Joy Care Service Limited

Nightingales Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Nightingales Residential Care Home is a residential care home that accommodates up to 22 older people with sensory loss and physical disabilities. At the time of the inspection 10 people were supported with personal care and some were living with dementia.

At the last inspection in April 2018 we found breaches of regulation and we took enforcement action. At this inspection we found the regulations had been met and a considerable amount of work had been done to ensure people received the support and care they needed and wanted. However, additional work was needed to ensure the improvements were part of staff day to day practise.

People's experience of using this service
● The registered manager had taken responsibility for the day to day management of the home in August 2018. They were very aware of the improvements that were needed and had reviewed the services provided and worked with people, relatives and the staff team to develop these.

● A quality assurance and monitoring system had been developed and audits had been completed for some aspects of the services provided. The registered manager knew that additional audits were needed to ensure areas for improvements were identified and action had been taken to address these.

● Medicines were managed in line with current guidance, although additional support and training was needed to ensure the improvements were embedded into day to day practise. Staff had attended training in moving and handling and explained how they assisted people to move around the home safely. However, staff did not consistently follow current guidelines and additional training was needed.

● People said they felt comfortable and safe living in Nightingales and relatives were confident people had the care and support they needed.

● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. Staff consistently asked for people's consent before providing assistance and care.

● Staff were aware of their roles and responsibilities and were supported by management to complete relevant training and develop their professional practise. Several activities were arranged for people to participate in if they wished and people's preferences and choices were used as the basis for the care provided.

● The management of the service was open and transparent and encouraged people, relatives and staff to be involved in developing the service.

Rating at last inspection
Requires improvement. (Report published 4 August 2018)

At this inspection the overall rating remains Requires Improvement although the effective and responsive domains have improved to Good.

Why we inspected
This was a planned inspection, based on the rating at the last inspection, to assess if the regulations had been met and improvements made.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service had improved and was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service remained caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service had improved and was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Nightingales Residential Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Nightingales Residential Care Home provides accommodation and support with personal care for older people with sensory impairment or physical disabilities and people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced and the visit to the home took place on the 18 March 2019.

What we did:
The provider was not asked to complete a Provider Information Return (PIR) as they had completed one prior to the last inspection. We looked at information we held about the service and took this into account when we inspected the service and made the judgements in this report.

During the inspection we reviewed the information provided, spoke to people and staff and gathered information about the management of the service.
This included:

- Notifications we received from the service
- Three staff recruitment files
- Training records
- Three people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with 10 people using the service and seven relatives.
- We spoke with eight members of staff, including the registered manager, care staff and chef.

After the inspection we were sent additional evidence and information that we requested, to corroborate our judgements of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.
There was an increased risk that people could be harmed. Regulations may or may not have been met.

At our last inspection in April 2018 this key question was rated Requires Improvement. This was because the management of medicines was not safe and safeguarding referrals had not been made to the local authority when required. At this inspection we found improvements had been made and the regulations were met. Although additional work was needed to ensure the improvements were embedded into day to day practise and staff followed current guidance when assisting people to move around the home.

Using medicines safely

● The system to manage and monitor medicines had been reviewed and changes made following the last inspection and there were clear processes for staff to follow to ensure people's medicines were available when needed. One person said they had their medicines when they needed them and a relative told us, "She has the pills she requires usually painkillers."

● Medicines were added to a blank MAR when people moved into the home for short respite periods, such as a weekend or two weeks. We discussed with the medicine lead that the staff member who recorded these medicines had not signed and dated the records and there was no evidence that they had been checked with the person, their representative or a second member of staff to ensure they were correct. We discussed this with the registered manager and they said action would be taken to ensure there was evidence to show the records and medicines were correct.

● Medicines were ordered monthly; checked by the member of staff responsible, the medicine 'lead', on delivery and stored securely in locked cupboards. Additional medicines, such as anti-biotics were ordered when needed and liquid medicines were prescribed if people had difficulty swallowing tablets.

