Nara Healthcare Limited

Tudor House

Inspection report

79 Victoria Drive
Bognor Regis
West Sussex
PO21 2TB

Tel: 01243823406

Date of inspection visit:
11 June 2018
19 June 2018

Date of publication:
25 September 2018

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

Summary of findings

Overall summary

This inspection took place on the 11 and 19 June 2018. The first day of this inspection was unannounced with a second day of inspection which was announced.

Tudor House is a family run residential care home which provides accommodation for up to 24 older people living with dementia who required nursing or personal care. At the time of this inspection 14 people lived at the service. Tudor House is a well maintained detached building in a residential area of Bognor Regis, located a short distance from the seafront and town centre. There is a dining room, large communal lounge and conservatory which leads out into an accessible and pleasant garden area.

At our last inspection on 12 January 2016 we rated the service as Good in all key question areas of Safe, Effective, Caring, Responsive and Well-led. At this inspection we found the information supported the rating of Good with the key question of Responsive which had improved to a rating of Outstanding for the exceptional effort that the management and staff team made towards providing a wide range of exceptionally personalised activities that engaged and stimulated people who were living with dementia. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by a proactive management team and caring staff. A wide range of excellent, stimulating activities were organised by the management of the service to support those people who were living with dementia. These activities were very beneficial to people and evidently provided positive experiences for relatives as well as people alike. We observed people engaged very positively with the wide range of activities provided. External experts were sourced by the management team to provide creative art based activities for those who lived with dementia. Wonderful, personalised experiences were facilitated for people to share with their loved ones by the service staff, which had very positive outcomes for people.

People's needs were met by a sufficient number of staff who were well trained to meet people's individual and diverse needs and preferences. People who may have had difficulty communicating or who required one to one support to eat their meals were supported by patient staff who took the time to listen and care for them. Staff were trained appropriately and supported by the management team with regular supervisions to review their performance in their roles.

Risks to people were assessed and minimised appropriately and medicines were managed safely. Infection control measures were in place to reduce the risks of infection. Staff understood their roles and responsibilities and people were safeguarded from abuse, with appropriate policies and procedures in place.

Access to healthcare was provided when people required this and the management team had developed positive relationships with health and social care professionals to continue to develop the service and to

maintain their knowledge of current best practice initiatives.

Professionals and relatives of those who lived at this home were very supportive and complimentary about the service provided at Tudor House for people who lived with dementia.

The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were understood by the management team and staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below

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 remained Safe.	**Good**
Is the service effective? The service remained Effective.	**Good**
Is the service caring? The service remained Caring.	**Good**
Is the service responsive? The service had improved to Outstanding with exceptionally personalised activities provided for people who lived with dementia.	**Outstanding** ☆
Is the service well-led? The service remained Well-led.	**Good**

Tudor House

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.

This was a comprehensive inspection which took place on the 11 and 19 June 2018. The first day of this inspection was unannounced with a second day of inspection which was announced. The inspection was carried out by one inspector.

Before this inspection we reviewed information, the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information held about the provider which included notifications. This is information the provider is expected to tell us in law, when incidents happen.

During the inspection we spoke to the registered manager, two people, two relatives of people who used the service, three members of the care staff team and the cook. People weren't always able to tell us what they felt about the service they received at Tudor House due to the fact that they were living with dementia and may have also been unable to communicate verbally with us. We completed observations of the interactions between staff and people. We also spoke with a Mental Capacity Act [MCA] professional [Best Interests Assessor – BIA], who visited the service during the inspection and a specialist end of life community matron professional after the inspection. Professionals, staff and relatives of people's who lived at the service agreed that their comments could be included within this report. We completed observations of interactions between people and staff at the service.

We reviewed records for two people and three members of care staff. We also reviewed staff training records, policies and procedures which described how the service was run, activities records, accidents and incidents records and other maintenance documents.

Good

Is the service safe?

