Aaron Manor Limited

Aaron Manor

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

We carried out an unannounced comprehensive inspection on 2 November 2016. Aaron Manor is registered to provide accommodation for 23 people who require personal care. The service is intended for older adults who require long term and short term (respite) care and those people living with dementia type illness. Before this inspection we had received some concerns regarding the cleanliness of the service and poor staff practices. These concerns were found to be unfounded during our visit.

There were 19 people using the service on the day of our inspection which included two people receiving respite care.

We inspected the service in October 2013 and found the service met all of the regulations inspected with the exception of the management of people's medicines. We returned in March 2014 and the service had met the regulation.

The registered manager was in day to day charge at the service and was supported most days by the responsible person. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone gave us positive feedback about the responsible person and the registered manager and they were very visible at the service and undertook an active role. They promoted a strong caring and supportive approach to staff. They felt this was then the culture in which staff cared for people at the service.

People were supported to follow their interests and take part in social activities. The management team recognised the importance of social events for people. External entertainers were arranged and staff supported people with individual social support. Outings were arranged so people could go out into the local community. People spoke very positively about the activities arranged at the home and gave us many examples of activities they enjoyed. In particular the monthly 'pub evening', where families, friends and staff joined together for an evening of fun.

Staff demonstrated great skills in anticipating people's needs. They were respectful, discreet and appropriate in how they managed those needs. They liaised with people's families and went above and beyond in their actions to support them. For example, the staff helped a person be able to attend a family members wedding. They assisted with deciding appropriate meals options and a staff member accompanied the person to ensure they had their needs met appropriately.

There were positive and caring relationships between staff and people who lived in the home and this extended to relatives and other visitors. Staff were compassionate, treated people as individuals and with dignity and respect. Staff knew the people they supported, about their personal histories and daily

preferences. Staff showed concern for people's wellbeing in a caring and meaningful way. Where possible, people were involved in making decisions and planning their own care on a day to day basis. People and relatives said staff were caring and compassionate and treated everyone with dignity and respect at all times. The service made sure staff knew how to manage, respect and follow people's choices and wishes for their end of life care and as their needs changed. There was a clear message given to us from staff that they treated everyone at the service as their own family.

The management team and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) (2005). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

People were supported by sufficient staff who had the required recruitment checks in place, were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

People were supported to eat and drink enough and maintain a balanced diet. People and relatives were very positive about the food at the service. People were seen to be enjoying the food they received during the inspection.

Medicines were safely managed with the exception of prescribed topical creams which records did not demonstrate had always been applied as prescribed.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people where able and their families had been involved in their development. Accidents and incidents were reported and action was taken to reduce the risks of recurrence.

People were referred promptly to health care services when required and received on-going healthcare support. Healthcare professionals were very positive about the quality of care provided at the home and the commitment of the whole team to provide a good service.

The premises were well managed to keep people safe. The home was cleaned and decorated to a good standard and homely features made it welcoming. Systems were used to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment. There were emergency plans in place to protect people in the event of a fire or emergency.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives, staff and outside professionals. There was a complaints procedure in place, and amendments were made during our visit to included external agencies people could contact.

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.

Medicines were safely managed although it was not clear from records when people had their prescribed skin creams applied.

People were protected from abuse by staff who recognised signs of potential abuse and knew how to raise safeguarding concerns.

People's risks were assessed and action taken to reduce them as much as possible.

There were sufficient numbers of suitable staff on duty to keep people safe and meet their needs.

People were protected because recruitment procedures were thorough.

Accidents and incidents were reported and action taken to reduce the risks of recurrence.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives and health and social care professionals were consulted and involved in decision making about people in their best interest.

People were supported to maintain good health and access healthcare services. Staff recognised any deterioration in people's health and sought medical advice appropriately.

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

Is the service caring?

Good

The service was caring.

People, relatives and health and social care professionals gave us positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect. Staff knew the people they supported, about their personal histories and daily preferences.

Staff showed concern for people's wellbeing in a caring and meaningful way. They showed people compassion and had developed warm and caring relationships with them.

The service made sure that staff knew how to manage, respect and follow people's choices and wishes for their end of life care and as their needs changed.

People were involved in making decisions and planning their own care on a day to day basis.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Arrangements were in place for people to have their individual needs regularly assessed, recorded and reviewed.

