

Sussex Housing and Care Saxonwood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Saxonwood took place on 3 and 4 November 2016 and was unannounced.

Saxonwood provides accommodation for up to thirty-six older people, some of whom are living with mental and physical health needs and who may need support with their personal care. The home was on three floors with four bedrooms on the lower ground floor, 17 bedrooms on the ground floor and 15 bedrooms on the first floor. The ground floor also included a kitchen, the dining room, a communal lounge with access to the garden and an office.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered 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.

Throughout our inspection, people spoke positively about the home. Comments included, "All the staff are really pleasant" and, "I am very happy here." Although staff and managers knew people well and had a good understanding of their individual needs and choices there was a lack of a consistent quality assurance system which could prevent effective analysis of information relating to incidents and accidents. We made a recommendation about a quality assurance system being applied consistently.

People told us they felt safe living at Saxonwood. There were sufficient levels of staff to protect people's health, safety and welfare. The provider had recently increased staffing levels based on the dependency of people's needs.

Medicines were managed safely. The provider had put in place clear guidance for staff to follow on PRN medication.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Staff encouraged and supported people to eat and drink well. One person said, "The cook is very good and we get a choice."

Staff knew the individual personalities of people they supported. We saw staff were kind, compassionate and patient and promoted people's privacy, dignity and choice. People were encouraged to be as independent as possible and we saw friendly and genuine relationships had developed between people and staff. One person said, "The staff are very caring." A staff member told us, "We have good relationships with the residents. They trust us."

Training schedules confirmed staff had received training in safeguarding adults at risk. Staff knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected. Staff had received regular supervisions with their manager to discuss additional training needs and development

and annual appraisals.

Robust recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. Staff received an induction followed by a week of shadowing experienced staff.

People's health and wellbeing was monitored and staff regularly liaised with healthcare professionals for advice and guidance. A healthcare professional told us, "Saxonwood is a caring rest home and I have no worries about them. If staff have any concerns they are straight on the phone to me."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place. The registered manager was familiar with the processes involved in the application for a DoLS, and had made the necessary applications to the authorising authority. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure decisions were made in the person's best interests.

People's individual risk assessments and care plans were person-centred and reviewed monthly or when their needs changed. Clear information about the service, the facilities and how to complain was provided to people and visitors.

People's friends and family were made welcome and relatives spoke positively about Saxonwood. One visitor told us, "We looked at several homes before deciding on this one. It felt nice and people looked happy."

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 

Saxonwood was safe.

Risk to people had been assessed and managed.

Checks had been completed on staff to ensure they were suitable and safe to work with people at risk.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Medicines were stored, administered and disposed of safely.

The premises and equipment at the service were well maintained.

Is the service effective?

Good 

Saxonwood was effective.

Staff had received training and regular supervisions to carry out their role.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Senior staff knew what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

People were provided with food and drink which supported them to maintain a healthy diet.

People were supported to have access to healthcare professionals when they needed it.

Staff understood people's health needs and responded when those needs changed.

Is the service caring?

Good 

Saxonwood was caring.

Staff had a good understanding of the history, likes, preferences

and needs of the people who used the service.

Staff communicated effectively with every person using the service.

Staff had built a rapport with people and treated them with kindness and respect.

Care plans were personal to each person and included detailed information about the things that were most important to them.

Confidential information was held securely and there were policies and procedures to protect people's confidentiality.

Is the service responsive?

Good ●

Saxonwood was responsive.

People received consistent, personalised care and care plans were reviewed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

Personalised information regarding people's daily routines was available to assist staff in supporting people with their preferred choices.

Concerns and complaints were responded to appropriately.

Is the service well-led?

Good ●

Saxonwood was well-led.

Feedback from people who use the service and staff was positive. There was a positive culture at the service and the registered manager was well regarded.

Quality Assurance audits were undertaken to ensure the safe running of the home.