● Prescribed creams were recorded on the medicine administration record (MAR) but kept in people's rooms, so that people and staff could access them when needed. We saw staff signed to show the creams had been applied and audits had been introduced to check the forms were completed.

● As required medicines, such as paracetamol for pain relief, were given when needed and staff recorded why these had been taken and if they had been effective. The medicine lead said, "If we don't think they have worked we ring the GP to come and see if a resident needs anything else."

● Staff said they had to complete training before they could give medicines to people on their own and training records supported this. They were allocated time to give out medicines; they wore a red tabard to advise people and visitors that they should not be disturbed. Staff signed the MAR only after people had taken their medicines.

● The MAR were checked daily for errors, such as gaps. These were reported to the registered manager and records showed the competency of the staff concerned was assessed through observation of their practice three times, "So we can see that they follow our policies and sign the MAR as soon as possible."

● Risk assessments had been completed if people wanted to be responsible for their own medicines. Although most people preferred staff to give them their medicines, one person preferred to manage their

eye drops and this had been agreed and recorded.

Systems and processes to safeguard people from the risk of abuse

● People said they felt safe and relatives were equally positive about the support provided by staff. People told us, "I feel safe, I can do most things myself", "I have bouts of nerves and feel anxious but I would be the same wherever I was. I feel as safe here as I would anywhere else" and "They have people to watch over you day and night." A relative said, "She is safe because she gets lots of care and attention" and a visitor told us, "They are safety conscious, they have a keypad on the front door."

● The registered manager had made referrals to the local authority as required and had attended meetings to address safeguarding concerns raised before she started managing the home. The feedback from the local authority was positive and supported the registered managers view that the management worked with them to ensure people were safe.

● Records showed that staff had attended safeguarding training and they explained what action they would take if they had any concerns. One member of staff told us, "I would tell the senior or manager immediately and if they hadn't done anything about it I would talk to social services, or you (CQC)."

● Staff said there were safeguarding policies and procedures in place, including a whistleblowing policy to support them if they had any issues with staff practise. One member of staff told us, "We look after people and ensure they are safe, while allowing them to make choices. If I had any worries about the care here I would report it, don't have a problem doing that."

Assessing risk, safety monitoring and management

● People said they were very comfortable living at Nightingales. They told us, "They make sure you don't take any unnecessary risks" and "I was in a terrible state when I came in, it was an emergency, they have bent over backwards to get me back to normal and able to care for myself. I shall probably have physio in the future."

● Staff said they had attended moving and handling training and they discussed how much support each person needed. However, we observed on two occasions staff assisting people to stand up and walk by placing their hand under each person's arm. We pointed this out to the registered manager the second time it occurred and they said they would discuss this with the staff. Following the inspection the manager sent details of the training and competency assessments staff had completed to ensure they had a clear understanding of safe moving and handling. This showed that action was taken when concerns had been identified to ensure risk was minimised.

● Risks for each person had been assessed and records showed these were specific to meet each person's needs. They had been reviewed when people's needs changed, following discussions with people and their relatives, if appropriate. People said staff supported them to move around the home safely using walking aids or wheelchairs and when required, hoists were used to assist people to transfer if they needed additional support. People told us staff explained how they were going to assist them to use the hoist and there were very careful to do it slowly. Relatives told us, "My relative needs to be hoisted and they do it safely" and "They keep her safe by hoisting her from her bed to her special chair. It is done safely by two carers."

● Other aids had been introduced to reduce the risk of falls and the falls team had been contacted for advice about how best to meet people's individual needs. Sensor mats were used to alert staff if a person at risk stood up or walked around their room, so they could provide assistance and reduce the risk. A relative told us, "They can tell if someone gets out of bed by using sensor mats."