Our findings

The service remained Safe. People were safeguarded from the risks of abuse. Staff understood their responsibilities in relation to safeguarding and there were appropriate policies and procedures which provided guidance for staff. Staff were recruited safely with required checks completed by the management team which ensured that staff were safe to work with vulnerable adults.

Staff understood how to keep people safe whilst they also respected their freedom. Relatives of people were happy with the care their relative received and felt their relatives were well cared for and were safe. A relative told us of how their loved one had been transferred to live at Tudor House because where they lived previously was not safe for them. The relative said, "I think they're [staff] very good, they keep me well informed, they're wonderful. Mum is much more alert. Before, mum was heavily sedated [in last home]. They are better here [Tudor House] as it makes them more alert. She takes notice of things. Much better, they're a lot better. I couldn't believe it after they had been here [Tudor House] a couple of weeks. My husband said I can't believe how much she is talking." The registered manager and staff understood how to safeguard a person from abuse and to give medicines appropriately and safely.

People's medicines were managed safely. We observed a member of staff giving medicines to people at lunch time. They gave medicines to people sensitively and explained what the medicines were. Consent was sought verbally before medicines were given. They spoke to people appropriately and ensured they were positioned at people's eye level to support positive communication. All packets that contained medicines for people were also colour coded for the different times of day they were required. This made the system very clear for staff who gave medicines to people.

Safe systems were established to manage medicines. The registered manager told us that there was a meeting every morning which reviewed all medicines administration records (MAR) and other records such as turning charts to ensure these had been completed by staff when required. If any 'gaps' in records were found which the registered manager told us did not happen "often" these were immediately addressed and stock of medicines were checked to make sure that people had their medicines as prescribed. MAR charts reviewed did not contain any gaps and dates of opening medicines had been recorded which ensured their safe and appropriate use. 'As required' protocols were seen for people. These protocols detailed when people may need to be given pain relief or other prescribed medicines which were not given on a regular, routine basis. People's needs and abilities to communicate pain they may have experienced was recorded. Possible body language and facial expressions and other individual indicators had been recorded for people who could not verbally express they were in pain. This would indicate to staff when a person may have a need for pain relief to be given to them. For one person, appropriate measures were in place regarding their pain relief medication 'patch'. Records described how the patch needed to be placed on the person's body where they weren't able to remove this, to ensure that they received the required pain relief. The person was living with dementia and was known to remove medicines patches if applied to certain areas of their body. This demonstrated a good understanding of appropriate medicines management for people living with dementia.

Risks to people were assessed and managed appropriately. Risk assessments were completed for environmental risks as well as individual and specific risks for people. Maintenance checks had been completed in the timescales required. A suitable number of appropriately skilled staff were on duty to support the needs of people safely. The registered manager understood how to positively support people who may display behaviours that challenge and clearly described the reason's people may display different behaviours and the appropriate management support needed. When people had required a review of their changing needs, the registered manager had involved professionals such as community psychiatric nurses (CPN's) appropriately. This intervention had not been required at Tudor House for some time, as any behaviour that may challenge had been positively managed and supported by competent staff.

Systems were in place to reduce the risks of infection. Staff wore gloves and aprons to reduce the risks to themselves and others. The home was aware of and appropriately managed any outbreaks of infection in line with best practice and legislative requirements. Relatives meeting minutes reflected upon an incident where the home was closed to any unnecessary visitors due to an infection outbreak. All appropriate measures were taken by home to keep people as safe as possible. Monthly infection control audits were completed by the registered manager and the home was kept clean, regular cleaning schedules were established and staff received training for 'infection prevention and control in the care home'.

Good

Is the service effective?