People were supported to follow their interests and take part in social activities. The management team recognised the importance of social events for people.

People knew how to raise a concern or complaint, and said they felt comfortable doing so.

Is the service well-led?

Good

The service was well led.

The management was visible at all levels at the service and inspired staff to provide a quality service.

People, their relatives and outside professionals had high praise for the management at the service. The management team and

staff understood their responsibilities.

People, their relatives, staff and professionals were actively involved in developing the service.

There was an effective audit program to monitor the quality of care provided and ensure the safe running of the service.

Aaron Manor

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 2 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector and one inspection manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We met most of the people living at the home and spoke to 13 people to gain their views of how the service was run. We also met with two relatives who were visiting their family members. We also spoke with ten staff, including the responsible person for the service, the registered manager, care staff and ancillary staff.

At the inspection we spoke with three members of the community nursing team visiting the service. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three health professionals.

We reviewed the care records of three people and a range of other documents, including medication records, three staff recruitment and training records and records relating to the management of the home.

Good

Is the service safe?

Our findings

People using the service felt safe living at Aaron manor. Comments included, "I suppose so, they test the fire alarm now and again. No one has been unkind to me here"; "They look after me very well" and "I feel very safe here, staff are very responsive". Relatives and health and social care professionals were equally confident that people were well cared for and safe. Visiting health professionals comments included, "I feel they provide a comfortable, safe and well managed service."

People were protected by staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in safeguarding of adults and had regular updates. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, bed rails and manual handling. Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. People identified as at an increased risk of falling out of bed had been assessed and appropriate actions were undertaken. For example the use of bedrails for one person. The responsible person had also completed risk assessments where there was a possible risk to people and staff. These included, regarding exposure to hazardous substances, electric, lone working, manual handling, slips, trips and falls and stress risk regarding staff.

The provider ensured there were suitable staff to keep people safe. Our observations and discussions with people, relatives and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. People received care and support in a timely way. Staff took time to engage with people and interact with them in a friendly manner. The staff confirmed that the staffing levels were adequate to meet people's needs. A health professional said, "Call bells are answered promptly and staff are always courteous and polite." People confirmed this was their experience. Comments included "I ring the bell and they come and wash me" and "If my pad feels too wet, I will ring my bell and they come". Staff popped in and out of rooms on a regular basis to check if people needed anything.

There were three care staff on duty throughout the day. They were supported by the registered manager, a laundry person, a housekeeper and a cook. Care staff were responsible for organising the supper which had been prepared by the cook. At night there were two waking staff. The management team and staff undertook additional duties and occasionally used the services of local care agencies to cover gaps in the staffing schedule. The responsible person said they requested the same care workers from the care agency to maintain consistency of care for people. Staff confirmed that if a staff member went off sick, extra staff were always called in.

The responsible person said they nearly had a full staff team and were actively recruiting a senior care worker. There were robust recruitment checks for new staff; this included ensuring all pre-employment checks had been carried out including reference checks from previous employers and Disclosure and

Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There was a safe system in place for ensuring the safe management and review of medicines. However improvements were needed in relation to the administration of prescribed skin creams as this was not always safe. Prescribed creams were recorded on people's medicine administration records (MAR). The information was transferred onto a topical cream chart for care workers to sign when they had administered the topical creams. This guided staff which cream to use, where it should be applied and the frequency of the cream application. There were signature gaps on these charts which indicated people may not have had their creams administered as prescribed. The registered manager had already recognised this as an area for improvement. They had reminded staff about the issue in the last staff meeting in October 2016. Records of the meeting said, "Please make sure you sign them. Even if you have applied creams, if you haven't signed them it means you did not do it". The registered manager said they were confident people had their creams applied as prescribed and would take action to improve the record of administration of prescribed topical creams.

Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. They had their competency assessed annually by the management team. It the registered manager identified concerns through their audits regarding a staff members medicine administration practice, they would arrange further medicine training and support for them.

When staff gave out medicines they wore a red tabard making people, staff and visitors aware not to disturb them therefore reducing the risk of making an error. They were calm and took their time to administer the medicines they were giving out and ensured people had a drink to take their tablets. They stayed with the person until they were satisfied the medicines had been safely taken. One person said, "They wake me up in the middle of the morning to have one and others after breakfast. If I have a pain they bring me paracetamol."

