. Strong links had been forged with others to enable staff to expand their knowledge and continue their professional development. For example, an admissions avoidance matron had delivered training on particular health conditions such as Chronic Obstructive Pulmonary Disorder and end of life care. Talks delivered by consultants from Worthing Hospital had been attended by staff.