Our findings

The service was Effective. People's individual needs and choices were thoroughly assessed before they moved into the service. People received personalised support to achieve positive outcomes. Care plan documentation included a 'knowing me' record in front of each person's folder which contained detailed personalised information of the person's history, life experiences, likes and dislikes. Photographs of people with additional information about, 'what people like and admire about me', 'what makes me happy' and 'how I want to be supported' were recorded in care plans for people. Care plan records contained the nationally used best practice guidelines of the malnutrition universal screening tool [MUST] and assessments were completed for people. This ensured that people's nutritional intake was monitored effectively. The MUST was audited monthly by the team leader which ensured that people's changing dietary needs were closely monitored and changes were implemented if they were needed.

People received support from suitably skilled and appropriately trained, compassionate staff who knew people's individual needs well. Staff felt very supported by the management team. A member of staff told us, "We are definitely given a lot of sufficient support from management and are able to discuss problems or concerns." Another member of staff said, "We have a lot of training. A lot of courses." Staff were trained in various areas, some of which was provided in addition to their mandatory training that the provider expected staff to complete, which was tailored to their specific area/s of interest and expertise. Some staff at the service were 'champions' and led on aspects of the service provided. For example, the team leader was a 'person-centred safeguarding champion'. Appropriate training had been completed to support their role. They were also a 'dementia champion', again with appropriate training provided to them. Staff training provided courses to staff in line with their roles and the specific individual needs of people. Some other courses attended included, 'Alive', engagement with dementia 'lighting up later life'. This enabled staff to have a real insight into the needs of people who lived with dementia at the home and ways to engage positively with them.

Staff completed a comprehensive induction programme in line with nationally recognised best practice guidance. The registered manager told us that staff received training that followed a "blended learning" approach, which included both face to face and "on-line" learning. Staff received regular supervision sessions and an annual appraisal. We also found that the registered manager and team leader completed supervision sessions for one another which encouraged reflective learning between them. This ensured that the registered manager who was also the registered provider always monitored their own professional development as well as others. Staff supervisions and appraisals acknowledged and valued the contribution that staff made to the service. This resulted in a stable staff team who were happy in their roles.

People were supported to eat and drink enough and those with more complex nutritional needs had appropriate access to the care they required. The registered manager had completed 'healthy eating award' training and also discussed the importance of good hydration for people. People were offered "lemon water" which was always available. The registered manger demonstrated how they take advice from health care professionals and stated the doctor's surgery had "recommended lemon water to encourage people to drink as it tastes better than plain water and people drink more than they would usually do." The registered

manager also said that good hydration was "critical for people living with dementia to reduce risks of developing urinary tract infections (UTI's) and to improve balance and reduce the risk of falls." People were supported with foods that were made to suit their dietary needs and to reduce risks to them. For example, people who had been assessed by external speech and language therapy (SaLT) professionals as being at risk of choking were supported by staff to eat meals of an appropriate consistency to reduce this risk, while their nutrition was still maintained. People were offered a choice of foods. These included foods that were eaten at times of religious celebrations. We were told by the cook how the "cook goes around to offer people choice" and that they "use pictures of foods" to "involve people with choosing foods." We saw staff asked people what they would like to eat and choices were offered. During a meal time we saw that some people wore clothes protectors and some were seen not wearing them. The team leader told us that this was a "personal choice" for people which was "assessed by their individual levels of need." This showed that people were supported to maintain their dignity at meal times.

People were involved in decisions about what foods they wished to have. Residents meeting minutes showed that people were asked about the menus and the registered manager said, "We're quite flexible with the foods. If people don't feel hungry at lunch time we are flexible with our approach. People can have a sandwich or alternative any time of day or night. Some people have high calorie snacks and fortified foods." We observed people being supported to eat in different areas of the home as they chose. Some people chose to sit at the tables in the dining area and others ate in their rooms, while some remained in the communal lounge.