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records (MAR) were accurately completed and had a current photograph of the person and indicated if the person had any known adverse reactions to medicines. There were protocols in place to guide staff when it was appropriate to use 'when required' medicines.

Medicines which required refrigeration were stored at the recommended temperature and staff were knowledgeable about the procedure when the fridge temperature was outside of the recommended range. In September 2016 a pharmacist had visited the service and completed a medicines check. They had raised a few minor concerns regarding the management of people's medicines at the service, which the staff had taken action to put right. There was a program of continuous auditing of medicines at the service. These included daily regarding any missed signatures, whether there was enough medicines and if somebody had refused why. A weekly audit was carried out to check medicines which require a higher level of storage and recording. This also included whether oxygen was in use and being safely stored and spot checks of three medicine records. The monthly medicine audit looked at all aspects of the medicine procedure at the home.

Plans and procedures were in place to deal with emergencies. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person and whether they would understand the fire alarm and what assistance they would require in case of an emergency evacuation of the service. There was an evacuation chair in the building to assist staff to move people safely in the event of a fire without using the lifts. First aid boxes were checked each month and

restocked as required to ensure staff had the required equipment in the event of an emergency.

People's rooms had fob key access (a small, programmable hardware device that provides access to a room). This was so people's possessions were protected from other people and visitors. People had their own fob keys and when in their rooms could easily leave without the need for a fob key.

Before the inspection concerns were raised regarding infection control practice at the home. We observed that people were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Daily cleaning schedules were used and housekeeping staff used suitable cleaning materials and followed cleaning and infection control procedures. One person said, "The cleaner comes in every day even weekends." Staff used hand washing, and protective equipment such as gloves and aprons to reduce cross infection risks. Clinical waste bins were clean and in good repair.

Premises and equipment were managed to keep people safe. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff verbally informed the management team about any maintenance issues they identified. The responsible person said they had different external contractors they could call upon for different jobs. For example we were made aware they were waiting for some new flooring in the corridor to be laid. The contractor had been in and made the floor safe until they could put the new flooring in place.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. One health professional said, "They are knowledgeable about the patients. Everyone is always well presented. This is probably one of the better homes in Bexhill."

Staff underwent an induction which gave them the skills to carry out their roles and responsibilities effectively. One care worker said they felt the induction they had received had helped them undertake their role. They said, "I shadowed for two weeks. I watched and then they watched me. I felt happy with the support I got. I can ask (registered manager) anything." A more experienced care worker said, "New staff shadow us first and then we shadow them. We monitor them all the time. We show them how to use the hoist and they follow their training."

Staff were very experienced and had regular opportunities to update their knowledge and skills. Staff had completed the provider's required training which included first aid, food hygiene, infection control, manual handling, safeguarding vulnerable adults, fire safety and Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS). As well as the provider's mandatory training, staff had received other training to help them perform their roles. This included, dementia, epilepsy, medicines, challenging behaviour, diabetes and fall prevention. Staff said the training they received was very good. Comments included, "it is really informative, I learnt more at the centre." Staff also talked positively about training they had received called 'Dementia bus training'. One said "Four of us went on this. It was brilliant. It was amazing, it really opened my eyes. My understanding of dementia has improved". They explained they had been made aware how people living with dementia have increased sensory experiences. After the training they had made great efforts to be much quieter when moving the medicines trolley around the home, so that it didn't startle people. An ancillary worker had also attended the training. They said "It taught me how to be more aware of people's needs. I always go to the front of them so I don't startle them. It showed me the importance of engaging with people properly."

Staff received regular supervisions every three months and an annual appraisal with the registered manager. At the appraisals they discussed the staff member's achievements during the last year, obstacles encountered, views on their own performance and personal development. Staff said they felt supported by the management. Staff comments included "The manager is the best manager I have ever had."

People who lacked the mental capacity to make particular decisions were protected. Staff had received appropriate training on the MCA and DoLS and demonstrated a good understanding of how these applied to their practice. The provider information return recorded regarding staff training and the MCA, "Staff carry with them reminder cards as an aid memoir. We display a safeguarding alert poster in the staff room."

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the staff followed the principles of the MCA. Records demonstrated that relatives, staff and other health and

social care professionals were consulted and involved in 'best interest' decisions made about people. There were clear procedures for giving medicines, in line with the Mental Capacity Act (2005). Where a person who lacked capacity had found it difficult to take their tablets, staff had undertaken a best interest decision. This included speaking with the person's GP and nominated family member and a plan had been put into place.