Saxonwood

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 inspection took place on 3 and 4 November 2016. This was an unannounced inspection. 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.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for. As some people had difficulties in verbal communication we spent time observing to see the interactions between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

We looked at care documentation and reviewed records which related to the running of the service. We looked at four care plans and three staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Saxonwood. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at areas of the home including people's bedrooms, bathrooms, lounges and dining area. During our inspection we spoke with 11 people who live at Saxonwood, six visitors, five staff and the registered manager. After the inspection we also made phone calls to a district nurse and local GP who work with the service.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which was returned on 9 May 2016. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to

make. We considered information which had been shared with us by the local authority and members of the public. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

The service was last inspected in July 2014 and no areas of concern were identified.

Is the service safe?

Our findings

People said they felt safe living at the home. One person told us, "It never enters my head that I am not safe." Visitors to the home told us they felt their relatives were safe. One relative said, "I think mum has settled here very well. I feel she is safe because when she was at home I worried." Another relative told us, "I am sure my brother feels safe here, it's great peace of mind for me."

There were enough staff to provide care to people. Staffing levels matched what was planned on the staff rota system. There were three care workers and a senior care worker from 7am to 9pm and two 'waking night' staff. Waking night care is where the member of care staff is on duty throughout the night. A staff member told us, "First thing in the morning is the busiest time." One person told us, "We have a good system. If I ring my bell once it means I need a bed made or something and two rings means I am in pain or need attention quickly." The registered manager told us, "We discuss dependency levels at every staff meeting and if we required more staff this would be supported." An additional member of staff had recently been employed for four hours on two days during the week to assist with baths and showers. In addition to care staff there was a chef manager, a cook, an administrator, a laundry person, cleaning staff and a maintenance person employed at the home. One staff member told us, "I think there are enough staff although it can be very busy in the mornings. We have a schedule and work as a team so that people are up, washed and dressed when they want to be." One visitor said, "My mother wanders around quite freely but I know staff are looking out for her." We saw that staff responded quickly to the needs of people and call bells were answered promptly. One person told us, "Call bells work well. I am bed bound and rarely have to wait. It's not a problem."

There were appropriate arrangements in place for the safe receipt, storage, administration and disposal of medicines to ensure people received their medicines safely. A lockable trolley was held in the office on the lower ground floor to store medication. Medicines were supplied in blister packs and given to people by senior care workers. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

People's medicine administration records (MAR) were accurate and clear. They showed each person had an individualised MAR which included a photograph of the person and any allergies. MAR charts are a document to record when people received their medicines. We observed when people were given their medicines and they were given safely. Staff had a good understanding of people and the medicines they required.

There was clear guidance in the MAR charts on as required (PRN). PRN medicines are only given when people require them and not given routinely for example for pain relief or anxiety. At the time of our inspection no one received covert medicine. Covert is a term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink.

Care plans showed each person had been assessed before they moved into the home and potential risks

identified. The registered manager told us, "Myself or the deputy manager will complete a pre-admission visit. If the person's dependency score exceeded what we can provide we wouldn't admit them. We would be open about it." People's care documentation contained assessments such as risk of falls, nutrition and moving and handling. They provided specific guidance for staff on how to manage risks, for example what equipment would be required. These had been reviewed on a monthly basis.

Staff had received safeguarding training and knew who to contact if they needed to report abuse. They gave us examples of potentially abusive care and were able to talk about the steps they would take to respond to it. One staff member told us, "We have to protect the residents' dignity and report any abuse. If I have any concerns I report them to a senior or the registered manager." Another staff member said, "I would report any abuse to social services and the CQC." A policy on safeguarding was available in the office for staff to refer to if they required.

Staff files included relevant checks on staff suitability including a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured that only suitable people worked at Saxonwood.

All staff had received fire safety training and a fire safety policy and evacuation plan was in place. A fire risk assessment had been carried out in June 2016. Fire alarm tests were carried out weekly and staff knew where to assemble when the alarms sounded. A full evacuation was completed every month and there were regular checks completed on fire safety equipment. We reviewed people's personal evacuation plans (PEEPs) which identified the support people required during an evacuation.