Positive working relationships were fostered with local external health and social care professionals and people had access to healthcare support when they needed it. A person's relative told us, "They've [staff] been very good. Mum gets medical care when she needs it." People's records contained visits from doctors and other medical appointments attended, which included eye tests. A specialist end of life community matron told us how the staff at the service were, "very welcoming" and stated that the home "are happy to take on board any suggestions" that they make regarding care for people at Tudor House. The team leader and registered manager also attended a health and social care external training days to "network" and encourage joint working. One of which was, 'have a safe journey' training at Worthing hospital, hosted by West Sussex County Council and the Western Sussex Hospitals. This was a project for all providers to work together with health and social care professionals to improve the "patient journey" to and from hospital services. This demonstrated the providers willingness to proactively engage with external health and social care professionals for the benefit of people who use the service.

People were supported to live as they chose. The management and staff team worked positively to support people's diverse needs, choices and preferences. The registered manager was very aware of how to support people living with diverse cultural and religious preferences and different sexual orientations. They spoke of their experience of providing appropriate care and support to people with diverse cultural backgrounds. The registered manager demonstrated how they had held discussions with the staff team about people's diverse needs. Evidence was seen of a recent staff meeting where 'supporting LGBT [Lesbian, Gay, Bisexual and Transgender] with dementia' was discussed. The registered manager told us they, "wanted staff to know how we approach this. Everyone is treated fairly and not to discriminate and to consider people's needs." The registered manager positively supported diversity and said, "staff are aware where we stand [regarding anti-discriminatory practice]" and "for us, [discrimination] it's not an issue." People's religious preferences were supported. The registered manager told us that, "A lady comes from Methodist homes and that church do activities here each month" and "A lot of people practice church of England beliefs and we focus activities around this to support them."

People were supported by very competent staff who understood the principles of the Mental Capacity Act

[2005]. People living at Tudor House were living with dementia and often were assessed to lack mental capacity to consent to arrangements for necessary care or treatment. People can only be deprived of their liberty when it is in their best interests and legally authorised under the Mental Capacity Act 2005 [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. One DoLS application had been authorised by the local social services department at the time of this inspection. We had received a notification about this from the registered manager. We spoke with an MCA professional whose role was a Best Interests Assessor [BIA]. They visited a person to review that care being provided to them was in the least restrictive way and in their best interests. They said that the "team leader is very good" in terms of "supporting [the person] to communicate and advising [BIA] of the person's hearing and "where to position myself to communicate effectively." They said, "[Person] was happy for her [team leader] to stay during the meeting. [Person] had a good rapport with her." The BIA also said that the team leader, "was able to give me all the information which included how they manage medicines refusals and [person's] wishes and personal choices and preferences. I have no concerns with meeting [person's] best interests and personal wishes." The BIA stated that, "They [staff] seem very person centred here."

The registered manager had a very sound understanding of MCA, best interest decisions and the DoLS process. The registered manager told us that best interest decisions are "discussed with [person's] family and the doctor" when this is required. The registered manager stated that, "most [people] have lasting power of attorney [LPoA] for finance but not always for health and welfare. Medical decisions are then up to a doctor and sometimes the hospital. I do speak to families and can signpost to solicitors, or go through the Court of Protection if people have already lost the mental capacity to make decisions or to give authority." This demonstrated a very personalised approach. The registered manager said, "I do like to take the time to talk" and "to find out about people's stories and situations."

Tudor House was clean, well decorated and 'homely'. People could personalise their own bedrooms and there were examples of artwork that people had painted, displayed on walls around the home. Each floor was brightly coloured which supported people to "orientate to where their rooms" were", the team leader told us. Pictures were seen on communal toilet doors to identify the toilet for people. This supported living with dementia to familiarise themselves with certain areas of the home.

Good

Is the service caring?

Our findings

The service was Caring. People were treated with kindness and compassion and dignity was respected. Staff communicated with people in their preferred way's. For example, one person was not able to communicate verbally, staff and the person used hand gestures such as 'thumbs up' or 'thumbs down' to establish if a person was happy with the care they received. Relatives told us that their loved ones were supported by caring staff. One relative said, "They all have a caring attitude, which is very important." People's personal histories and preferences were known by kind and caring staff who knew people well. Systems supported this information to be gathered in 'Knowing me' documents. This showed the importance the service placed upon getting to know people on an individual basis, which ensured that the care provided was tailored to their specific and individual choices and needs.