● Staff said they had attended moving and handling training and they discussed how much support each person needed. However, we observed staff assisted one person to stand up by placing their hand under the person's arm. We pointed this out to the registered manager who acted to prevent this unsafe support practise re-occurring. Additional training was provided following the inspection and staff have been

assessed to ensure they followed the providers moving and handling procedures. This showed that action was taken when concerns had been identified to ensure risk was minimised.

Staffing and recruitment

● Robust recruitment procedures were used to protect people by ensuring only suitable staff were employed at the home.

● Records showed references had been requested and relevant checks completed to ensure staff were able to work with vulnerable people. For example, Disclosure and Barring (DBS) checks.

● There were enough staff working for the service to support people and provide the assistance and care they needed. People told us, "I think there are enough staff" and "If I ring my bell they come very quickly."

Preventing and controlling infection

● People were protected from the risk of infection. Staff had completed relevant training to understand safe practice for infection control and food hygiene, as they prepared meals and assisted people to eat and drink if required.

● We saw staff used personal protective equipment as needed. For example, gloves and aprons were used when supporting people with personal care and hand washing facilities were available throughout the home.

● A cleaning schedule ensured all areas of the home were clean and the facilities were checked regularly to ensure they were safe to use. This included water for legionella and ongoing maintenance for the stair lift, hoists and kitchen equipment.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in April 2018 this key question was rated Requires Improvement. This was because the provider had not ensured staff had relevant support and training to understand people's needs. They had not used appropriate systems to support people, who may not have capacity to make safe decisions. At this inspection we found improvements had been made and the Regulation had been met.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People said staff always asked them if they needed support and respected their choices. We saw people chose where they spent their time and three preferred to remain in their rooms. One person told us, "Yes I like to sit here quietly." Another person said, "I care for myself…know where everything is and keep busy. I like my room."
- Staff said each person made decisions about all or some aspect of the support and care they received. One member of staff said, "All of the residents can make some decisions and some are completely independent." We saw staff involved people in decisions about where and how they spent their time and where they ate their meals.
- Staff had attended training in MCA and DoLS and they said people could make some decisions about the support and care provided at the home. If there were any concerns about a person's safety, relatives and health and social care professionals would be contacted to discuss how to ensure the person made safe choices.
- DoLS referrals had been made to the local authority when needed and staff explained why they had been made. For example, following a best interest meeting, one person had been assessed as being unsafe if they left the home on their own. A keypad had been installed on the front door and other doors were secure. This meant staff knew who entered and left the building and also if people wanted to go out for a walk. Therefore, they could be supported to do this in a safe way rather than restricting them by not letting them go out.

● There was a procedure for staff to refer to when they completed mental capacity assessments and these had been used to assess people's needs if required. For example, if a person had been diagnosed as living with dementia staff looked at different aspects of their day to day lives and the care they needed and any decisions about a person's lack of capacity where specific to each area of care.

Staff support: induction, training, skills and experience

● Staff demonstrated a clear understanding of people's individual needs and how they provided the care and support people wanted. They spoke about how each person had their own preferences, some wanted to remain in their room while others liked to sit in the lounge and join in activities. One member of staff said, "Everything we do is decided by the residents."

● All new staff were required to complete induction. A new member of staff said they were shadowing with more senior staff during the inspection. They told us the staff were very supportive and were quite happy to answer any questions. The registered manager told us they regularly checked on how new staff were, "Fitting in" and they asked for feedback from permanent staff.

● New staff worked with more experienced staff, for at least three different shifts with different staff, and were observed and assessed. This ensured they developed the skills and knowledge to provide the support people needed.

● An ongoing training programme kept staff up to date with current practise. This included the Care Certificate for staff who had no previous experience in care. The Care Certificate is a nationally recognised set of standards which provides staff with the expected level of knowledge to be able to do their jobs well. A new member of staff said they had signed up to start this. Records showed that staff had completed dementia awareness, epilepsy awareness, fire safety, first aid and health and safety.

● The registered manager had introduced a supervision programme, with one to one supervision to discuss each staffs roles and responsibilities and develop their practice. Staff said they had discussed taking on different responsibilities and some had agreed to take on lead roles. For example, medicines and nutrition and ensuring people were weighed regularly to identify weight loss and gain.