People were cared for in an environment that was safe, clean and well maintained. People were able to move safely around the home with walking aids and the floors and corridors were clear of obstruction. Regular health and safety checks ensured people's safety was maintained. There were regular servicing contracts in place including checks on the lift, gas, moving and handling equipment and electrical appliances. Maintenance was carried out regularly with additional checks completed on the call system, pressure mats and water temperatures.

The service had a disaster contingency plan which provided emergency contact telephone numbers in the event of electrical, water and catering disruption, gas supply failure and heating loss. Emergency equipment was also available such as room heaters, blankets and bedding and clear guidance showed where people would be relocated in the event of an emergency.

Is the service effective?

Our findings

People told us the staff gave them the care they needed. One person told us, "They do listen to me and if I need something they are always there." A relative said, "I usually take mum to medical appointments but they always make provision if I can't." People told us that they felt their needs were met and that staff were well trained.

Staff received training in safeguarding, falls awareness, moving and handling, fire safety infection control and first aid. They completed an induction when they started working at Saxonwood and 'shadowed' experienced members of staff until they were competent to work unsupervised. The shadow shifts were reviewed by the manager every six weeks. Staff also received specific training to meet people's needs, for example dementia care and pressure area care. One staff member told us, "I completed the pressure area care training last year which was really interesting. I learned a lot." Staff we spoke to and observed demonstrated a good understanding of dignity and dementia. Staff were patient and kind in their interactions with people. For example a member of staff waited outside the bathroom for someone and told them to press the call bell when they required further assistance. When the bell was pressed the member of staff knocked on the door and told them that they were entering the room again.

Staff received supervision every six weeks to ensure they have the necessary knowledge to provide appropriate care and monitor the effectiveness of the training that they had completed. Staff told us that the supervisions were a good reminder of best practices and ensured that they were up to date with the latest procedures and guidance. One staff member said, "The supervisions keep us on our toes to make sure we are doing things correctly."

People told us they liked the food at Saxonwood. One person said, "I like the dessert today so I will have an extra large one." The chef manager told us, "I have meetings with the residents to check that they are happy. There are two main choices for lunch but we offer alternatives and if we can do it, we do it. We also have specific dietary needs such as vegetarian and diet controlled diabetes which we cater for." Documentation showed peoples' individual nutritional needs including preferences, portion sizes and their preferred breakfast time.

We observed the lunch time meal service on both days of our inspection. People either ate in their rooms or the dining room. On both days the majority of people ate in their rooms. The people who chose to eat in the dining room ate independently with some support. Staff ensured that people were positioned comfortably at their table and interacted in a respectful and supportive manner. One person was not eating their food so a member of staff asked whether they would like an alternative and provided one.

People were provided with enough to eat and drink. They were offered breakfast, lunch, afternoon tea and a light supper. There was also an early tea, coffee and biscuits and a night drink and snacks provided. One person told us, "They have a good system for ordering food. I order for the week but if I'm not feeling well one day I can just change it on the day." Another person said, "I always look forward to the soup in the evening, I think it's homemade." People were regularly offered drinks, fruit and snacks throughout the day.

People were able to have their breakfast when they chose. A member of staff told us, "It's entirely up to the residents when they want to get up. There are two people who like to be up, washed and dressed before breakfast." One person told us, "I choose to stay in my room for meals. I have everything I need here."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met. Policies and procedures were available to staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. One staff member told us, "We have two DoLS applications in place. One person can sometimes display challenging behaviour so I sit and talk to her quietly and ensure that she doesn't harm herself or others. I use distraction techniques to reduce her agitation." Staff were trained in the principles of the MCA and DoLS and were able to describe the basic principles of the MCA. Staff sought consent from people before they helped them move around, before they helped with personal care and with eating their meals.

Staff demonstrated they had knowledge and understanding of how to support people to maintain good health. People had been referred to a range of health care professionals, these included district nurses, psychiatrists, a Parkinson's disease specialist nurse and the local GP who visited the service weekly. Healthcare professional visits were held on computer, printed and added to the care plans.