People's consent for day to day care was sought. Staff were skilled at looking for visual signs of consent for people unable to express their wishes. They were very patient and demonstrated a good knowledge of the person's usual choices but still offered the chance to have something different. People said staff asked them "Do you want to go to the lounge or stay here? I decided to stay in my room this morning". Another said "There's no five am call. Staff will help you as necessary. I go to bed when I like. It's up to you". Staff told us "People with capacity can decide for themselves. If they lack capacity, it's in their care plans. They are assessed by the doctor, the community mental health nurse and we work with them and their families". One relative said "If Mum wants a lie in its fine, it's not a regime. She chooses her own clothes, it's a mish mash, but it's her own choice".

Staff had recorded where a person had nominated a relative as a Lasting Power of Attorney (LPA) to make decisions about their care and treatment and involved them appropriately in all relevant decision making. The registered manager was working with relatives regarding documentary evidence of the power of attorneys they held. This was so the registered manager and staff were clear about nominated representative's responsibilities.

The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They had made appropriate applications to deprive people at the service of their liberty to the local authority DoLS team. People's liberty was restricted as little as possible for their safety and well-being. For example an assessment was undertaken whenever the use of bedrails or a pressure mat was considered for the person's safety.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. Staff referred people quickly to relevant health services when their needs changed. A community nurse responded to us saying, 'Nurses are always called promptly when needed and sometimes we are asked to check extra patients when visiting if they have concerns about them. As far as patients allow the staff follow our advice and try to encourage patients to listen to our rationale for health benefits for them . Especially on pressure area care.' A visiting community nurse said, "we are called promptly… our guidance is followed, they are very good. We are happy our patients are well presented when we visit and always say they are alright." People were able to keep their own GPs where possible.

Staff monitored people's health and care needs, and acted on issues identified. For example, the night before our visit a person had been unwell. Staff documented the concerns and the actions required, they undertook regular monitoring and made changes when required. The responsible person contacted the GP and they undertook a visit the same day. The responsible person said about one person who was having difficulties to stand up. They had asked the physiotherapist to visit and had followed their advice and purchased an electric stand aid.

People were supported to eat and drink enough and maintain a balanced diet. The service had a four week rotating menu with the choice of one main meal at lunchtime with alternatives offered. These included an omelette, sandwich or jacket potato. Each morning staff asked people their meal choices. The cook said when a new person came into the home, the staff ascertained their likes and dislikes. People were complimentary about the food at the service. Comments included, "The food is fine, they weigh me … now I

need a bigger size of clothes"; "The food is very good. There are two choices at lunch" and "The meals are cooked very nicely. On Friday I have a nice egg and chips as I'm not keen on fish". The dining room was bright and cheery, with flowers, condiments and drinks on the tables. People really enjoyed their lunch and were all offered second helpings.

Where people had swallowing difficulties, and needed pureed food, it was well presented. When people were identified at risk of malnutrition or dehydration, care plans instructed staff to monitor the person's food and drink intake as well as checking their weight regularly. Where people had a poor appetite or were unwell, staff tried a variety of ways to tempt them to eat. This included snacks and fortified drinks with powdered milk.

Good

Is the service caring?

Our findings

People and relatives were very positive about the quality of care at the home and the caring attitude of the staff. Comments included. "They are very kind to me here, I am quite happy"; "I feel we are extremely well cared for. It is a real home from home"; "Very happy, very lucky, very good. The girls are quite jolly"; "Staff care for me properly. We have a chat and a laugh together. It's very nice, you can't fault them. I would absolutely recommend it" and "The staff are helpful and easy to get along with. The 'inmates' all get on very well!" They added "There's no need to feel lonely. There's always something. There's no them and us, we're all in the same boat!"

The provider's philosophy of care states, "Aaron Manor aims to provide its clients with a secure, relaxed and homely environment in which their care, self-fulfilment and status needs may be achieved." Every member of the staff team were highly motivated and inspired to give kind and compassionate care. The registered manager and responsible person took time to speak to people each day along with visitors and health and social care professionals that visited the home. They knew everyone's names and the needs of all of the people living in the service. They said they were confident in the care the staff provided. the registered manager had very unpredictable start times which meant staff were not aware of when they would be at the home. This enabled them to assure themselves the quality of care was maintained at all times.