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

● A healthy and nutritious diet was provided, with choices for each meal based on people's needs and preferences.

● People told us the food was very good and they could choose what they wanted. They said, "It wasn't always so good, but it is now", "We have a choice of two hot meals every day", "They have vegetarian choices as well" and "If you don't like the choices they will give you something else."

● The chef and staff knew about people's likes and dislikes and each person's dietary needs. Such as soft and pureed meals. Fortified drinks were prescribed and additional calories were added to meals using cream and cheese when needed.

● People chose where they wanted to have their meals, some used the dining room, while others remained in the lounge or their own rooms. One person said, "It is up to us, which is very nice." People in the dining room chatted about the food provided and decided how much they ate and if they changed their mind staff offered something else. We saw one person only had a small amount of lunch and a member of staff told us, "They have a very small appetite, we try and encourage them to have little bit of the main meal, but they prefer something sweet." Which the person ate and said was, "Very nice."

● People who needed assistance were supported to have enough to eat and drink. If there were any concerns about weight loss, records were kept of how much people had eaten and drank. Weights were checked monthly or if people's eating habits had changed, the GP was contacted for advice and if necessary referrals to the dietician were made for additional support.

● Homemade cakes and snacks were offered mid-morning and mid-afternoon and all staff said people could have what they wanted at any time, "There is always something in the fridge we can make if a resident

wants something at any time."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs had been assessed before they moved into the home. The registered manager said they visited people and discussed their needs with them and their relatives, "So that I know we have staff with the skills to look after people."

● The information from the assessment was used to develop each person's care plan. At the time of the inspection the care plans were being transferred from the paper format to a computer based system by the registered manager. This would be linked to hand held devices for staff to record the support people received.

● The registered manager said additional training had been arranged to support staff to use the new system and staff said they were looking forward to using the devices to record the care provided immediately. One member of staff said, "We will be able to record everything straight away, it will be downloaded onto the computer and will show exactly how we care for people. I think it will be much better when we get used to it."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

● People were encouraged to maintain and improve their health and well-being and staff assisted them to access the services they needed.

● People told us visits from health and social care professionals were arranged when they needed them and staff also attended appointments with them. One person told us, "I was in a terrible state when I came in, it was an emergency, they have bent over backwards to get me back to normal and able to care for myself. I shall probably have physio in the future."

● Referrals were made through the GP for specific services. For example, for the district nurse and speech and language team (SaLT). A relative said the district nurse visited regularly to dress their family members legs and prevent sores developing. Records showed that SaLT had assessed a person's swallowing and an appropriate diet was provided to ensure the risk of choking was reduced.

● Records were kept of each visit in care plans and staff explained clearly how the support and care provided was changed to meet each person's needs.

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

● People were able to access all parts of the home, their rooms and the communal rooms, using the stair lift if needed.

● The registered manager told us if people's needs changed, for example they were no longer able to use the lift, a room on the ground floor would be offered. Records showed that one person had been offered an alternative room on the ground floor, so they could access the lounge and dining room, but they preferred to remain in their room and staff respected this.

● The building was well maintained and the facilities were checked regularly to ensure they were safe to use. This included legionella to ensure the water was safe and the fire alarm system had been updated in line with fire service requirements.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the care and support they received. One person told us, "They listen to me, they know what I like and what I don't like."
- Relatives said they were pleased with the support their family members received. One relative told us, "They have been exceptional, the care she received during her stay made her very happy."
- We saw staff treated people with respect. They were kind and caring when they provided assistance and the conversations between people, visitors and staff were relaxed, friendly and on first name terms. Relatives and visitors said they were made to feel very welcome and we saw as they entered the home staff welcomed them, asked how they were and if they wanted a drink.
- Staff had a good understanding of equality and diversity and protecting people's human rights. Staff knew people very well and talked knowledgeably about each person's life before and since moving into the home. They knew how independent people were and that this changed day by day depending on how people felt. They explained how much support people needed; when they liked to get up and what food they enjoyed.