The accommodation was spacious, bright and clean. Communal corridors throughout the service had handrails to support people with mobility issues. The handrails also had three small plastic discs at each end so that people who were sight impaired could identify the end of the rail. Staff photographs were displayed in the entrance hall and a selection of photographs of people taking part in various activities. The artwork that people had completed was also on display.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. Staff understood people's individual needs well and had built up a good rapport. People and their relatives said they were satisfied with the care and support they received. One person said, "Staff are very kind especially in the evening. They know what I like. If I can't sleep they bring me a cup of tea." A relative told us, "Staff are always cheerful. Not just when I am here but always." Another relative said, "The staff are kind and caring." Our observations confirmed that staff were caring in their attitude to the people they supported.

Comments in the service's compliments file were very positive. One relative wrote, "The friendliness, warmth and love that exists there is obvious to all as you enter." Another relative wrote, "It was lovely to see the residents really enjoying the music and singing in the lounge."

There was a calm and relaxed atmosphere at Saxonwood. A staff member told us, "I really miss the residents when I'm not here." Another staff member told us, "It's a good home to work in. I enjoy it." People were supported to spend their day as they chose. Interactions and conversations between staff and people were positive and there was friendly chat and good humour.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. We saw staff encouraging people with walking aids to move to different parts of the building safely. Staff were patient and took time to support them if necessary. People were appropriately dressed and well presented with comfortable clothing and footwear. The registered manager told us, "Staff have positive relationships with residents. We get to know them as people, their personality and dignity and privacy is respected at all times. We are committed to resident care."

Staffs always knocked on people's doors before entering and were consistently discreet when offering to provide personal care to people. One member of staff told us, "We have 'Do Not Disturb' signs for the doors while giving personal care." One person said, "I don't want a male carer and I don't get one." Staff were able to give us examples of ways of protecting people's dignity, such as covering the person with a towel when undressing for a bath and closing doors and curtains to maintain privacy when giving personal care. Staff told us that people were given baths and showers when they wanted them. A member of staff told us, "We have a bath sheet based on whether residents want a bath or shower and what time of day they want it. Some people have a bath once a week, for others it's twice a week or every second day. It's their choice." We looked at the daily records of two people which confirmed that people were given baths and showers when they wanted them. For example one person had refused a shower so was given a full body wash.

People who were not mobile and did not regularly go out to the town centre had access to a chiropodist who visited the service every six weeks. Staff told us that a hairdresser visited the service every week and styled people's hair in the quiet room adjacent to the lounge. This demonstrated that the service was meeting the needs of people with mobility issues. One person told us, "I go out and get my hair done. I'm able to go out whenever I want to." Another person said, "I get my hair and nails done here weekly."

Staff were knowledgeable about individual personalities of people they cared for and supported. Staff shared people's personalities with us during the inspection and they talked of people with respect and affection. One staff member said, "We take time to listen to the residents. They can ask for anything. We recently took four residents to the 1066 celebrations in the town which they really enjoyed." Another member of staff told us, "I know all the residents and their families very well and we do our very best for them." When staff were attending people they worked at the person's own pace and did not rush them. We observed a member of staff attending to one person; they took their time and were patient. They did not leave the person until they were sure their needs had been met. Staff chatted with people whilst providing support.

Care records were stored securely in a locked office area. Confidential information including personnel files were kept secure and there were policies and procedures to protect people's confidentiality.

The service provided people with a 'Residents' Handbook' which included information relating to day to day life in the home through to how to make a complaint.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and were always made to feel welcome. A relative said, "We are always made welcome and offered tea."

Is the service responsive?

Our findings

Visitors told us their relatives received care that met their needs. One visitor told us, "My mother is getting good care and has settled in. It does suit her here."