Staff were very aware of how people were feeling. We heard one care worker say to someone who they had noticed was not feeling well "Are you feeling unwell, do you feel as if you might pass out? When you feel like this, you must tell the staff". When staff finished their shift they came to say 'good bye' to everyone and said when they would see them again.

We saw some wonderful compliments from families and others. These included "I have been a regular entertainer at the home. This is one of my favourite homes to visit. An atmosphere of peace, love and happiness. Standard of care is second to none". A relative commented "Very comfortable and feels very cared for"; "My mum and her three friends have called this their home for two and a half very happy years. All so well looked after and very happy".

Staff treated people with kindness and compassion in everything they did. Throughout our visits staff were smiling and respectful in their manner. They greeted people on their first encounter with affection and by their preferred name and people responded positively and appeared happy in their company. The atmosphere at the home was very calm and peaceful.

Staff knew the people well including their preferences and personal histories. People at the service built up friendships with other people at the home, this was seen clearly in the lounge where people knew each other well. Staff also spent time getting to know each person and demonstrated a good knowledge of people's needs, likes and dislikes.

Staff supported people to be involved in making decisions about the care and support they received. Care records demonstrated that staff whenever possible had involved people to review their care needs. This

included how they wanted to have their hygiene needs met and refreshments they liked. One person said, "Get up sometimes after 7.30 sometimes after eight. I can sometimes choose to stay in bed. I say can I have a bit longer and they say see you later on."

Staff supported people to be as independent as they wanted to be. People were walking around the communal areas and throughout our visits people were going on outings with families and friends into the local community. The provider recorded in their PIR, 'We treat everyone as an individual and listen to their preferences and wishes, with kindness and compassion. All of our residents have their own rooms and staff know that they must knock before entering and that the room belongs to the resident. They must not interfere with anything in the room without resident's permission, thereby giving the resident dignity and respect. Staff were seen at all times being respectful to people and putting them first. When people beckoned to staff, they went over and ensured they gave the people their undivided attention and stayed until the person had completed their conversation. Staff knocked on people's doors before entering their rooms and were seen responding promptly to call bells.

People were offered choices; staff asked people their preferred preference. For example, if they wanted to go to the lounge; would like to watch television, had they finished their breakfast or did they require more. People were as independent as they wanted to be, they were able to choose whether to remain in their bedrooms or use communal areas.

Staff communicated effectively with people using the service, no matter how complex their needs. For example, Where a person had difficulty to communicate their needs because at times they became confused or disorientated, staff had been guided in the person's care plan to be patient and give them time to think and reply. Staff were seen interacting positively with this person, they did not rush them and gave them time to respond to questions.

People's relatives and friends are able to visit without being unnecessarily restricted. Throughout our visit visitors were greeted by the management team. Visitors appeared comfortable and relaxed. They felt very much part of the home.

People's religious beliefs were supported. People were asked about where and how they would like to be cared for when they reached the end of their life. Any specific wishes or advanced directives were documented, such as the person's views about resuscitation in the event of unexpected collapse. With regard to spiritual needs, we were told by the registered manager the local priests and vicars would visit the home when requested and were happy to talk and give communion.

The responsible person was very passionate about ensuring people in their care who was nearing the end of their lives had the best possible support. The management team and staff had been undertaking the National Gold Standards Framework in end of life care. This is training to enable a gold standard of care for all people nearing the end of life. Staff were in the process of being trained to provide the highest possible standard of care for people who may be in the last years of life. Staff would have the knowledge to identify the people who need special care at this time of their life. They would assess what they need and plan their care in close conjunction with them and their families and friends. A relative had sent a card to the staff thanking them for the care their mother had received. It said, 'Thank you for everything you did for my mum, making her time with you enjoyable.' Staff attended four meetings a year at the local hospice.

Good

Is the service responsive?

Our findings

People received personalised care that aimed to meet their individual needs. The provider's philosophy of care states, 'An holistic approach takes on the whole person, enabling us to recognise, respect and support the clients rights, choice, dignity, privacy, individuality, trust, independence, confidence, confidentiality, culture and equality. The client and their advocates are encouraged to participate in the development of their individual care plan'. This was the culture we found at Aaron Manor.