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

- Staff actively involved people in decisions about the support and care they received. If assessments had identified people were unable to do this, relatives or external representatives were consulted.
- People and their relatives were involved in writing and reviewing their care plans, planning the care they wanted with staff and records had been signed to show they were consulted. One person told us, "I know I have a plan" and a relative said, "We have seen the care plan, they send it to us and we can make comments and suggestions and return it."
- Information about advocacy services were available if required. Advocacy services are independent of the service providing support and can assist people to express their wishes and make decisions about the care they receive. Staff said one person had been supported to make decisions about their future care and they would be moving to another service of their choice.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff were very respectful; they protected people's privacy and dignity whilst supporting them to be independent. One person told us, "They always knock before entering the room and if I am in the toilet they let me know who they are and why they have come." A relative said, "They gave her help as required while maintaining her independence, putting on her tights and doing her laundry."
- People chose where they wanted to sit and staff assisted them to move around the home safely, to use the dining room for meals and the lounge to watch TV or listen to music. One person preferred to use the lounge for meals, watching TV and doing activities, although staff consistently asked them where they wanted to spend their time, "Just in case they want a change."

● People's personal information was secure and staff understood the importance of confidentiality. Staff said care plans and daily records were kept in locked cupboards in the same room as medicines and other information was kept in the registered managers office, which was locked when not in use. They said when the records were transferred to the electronic devices they would be password protected and very secure.
● Staff said they would not discuss a person's health or personal care with anyone without their permission and when information was shared this was done privately. We saw that the registered managers office was used when relatives discussed the support and care provided.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At our last inspection in April 2018 this key question was rated Requires Improvement. This was because the provider had not ensured that activities were available for people to participate in if they wished and there were long periods of no interaction with staff. At this inspection we found improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us there were many activities for them to do if they wanted to. One person said, "I like the quizzes and arts and crafts and we can watch a film in the lounge if we want to. It is very good." Another person told us, "I like to sing."
- In the morning we saw people enjoyed colouring in shapes, they were very absorbed and concentrated on not going over the lines. In the afternoon people sang songs together, the words were on the TV screen for them to follow and they were all very enthusiastic and clearly enjoyed themselves. On the notice board there was evidence that arts and crafts had taken place and external entertainers provided music sessions.
- One of the staff had taken responsibility for developing an activity programme with people, to ensure they were based on what people enjoyed and wanted to do. The registered manager said that although they had advertised for another activity staff, the expectation was that all staff would offer activities at any time during the day, "So that residents can do an activity when they want to rather than when we can organise it." A member of staff said, "I think we do that anyway, just don't write it down but with the changes we can do more and I am looking forward to that."
- People received personal care that was based on their preferences and choices and met their needs. Staff said people planned their own care, with their assistance and the involvement of relatives if appropriate. People told us staff offered the support they wanted and respected them if they refused assistance and asked staff to, "Come back later." One person said, "They listen to me, they know what I like and what I don't like." Another person told us, "Sometimes I cannot settle but they watch over me, they are jovial and cheer me up."
- Staff understood the Accessible Information Standard [AIS]. Throughout the inspection we saw people made decisions about the support provided and were assisted to communicate their needs and preferences. Staff explained how people, who were unable to verbally make choices, made decisions about the care they received. For example, one member of staff said "If they don't like the meal we are offering they refuse to eat it, which clearly means they want something else and we offer that instead. All of the residents can tell us what they want."

Improving care quality in response to complaints or concerns

- People said they had no complaints about the support and care they received. One person told us, "I have nothing to complain about, if I don't like something I tell them and they change it, but that's not a complaint." A relative said, "I would have no hesitation complaining if it was necessary" and a visitor told us, "I would talk to the manager she is quite open and transparent and would follow it through."