Information was provided to people in ways that they could access it. 'Service user guide's' contained information about the service people could expect to receive and were supplied in various formats. The registered manager said, "we use a lot of pictures for people's needs, we naturally have things in pictorial format." They also told us people and their relatives, "They can speak to me and I can help them or get information a format to suit them. We make information accessible to people who use the service."

The registered manager was very aware of the diverse needs and cultural background for people. They said, "We celebrate diversity here. We have a varied staff team with different backgrounds who don't always have English as the first language. The staff are fantastic with body language and appropriate use of sensitive touch with people." We observed that people were spoken to sensitively and were treated with kindness and compassion by staff. Staff were very responsive to people's needs and were attentive when people required their help and support. Relatives told us that staff were always happy and this supported positive relationships to be developed. A relative said the home is, small enough to have a family atmosphere and the girls are always happy and friendly." Another relative told us that their loved one had a good relationship with the staff. The relative said, "When I am there you can see that he is quite happy with them. His face will light up."

People received care in a comfortable and friendly environment. Uniforms were not worn by staff, which the registered manager told us was "to promote a more homely feel for people living at the home." The registered manager ensured that staff wore "brightly coloured cheerful clothes" and said that, "It's a nice talking point for people to comment on brightly coloured staff clothing. Anything that engages peoples interest is good." The registered manager also stated, "We are not registered nurses and we don't want people to feel that they are in a hospital environment." They also said, "We're down to earth and want to promote a friendly and relaxed environment and to 'normalise' living in a care home for people."

The provider understood the different support options available for people and their relatives that enabled them to be involved in decisions about their care with the right level of support or advocacy. Leaflets for 'carers support' and information about advocacy support for people were accessible and were provided in the foyer area of the home and in the main communal dining area. People were positively supported to gain access to independent organisations with appropriately trained representatives who could support a

person's rights and choices when they may not be able to actively achieve this for themselves.

People's privacy was protected and promoted. A social care professional [BIA] told us that, "staff supported me to meet people privately. I didn't need to ask. Staff are aware of personal, private conversations." Staff ensured that privacy and dignity was upheld for people when personal care was being given by them. Bedroom and bathroom doors remained closed and staff would knock on people's doors to obtain consent to enter.

Information about people was held securely. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was aware of this new law and ensured the privacy of people and staff was maintained in relation to the data held about them. The organisational policies and procedures were being reviewed to reflect this change to how people's and staff data is maintained. A GDPR notice was displayed.

Outstanding ☆

Is the service responsive?

Our findings

The service was exceptionally responsive to people's individual and personalised needs. The registered manager told us she had a very keen focus on "family engagement and involvement" creating special "moments to cherish forever." People were provided with a very wide range of interesting and stimulating activities which were tailored to meet their preferences to maximise individual levels of ability and engagement. Staff were very aware and knowledgeable of the needs of people who lived with dementia and the home took a real pride in the person-centred and meaningful activities provided for people and their relatives.

Relatives were extremely positive about the activities provided and people were seen engaged in various activities throughout the inspection process. A staff member told us the home does really well with, "Lots of everyday entertainers" and said "I am one of the activities coordinators. I always join in with people, encouraging people." They also recalled the positive impact of activities for one person who seldom engaged with people in communal areas of the home. They said one person, "loves watching animal planet on television, her face changes completely, she's so happy." Also, that 'Magic' the dog visits every Wednesday which provides 'therapy' for them. The dog goes on her lap and she smiles. It's very good for her and makes her happy."
Staff were encouraged to develop skills to provide activities that engaged people who lived with dementia. A member of staff said, "we want to give the staff confidence with activities." Some of the activities were focused short sessions because some people living with dementia could not always focus their attention for longer periods. These one to one activities focused on five minutes of quality time for people. They gave people massages with oils and this provided quality time and bonding for people with staff without the need to talk.