One relative told us "I couldn't ask for better. Mum is loving it. It's a home from home, no visiting hours. Staff have empathy, compassion and respect. The banter that goes around, its lovely. My son got married. I brought in the menu and the cook showed me what Mum would be able to eat at the wedding, what would be easiest for her to eat. The home paid for a care worker to come to the wedding to support Mum to be there". "They go the extra mile. We have a pub night. The manager doesn't have to be there, but she excels. She gets them singing and dancing". Another relative said "The staff are lovely. I can't fault them at all. All the staff have been really dedicated

People were supported to follow their interests and take part in social activities. The responsible person and registered manager arranged activities at the home. They said and staff confirmed there was not a dedicated activity person and that all staff were involved in providing activities or there were visiting entertainers. On the day of the inspection people were visited by a PAT (pets as therapy) dog and in the afternoon a belly dancer entertained. Thirteen people watched. Most were clapping to the music and swaying their hands and bodies to the music. The belly dancer had given them silk scarfs to move in time to the music. People and staff were seen to be happily engaged in both activities. The responsible person visited one person with the PAT dog, and the interaction between them was caring, joyful and compassionate.

People and relatives were very complimentary about the amount and quality of the activities at the home. One person said "I take part in activities. Yesterday there was a very tall man playing a guitar. He was very good". Another person said "It's very enjoyable. I do all the exercises. The provider says I am doing them very well!" Another said, "They do outings, if I want to do it I can, if I don't I stay here." One care worker said there was a pamper session once a month. A formal high tea had been organised for the following week and invitations had been sent out. The diary for December 2016 was full of different activities for people. Another person said "Quite a lot goes on. People come in and play the piano. Very enjoyable. Quizzes and entertainment. Halloween. A lot of the staff dressed up. They do it to make you feel comfortable and wanted". A relative also told us of the range of activities. There were books showing photographs of all the recent events, including musical events, wearing funny hats and sunglasses, flower arranging and a ladies choir. Two people told us they had received a big birthday cake on their birthday. The registered manager confirmed that a cake was arranged for everyone on their birthdays.

A particular highlight each month was a party held in a bar that had been created. The bar was a large room with comfortable chairs and a proper bar area. One person said "We have a party night once a month; they play our sort of music," Another "Good pub, dancing and a knees up." Drinks and snacks were supplied and

relatives were also invited to attend. Everyone really enjoyed this event, with a highlight being the registered manager dancing and singing for everyone.

The registered manager also ensured that people could go into the local community. Once a month they visited the local cinema where there was a screening for people living with dementia. This was really enjoyed by everyone. Ten to twelve people also attended the working men's club once every three months, where they had their own regular table. There were trips to the seaside, the hospice open gardens and church coffee mornings. A health professional said, "Activities are arranged for them and a friendly warm atmosphere is felt in the home.'

At lunchtime staff were responsive to people, not rushing them and anticipating what they might need. One care worker was continually going round the room ensuring people were well and managing their meal. For example, one person had sat in a chair that was a little too far from them to eat comfortable at the table. A care worker spotted this immediately and gave the person some guidance how to move forward to help them. Staff offered choices throughout the meal time in response to what was happening for each person. One care worker joined a group of people and had their lunch with them. "I will come and join you ladies, was it nice? Are you excited about the belly dancer? Have you ever seen one? Where!" and engaged in cheerful conversation. One person helped another person to cut their pudding into a smaller size. A care worker immediately said "That's very kind of you (name)." People were making conversations, prompted by the staff and it was very sociable.

People were able to sit at a table in the dining room which had a train journey experience. This was an especially designed monitor which had been staged to look like the window of a train looking out while taking a local famous train journey. This caused lots of discussions and reminiscence.

People confirmed that they were respected and supported by staff at Aaron Manor. They said the daily routines were flexible and they were able to make decisions about the times they got up and went to bed; how and where they spent their day and what activities they participated in. One person said "I get up around 7am. That time suits me. I'm usually ready and awake. They look after me in the night to make sure I'm alright". Staff said "We read the care plans. We read them every time they are updated" and "They are all individual, everyone is different". Another care worker said "We ask the person, do you want to try? (when helping them with personal care). It makes them feel great if they can do it without you".

The staff ensured people had the time they needed to receive their care in a personalised way. A health professional said, "My patients always seem happy, the staff never seem to rush them or force them to do something they don't wish to do."