People's needs had been assessed before they moved into the home. This was to ensure their needs and choices could be met. People's care plans contained information about personal care, communication, health and social well-being, mobility and mental health in addition to a continence and nutritional risk assessment. We were told that assessments and care plans were completed with the person, and where appropriate, their representative. Personalised information about individual daily routines was recorded for example what time people liked to get up and what equipment would be required for mobility. Some people had completed 'Life Story' books which detailed various aspects of their social background. The registered manager told us, "The Life Story books are a work in progress and we are trying to get them completed for everyone. It is difficult as some people don't want to complete one but it is important that we progress this." People's rooms were personalised with their furniture and pictures. We observed a member of staff updating a small white board with a person's supper preference. The person did not want the menu option so the member of staff offered an alternative which was agreed and noted.

People were supported to make choices in their everyday life. One person told us, "I can come and go as I please" A member of staff told us, "The residents do whatever they want to do when they want to do it. They can stay in bed or get up early it is up to them."

There was a timetable of weekly activities on display in the hallway. These activities included pet therapy, table tennis, weaving, bus trips, baking, origami, piano recitals and quizzes. Activities were individualised for people but the timetable provided additional activities for those people who wanted to participate. The notice board also showed forthcoming events and photographs of people at Saxonwood enjoying the activities they took part in. The daily menus were also on the information board. We noted that the activities or menus were not in a pictorial format to help people who lived with dementia and discussed this with the manager who told us this was in progress as they had identified it as an improvement for the future.

The registered manager had introduced the 'Oomph' (Our organisation makes people happy) programme to the service. 'Oomph' is a programme of activities and training which enhances the mental, physical and emotional wellbeing of older people. Staff in the service had been trained to deliver the Oomph activities to the people at Saxonwood. The registered manager told us, "It's a work in progress. We are starting to complete detailed social histories of people and developing person-centred activity plans to enhance people's wellbeing. It is important that staff run some of the activities so that staff can build on the relationship they already have with residents." One person's activity overview stated that they "were well known for baking and used to sing in a choir." Another person's activity overview stated that they "engaged really well in all music and reminiscence activities." One person told us, "I like to join in the music activities and the exercise class." Another person told us, "The staff came in this morning to ask if I wanted to go to the coffee morning."

The service had regular visits from a 'Creative Minds' artist. Creative Minds is a community of artists who deliver therapeutic art sessions to care homes and community centres. One person told us, "The staff always ask me if I want to join in." The registered manager told us, "The activities have really improved the wellbeing of some of the residents. One person who enjoyed knitting was unable to use knitting needles because of reduced mobility in her hands. We got her a knitting loom so she is able to weave the wool and really enjoys it. Another person has been encouraged to paint again following art activities and the Oomph activities have reduced the number of falls in the service."

In addition to these activities the local school visited every month, there were fortnightly church services available to people and a lunch club had been set up so that family and friends could join people for lunch.

Staff were mindful of people who chose not to go to the communal lounge and ensured that they were not isolated in their rooms. A member of staff told us, "We ask residents at least once a week what activities they would like to do. If people want to go for a walk we can arrange for additional staff to take them. We hire out a minibus in the summer and have trips every fortnight to places like Beachy Head, Bodiam Castle and Tenterden." People were informed about the activities available and encouraged to participate. Another member of staff said, "Not all of the residents want to sit and chat. One lady likes to stay in bed but if the weather is nice I try and get her to come out into the garden." A relative told us, "My brother does not like to mix with other people. He's a very intelligent man and still has all his faculties. He prefers to stay in his room." The registered manager told us, "If someone is spending a lot of time in their room and have few visitors we are starting to complete an 'isolation and loneliness' risk assessment. This will identify if more carer time is needed and what we need to do to improve the situation."

A complaint policy and procedure was available. The complaints log showed there had been 10 complaints in the last 12 months. The last three complaints in July and August 2016 related to a person who no longer uses the service. The complaints were acknowledged, investigated and dealt with appropriately.

Is the service well-led?

Our findings

People and visitors told us that the staff at Saxonwood always treated them well. One person said, "All the staff are lovely and on the ball." A relative said, "It's clean and warm and friendly."