● People, relatives and visitors knew there was a complaints procedure, it was displayed in the entrance area and included in the information given to them when they moved into the home.
● There had been no complaints since the current registered manager took responsibility for the day to day management of the home in August 2018.

End of life care and support
● Records showed that people and their relatives, if appropriate, had talked to staff about their preferences or if their health needs changed. One person said, "My daughter would take care of everything." A visitor told us, "I have discussed 'end of life care' in a sensitive way with the family and manager."
● One person needed additional support as their health had deteriorated and staff provided compassionate care for them and their relatives. This included repositioning in bed to reduce the risk of pressure sores and assistance with food and drink. The district nurse visited regularly to provide advice, staff were confident they could support the person and records reflected this.
● People's preferences had been included in their care plans. This included do not resuscitate documents if that was the person choice.

Requires Improvement

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection in April 2018 this key question was rated Requires Improvement. This was because the provider had not ensured that the quality assurance process monitored the services provided and action was not always taken if areas for improvement had been identified. At this inspection we found improvements had been made, although additional work was needed to ensure audits looked at all aspects of the services provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager understood there was a considerable amount of work needed to ensure the regulations were met and people received personalised care that met their needs. Prior to the inspection they had decided to limit admissions to the home, a voluntary embargo, which was being reviewed as the service had improved.
- The quality assurance and monitoring system had been reviewed and audits had been developed to assess each area of the service provided. We found areas where audits had been completed, including medicines, accident and incidents and health and safety.
- However, some areas had not been audited and the registered manager explained when these would be completed. For example, the care plans audit would start when they had been transferred onto the computer based system. We found that some of the information recorded in the care plans was not up to date. The registered manager said as they transferred records to the computer they had been reviewing the records and updating them. However, there was minimal impact on people because staff had a very clear understanding of people's individual needs; they discussed in detail how these were met, people's preferences and how they assisted people to make choices.
- The registered manager knew it would take time to ensure the quality monitoring process was fully effective. Areas where improvements were needed were identified and action was taken to address these.
- The registered manager understood their regulatory responsibilities and they notified us of events that they were required to tell us about in law.
- Staff were clear about their roles and responsibilities and were positive about the changes that had occurred since the last inspection. Staff felt they worked with the management team to develop the service and deliver person centred care and support based on people's needs. One member of staff told us, "I left when things changed, but came back and they are much better now."
- The registered manager attended a CQC workshop following the inspection and consistently looked for additional support they could use to develop their practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● People and their relatives said the service was well run, staff provided the care and support people needed and they knew of any changes in people's needs or the services provided.

● They all knew the registered managers name and said they regularly walked around the home talking to people and visitors, as well as supporting staff. One person said, "She comes to talk to me." A relative told us when they had a family occasion to arrange, "The manager was exceptional I could not have managed without her."

● People and relatives said the management was open and transparent and informed them if there were any concerns. Relatives told us, "They let us know if anything happens, she is really approachable" and "I would certainly trust them with her care again."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

● The views of people, relatives and staff were consistently sought through daily discussions, reviews of the care plans and regular meetings.

● Minutes from the meetings showed that people and staff discussed issues that were of concern to them. People discussed the meals and activities and were encouraged to put forward suggestions for any improvements.

● Staff meetings ensured they were kept up to date about training; changes in service provision; concerns about their practice and improvements that could be made to ensure people had the care and support they wanted. Staff said they team meetings were very good and they were kept up to date about any planned changes. Such as the introduction of walkie talkies so staff could contact each other when they needed assistance rather than walking around the home looking for colleagues.

● The registered manager had worked with East Sussex County Council to assess the services provided and introduced changes to improve them. For example, the quality assurance system and activities.

● People from the local village and church often visited residents. For religious support and to 'chat'. Friends joined a person to celebrate their birthday and invitations are sent out to the local community for special events such as St Valentines Tea. The community were kept informed about the planned changes and improvements to the building.