Activities provided a "reminiscence" focus with familiar smells, touch, taste and sounds. This is of particular importance to people living with dementia. There was a traditional, vintage ice cream van which visited the home on a fortnightly basis throughout the year. We were told by a staff member that, "when the weather isn't great, the ice cream van driver comes into the home, with a tray of ice cream for people to choose from." The driver was asked to always put its chimes on so people experienced positive memory links. When the weather was good people went outside and lined up to get an ice cream. The registered manager said how "it takes them back" and "you get them talking about their stories and their lives. It's really lovely." National best practice guidelines provided by the Social Care Institute for Excellence [SCIE], state that, "For people with cognitive difficulties it is important to tap into all the senses to trigger memories. A picture to look at, an object to touch, a song or a poem to listen to or something to smell or taste can all take someone back in time, often to a very specific memory." People were also supported with weekly baking sessions. Staff told us about the baking smells and overall sensory experience for people. Even when they were not physically able take part. The extensive amount of research, time and resources all staff had invested in positive experiences for people and their families was a joy to observe.

People were very positively supported to engage in every day 'ordinary' activities that they enjoyed. These opportunities enabled people to engage with their loved one's as they would do in their own home

environment. A family member was knitting with their relative during the inspection. Another person was supported by being provided with a newspaper to "feel" and "smell" the pages. The person had worked in journalism in their lifetime. This provided a very personal sensory experience for them. Photographs showed the enjoyment experienced by the person whilst they looked through newspapers. The person's relative told us how well staff knew their loved one and how they could communicate with them despite them being no longer able to communicate verbally. They said, "My relative can't talk and he can't walk. I would say that the staff can communicate with him and understand what he needs. He will sometimes push my hand away if he doesn't want something. His job was his life and his hobby, he was a journalist. That's another thing that they [staff] do. He does like a newspaper. He can't read it anymore but he likes to have a paper and they are aware of it. That's good."

The provider actively supported people and their loved ones to take part in meaningful experiences for the whole family. They engaged with external entertainers who had specific expertise of how to support people living with dementia and so could provide meaningful activities for people. One entertainer provided music therapy and sang with people on a one to one basis. This entertainer had written books about the benefits of creative arts for people living with dementia. The provider had arranged for a person to have a "special" outing, with staff support, to visit a castle with their daughter and other relatives. This was a memory that the family and person had desperately wanted to share but were not able to achieve without the support, coordination and encouragement of the staff and management at the service. One person's relatives had told staff they "don't feel safe to take her out as a family" and that "we created that lovely moment for them all. They didn't have to worry." "[person's name] talked about it for a long time afterwards!" The person's relative told us "She tells us if she's not happy and she always seems happy here. She likes all the different activities." This relative also said, "They have a gardening club on a Monday afternoon and a cooking club on Tuesday afternoon's. She really likes that. If she's doing things she's a lot happier. She gets to eat the cake too that she makes!" All people at the service were provided with many positive opportunities to engage in person-centred activities.

People weren't always able to tell us what they felt about the service they received. We observed staff positively supporting people with their meals, engagement with people while they joined in with activities and the interaction and communication between staff and people when they needed assistance with moving. People were supported to communicate in positive ways. When people couldn't verbally communicate, records detailed the ways people were able to interact and staff knew the signs people may display when they required pain relief or other support. This ensured that the provider worked in line with the best practice legislation, namely the Accessible Information Standard (AIS). This legal standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand.
Care plan's contained information about people's day to day care and support needs, were reviewed each month and involved the person, where possible, and appropriate representatives. A person's relative told us, "I am involved with care plan reviews. Once a month they [staff] go through everything." The relative held a Lasting Power of Attorney (LPoA) for health and welfare and finances and property for the person.