The provider and manager were very responsive and had a strong understanding of the service they delivered. At the end of the first day of the inspection we provided feedback to the registered manager about possible concerns in respect of staffing levels, a safeguarding incident and an issue in respect of keeping a relative informed of someone's health and wellbeing. On the second day of the inspection we were given a full report which provided relevant evidence and how the provider knew the issues identified were not a concern. This included showing us the dependency tool which described how staffing levels are decided, a full investigation of the safeguarding incident and the emails and communications between the relative and the registered manager relating to a person's ongoing health and wellbeing.

There were a number of systems in place to ensure staff assessed and monitored the quality of care provided to people. Staff told us they conducted regular spot checks on rooms to check on the condition of the room in relation to health and safety needs. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. Quality assurance audits were undertaken which covered areas such as care plan audits, catering and cleaning, health and safety, infection control, medication and maintenance. Issues or concerns as a result of the audits were recorded and an action plan completed to address these effectively.

Incident and accident records held detailed information on what action was taken as a result of the incident and any additional information to prevent reoccurrence. The records of these incidents were completed in full however some incidents had not been filed appropriately which meant that the analysis of the incidents may not include all of the necessary information. Following the inspection a new system for recording and analysing incidents and accidents has been implemented and staff have been informed of the new process. The provider demonstrated a strong emphasis on continually striving to improve the service and gave us considerable evidence following the inspection of work they had undertaken to continually ensure people's safety.

Effective management and leadership was demonstrated in the service. The PIR stated that "there is a culture of improving quality throughout" and we were told by the registered manager about the philosophy and culture of the service and her commitment to providing care to people so that they can live their lives to the full.

The provider had a compliments book. Comments about staff from relatives were positive. One stated that staff were 'calm, kind and reassuring' and another thanked staff for encouraging someone to socialise and take part in activities. There was a suggestion box for people and relatives to use and leaflets provided as to how they could make comments about the service. The last suggestion made was to build a pathway so that people had more access around the garden. There was also a menu suggestion book in the dining room and any comments raised were addressed at the residents' meetings.

People using the service were given the opportunity to provide feedback. We observed the regional manager

chairing a coffee morning with the people who used the service and their relatives. People talked about the home, their care, staff, food, activities and the environment they lived in. For example there was a discussion about what people wanted to do with some of the shrubs and trees in the garden.

Service user surveys were completed annually and a report was produced by a survey company called Ipsos Mori. The last service user survey in October 2015 showed 21 responses were received. Feedback was positive with scores over 90% for many of the themed areas including staff and care, choice and having a say and quality of life. The only area that people scored low was in response to the question, 'Staff have time to talk to me.' This figure showed that only 71% of people agreed that staff had time to talk to them. The registered manager told us, "This issue has improved in the last year with the introduction of more activities and we are monitoring it closely."

The provider had completed a staff survey in 2014. The 2016 staff survey was currently being completed by staff across all of the Sussex Housing and Care organisations. We spoke to the registered manager and the regional manager about the benefits of obtaining feedback from staff locally on what could be improved and how the service was managed. The registered manager told us that staff could raise issues at the staff meetings or directly with the management team at any time. Staff meetings were held monthly for day time staff and bi-monthly for night staff. Minutes of meetings held in September 2016 and October 2016 confirmed this. Staff told us that they were confident about raising issues with the management team at any time. Staff understood their role and had confidence in the way the service was managed. One member of staff told us, "I have no qualms about raising any issues and I know that the seniors and manager will deal with it. I will go straight to a senior if I have an issue."

The registered manager worked with staff to provide a good service. One person told us, "The manager comes in quite often. She came in yesterday and was chatting to me for about half an hour." Another person told us that the manager was, "Very good and the staff like her as well." The registered manager had weekly meetings with the regional manager to discuss occupancy, training, recruitment and care issues.

The registered manager had notified us of all significant events which had occurred in line with their legal obligations. The registered manager had a good understanding of the issues that had occurred and demonstrated how she had put measures in place to prevent reoccurrence for example moving a bedroom around and providing a sensor mat following a person's fall.