Before people moved to the home an assessment of their needs was completed to ensure the service could meet their needs. The registered manager met with people and their families and discussed their care needs and what was important to them. This information was then used to generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support. The care plans set out what people were able to do and then what they required support with. One person's eating and drinking care plan guided staff to encourage the person to drink regularly, ensure their food was cut up very small and that they managed better with thick sauces. Another person's care plan stated that one person might not be able to tell staff they were in pain, and guided them how to look for certain facial features that could identify they were in pain. We met one person who had just moved to the home. They said "It's all very nice, they couldn't do more for you…. You can stay in bed if you don't want to get up".

The provider recorded in their PIR 'When a resident first moves into Aaron Manor we ask for a biography so that we can get to know the person. We always ask them how they would like to be addressed and this is noted in their care plan. We encourage family and friends to visit as often as they can and encourage them to feel that they are part of the life at Aaron Manor'. Care plans were focused on the person and their individual needs, choices and preferences and contained personal histories. One stated "We asked (name) how he would like us to address him. He said he did not mind being called 'dear' but would not like to be called anything he considered feminine e.g. 'sweetheart'." People and relatives said they were aware of their care plan and they had been involved in discussions about how they wanted their care and support. One relative explained that they had a plan for if her mother had to go into hospital. It explained what her needs were.

The whole staff team were respectful and considerate in their behaviour towards people. There was a clear message given to us from the management and staff about people at the service being treated as they would want their family to be treated.

People's care plans and risk assessments were reviewed and updated by the registered manager. Where changes had been made to people's care plans the person had been asked to review and had signed. Where the person lacked capacity the person's nominated relative had signed on their behalf. Records were up to date. One care worker said "The manager is very fussy with the notes, and creams, in case we forget to sign them".

The management team produced a seasonal newsletter which included an update on what had happened at the home and planned activities for people to add to their diaries. For example, the Autumn newsletter refers to 'The pub night' which had continued to be a great success. One person said to us how much they enjoyed the pub nights and looked forward to them as families and friends also attended.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the registered manager or the responsible person and it would be dealt with straight away. Comments included, "If I had a concern I would contact (registered manager) or (responsible person) they are always available" and "If a problem I would tell (registered manager). I see her every day nearly, she will sort it out."

The provider had a written complaints policy and procedure. The complaints procedure had three stages, firstly local resolution, internal review and then an independent external review. The complainant was then advised if they were not happy with the outcome of their complaint to contact the Care quality Commission (CQC). We discussed with the responsible person that it directed people to the CQC if their complaint hadn't been dealt with satisfactorily at the service. This was incorrect as the CQC do not deal with individual complaints. The responsible person amended this during the inspection to guide people to the appropriate external bodies.

There had been only one complaint raised with the management team in 2016. This was regarding the attitude of a care worker. The management team were very responsive to the concerns and observed the care worker's practice. They followed their complaints procedure and the outcome was an apology from the care worker to the complainant.

Good

Is the service well-led?

Our findings

People living at Aaron Manor, their relatives, visiting professionals and staff were positive about the management of the service. People and visitors comments included, "(Registered manager) is lovely, very caring and kind" One person said how the responsible person and registered manager often saw to things for them. Their comments included, "They are very nice".

All of the health and social care professionals fed back very positive comments about the leadership at the home. Comments included, "The staff are always friendly and are very well led by (responsible person and registered manager)."

Leadership at the home was very visible; the registered manager was in day to day charge supported by the responsible person. There was a good working relationship between the registered manager and responsible person both having their delegated roles and responsibilities. Along with the management team there was senior care staff, care workers, housekeepers and cooks. Staff worked well as a team. Staff felt well supported and were consulted and involved in the home and were passionate about providing a good service.

The registered manager said, "It is nice that we are small, we can keep on top of things." The responsible person said "I know my residents are looked after very well. I wouldn't have anything else, if anything wasn't right I would sort it out. I hear about everything." They had placed a sign in the 'pub lounge' which said, 'quality means doing something right even when no one is looking'. Staff said "The manager and owner are very good. They're guiding and helpful for work and my life too. The manager is like a manager, a mother, a friend, a sister. They always give me support, you can call or text them. The staff are like a small extended family". Another said "The owner and manager are brilliant. The manager is great fun. I'd have no hesitation having my parents here" and "The bosses are very good. If I had a problem I'd go to them, but I haven't got a problem!"