People and staff were actively encouraged and supported to use technology at the service with an external company used to teach staff how to use technology with people at the home. The registered manager gave an example of a person who lived with Parkinson's disease and stated that they "loved technology" and that "they used 'FaceTime' to contact their family." Staff supported the person to use their mobile phone to maintain the regular contact with family. A relative told us, "I like the fact that activities are organised and that my husband is aware of all of the things that go on around him." The registered manager also added that, "part of that is using technology" and they described how the external activities and technology training had helped people by "showing people how to use 'apps' for activities for all age groups." This

included puzzles that people had used online.

The registered manager told us it was their "job is to support the relatives as well as the residents" and that "giving them ideas to support with technology" which included people's grandchildren. "Encouraging them to play games using technology when relatives visit. Some grandchildren don't know what to say when they visit. The use of the phones creates a bond across them both." This showed the positive and powerful impact that the encouragement of the use of technology had between people and relatives when they visited the service. This had supported positive engagement between people and their families, overcoming obstacles and barriers to communication.

The provider went above and beyond to support people to communicate in their common language where possible and encouraged people to practice religious preferences when they chose to. One person who was no longer able to communicate verbally who had been supported very compassionately by the staff who found solutions to their communication barriers. Family members had provided the staff with some Hindi words that could be used to communicate with the person to aide their understanding. The person also spoke Swahili which the registered manager could speak with them and the person's family. This enabled the families wishes for the person to be clearly understood. This included provider awareness of the specific funeral directors chosen by the family because of their renowned reputation to uphold religious ceremonies for those practicing more diverse religious and cultural needs. The family had been informed of the positive impact for people of listening to music when living with dementia. The person was being cared for in bed and the family had provided Hindi music following the suggestion from staff. This was played for them in their preferred way, using headphones.

There was a complaints process which was understood by the staff and relatives of people who advocated on behalf of those who were living with dementia. The complaints process was noted within the 'service user guide' which was provided in accessible formats for people's individual needs, in larger sized text and picture format. Relatives were confident to speak directly to the registered manager and told us, 'If I have any problems I know I can talk to her. The staff are all very approachable." Another relative said, "I haven't had to raise any concerns or complaint's. I've got nothing but praise for them here. Since my relative has been here, it's amazing how much she's improved and it's so reassuring knowing how well she's looked after." Records showed compliments from relatives of people who used the service. Feedback from relatives was very positive. Some comments from people included, "I enjoy singing activities" and "I always enjoy food in here, thanks a lot." People also said, "I enjoy doing activities and when the ice cream lady comes around and I also enjoy cooking and making cakes and then eating them with a cup of tea."

People were supported to have exceptionally compassionate, pain free deaths and were supported by kind and caring staff when they were at the end of their lives. The staff at the service were experienced and well trained to support people and their loved ones in a sensitive and compassionate way at the end of their lives. Senior staff had attended training at a local hospice to be able to manage 'difficult conversations' with people about the care that was needed at the end of life. The management team had also booked to attend specific end of life training regarding LGBT communities and end of life care. A further course was booked for the management staff to attend an 'end of life and dementia' training session which would further support their ability to provide high quality care to people living with dementia at the end of life. Anticipatory medicines were stored appropriately at the home for one person. Positive and supportive links had been established with the local doctor's surgery which meant that regular contact was made when people needed anticipatory end of life care planning and medicines. Anticipatory medication is prescribed by a doctor 'just in case' they are required by a person at the end of their lives to support with the management of any pain that may be experienced. The registered manager said, "We're really lucky with who we have to support us."