There were good communication systems in place for staff through daily handover meetings. At the handover we observed staff discussed each person, who had taken a poor fluid intake and needed encouragement, who had been visited by health care professionals and people they were monitoring. They also used a handover sheet which was completed for each shift so staff could check changes which had happened since they last undertook a shift.

People, relatives and staff were actively involved in developing the service. There were three monthly residents meetings and three monthly relatives meetings. The last resident meeting held in October 2016 was a chance for people to discuss ideas for the Christmas celebrations. One person said "I asked for crumpets, and now I get crumpets. I go to the residents meetings. The provider reads the minutes, people can bring issues. It's very open." The responsible person also reminded people that if they had any worries, concerns or complaints there was an open door policy they could go to the office at any time and they would sort things out. The relatives meeting were held in the evening where cheese and wine was served to make it a more pleasurable meeting. People could also attend these meetings. The last meeting in October

2016 relatives had discussed the Halloween and Christmas arrangements and activities which had been agreed at the residents meeting. They were also made aware of training staff had received called 'virtual dementia tour' and that staff had experienced what a person with dementia might be seeing and feeling.

Staff meetings were held regularly where staff were able to express their views, ideas and concerns. The last meeting held in October 2016 staff had been informed about the outcome of an external audit. They were reminded about a staff member being present at all times in the main communal areas at the home and discussed undertaking a 'secret Santa' (staff are randomly assigned another staff member to whom they anonymously by a Christmas present).

The provider had an annual satisfaction survey to seek feedback from people, relatives and staff. The last one had been sent out in September 2016 to staff and relatives. The Registered manager said they were scheduled to complete one for people who use the service. The responsible person said they would be collating the results and making people and relatives aware of the outcomes. The survey results we looked at were all positive. Comments from staff included, 'I feel are extremely well cared for and it is a real home from home' and 'I feel that some of my ideas that I suggest are implemented'. When staff were asked were they kept informed about developments at the service? One staff member responded, 'Every issue has been discussed at staff meetings and the communication on any development is constant and great.' The care worker said "It's really nice for you to come, so that we can see if there is anything we can do to make it better". The provider was arranging for their website to be updated which would include all their activities and a diary to keep people up to date with what was going on at the home.

The staff had a good working relationship established with health and social care professionals which benefitted people at the service. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement, for example GPs and specialist nurses. Health care professionals spoken with at the inspection said the service made appropriate referrals and always acted on their advice or recommendations.

There was a range of quality monitoring systems in place which were used to continually review and improve the service. The responsible person undertook a health and safety inspection every month. They looked at accidents and incidents, maintenance issues, manual handling, food hygiene and fire alarms. They also undertook a monthly environmental cleanliness checklist audit. Where they identified concerns, action was taken to resolve. For example a new wet floor sign, paper towels holder and soap dispenser had been purchased.

The most recent environmental health food hygiene inspection had rated the home with the top score of five. This showed the provider ensured good standards and record keeping in relation to food hygiene.

The responsible person had also had an independent audit carried out an external consultant in October 2016. The audit was conducted using the key lines of enquiries used by the Care Quality Commission (CQC). A business continuity plan had been put into place as a result of the audit. This included recommendations that wardrobes be secured to the walls in bedrooms, checking the temperatures daily of the medicine trolley and storage areas and duty of candour policy. The responsible person had put in place a duty of candour policy, temperature monitoring had been put into place and an assessment of the stability of people's wardrobes was being considered. They did regular unannounced night spot checks to make sure that good standards of care were being met.

The responsible person had also had a health and safety compliance audit carried out by an external agency in September 2016. This would be reviewed annually by the external agency. Where they had identified

areas for improvements the responsible person had taken action. For example, they identified hot water in four sinks was above the health and safety executives recommended guidelines. The responsible person took action and temperature valves were put in place throughout the home. The auditor had recorded as a conclusion, 'generally I think safety is being reasonably well managed at the home. There as some good procedures in place. There is a willingness to do things well and there is a good level of knowledge of what is required.'

Accident and incidents were monitored. Each month the registered manager reviewed how many accidents or incidents each person had. She would establish the cause and then add this to the care plan if necessary.

The management team kept the Care Quality Commission (CQC) informed of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service. The responsible person said they were in the process of having a new website developed. They wanted there to be a link to activities in Bexhill and the surrounding areas and a link to the Care Quality Commission (CQC) website to keep people informed.