People's end of live wishes were clearly known and recorded. Funeral information was noted with people's preferences at death and any religious preferences they may have. Care plan folders identified if people did or did not wish to be resuscitated with a 'DNACPR' form in place when required. These forms are completed by a medical professional, either with the person or in the person's best interests if they are not able to give their views of their care at the end of life. When this is in place a person would not be resuscitated. This enabled people to die with dignity when it had been professionally agreed that resuscitation was not appropriate. There was a 'religious practice' chart in an information folder for staff which detailed specific religious end of life requirements for people, to uphold and respect their religious needs, wishes and preferences when they were at the end of their lives. Staff knew how to support people's religious preferences in practice.

Good

Is the service well-led?

Our findings

The service remained Well-led. There was a strong family orientated leadership culture within the service. The registered manager had developed a positive support network of external professionals and benefitted from the management support of a family member who managed the 'sister' home of the service. The service was innovative with the way activities were provided to people and the registered manager worked to develop strong, positive relationships with external professionals who provided a range of healthcare support to people who lived at Tudor House.

The registered manager told us how they proactively maintained their knowledge of current best practice guidance in a variety of positive ways. The service was a member of the 'National Carers Association.' The registered manager said, "I like to be part of groups, best practice, I like to keep up to date" and "I like to be part of membership groups because we [providers] need to stick together and it has made us stronger." The registered manager said, "There is a Bognor Manager Forum that I am a member of, where registered managers can get together to discuss and share best practice." Positive relationships were developed and maintained with other local home managers. The registered manager said, "As managers we do that well in Bognor [maintain professional relationships]. We go for coffee to catch up. The GP has set up two monthly meetings that we go to. Speakers come and we can listen to important updates and have face to face time with professionals to build positive relationships and have best practice discussions. You gain a lot if you attend. There's a lot going on to support care homes in this area." The management and staff team were very proud of the service provided to people who lived at Tudor House. The registered manager said, "We have so much pride here for the standards of the home."

Positive relationships existed among the management team and staff at the service. Staff felt supported by the registered manager and team leader and spoke very positively about the management of the home. One member of staff told us," I don't think the home could do anything differently to improve." Another member of staff said, "I love it here. I've never worked in care before but I love it." Relatives of people who lived at the service told us that the management were very responsive and approachable and they were comfortable discussing any issues or concerns they may have with them. This promoted an open and inclusive environment where people received a very person-centred approach to their care which resulted in positive outcomes for them. People were treated fairly and their 'protected characteristics', which included people who lived with a disability such as dementia or a hearing loss, advancing age or frailty and different cultural or religious backgrounds, were treated fairly with appropriate support provided to meet their needs. The staff and management team knew people well and went out of their way to provide personalised care above and beyond people's expectations. The registered manager told us that, "That's what I look for in staff, something you can't teach, compassion and passion, their values and if they'll be a good 'fit' here."

People, their representatives and staff were engaged and involved with the service quality and improvements. The registered manager sought the views of people and relatives during regular meetings. Records of which were maintained. Actions that arose during meetings or from feedback in surveys from people was listened to by the management of the service. For example, following an outbreak of a flu virus at the service the registered manager held a meeting and openly asked people and their relatives for their

feedback regarding how the matter was handled and if anything could have been done differently. The feedback was positive.

Relatives were facilitated to network and provide support to one another. The registered manager said that, "Some relatives become good friends and support network for each other." The registered manager also told us that they, "Sometimes give demonstrations to relatives of using the hoist so that they can better understand how their relative feels and why we may hold their hands to give them reassurance whilst hoisting." This demonstrated a very inclusive and sensitive approach for people and their relatives.

Systems and processes were established to effectively monitor the quality and safety of the service. Audits were completed for various aspects of the service provided, which included, monthly infection control audits, weekly and monthly medicines audits and other health and safety focused monitoring of the service. Findings were analysed and outcomes reviewed appropriately. Notifications were completed by the registered manager following notifiable events and shared with us, as required in law. The registered manager understood their role and responsibilities, with positive support from the family run approach of the service. Current best practice was understood and the registered manager kept up to date with changes to legislation.