Grandcross Limited

Chichester Court 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 19 and 20 November 2014. This was an unannounced inspection. At the last scheduled inspection carried out on 23 July 2013 we found the provider was not meeting the regulations in relation to staffing. When we followed this up on the 25 February 2014 we found the provider had made improvements to ensure enough staff were available to meet the needs of the people living at the home.

Chichester Court provides residential and nursing care for up to 52 people, some of whom are living with dementia. At the time of our inspection there were 46 people living at the home, with four people on a waiting list to possibly take occupancy of the empty rooms. The home is located near the centre of South Shields and has good access to local shops and transport routes. All of the bedrooms and communal areas are situated at ground level, with two dining rooms and a number of lounge and reception areas that are utilised by people, visitors and staff at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found one person did not receive their medicine at the prescribed specific time. We considered improvements were required to ensure people received medicine in line with their prescription. We also saw some prescribed medicine not stored safely. Although the manager addressed these issues immediately.

People did not always receive a good service at meal times, with some people waiting lengthy periods of time for food to be served and exposed to the risk of not receiving adequate nutrition or choice because of the way meal times were organised. Although the manager had made immediate changes, these needed to be monitored to ensure improvements had been made and sustained.

Safeguarding procedures were understood by staff and they knew their duty to report any issues of concern.

People and their relatives told us they felt safe. One person told us, "The staff keep me safe, I have no worries about that." A relative told us, "People living here are safe, the staff really care about them. No one would ever come to harm here deliberately."

There were contingency plans and risk assessments in place to help protect people from harm and information was in place to give guidance to emergency services should the need ever arise. Accidents and incidents were reported appropriately and actions taken to reduce any further risk to people living at the home or others.

People told us they felt there was enough staff to look after them. The manager monitored staffing levels to ensure enough trained staff were available to meet people's needs. The manager had procedures in place to ensure any staff recruited were suitable to work within the home. There was a training programme in place. Staff development was monitored by the manager to ensure they had up to date knowledge and any training needs were met.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decision. The manager had also made four DoLS applications to the local authority.

The home offered a tidy, clean and odour free atmosphere. There were domestic staff who ensured the home was kept that way by adhering to cleaning rotas and daily tasks. Our first impression of the home was one of a warm, welcoming, homely place. The people and relatives we spoke with agreed with our first impression. The conversations were respectful and not hurried. We heard staff taking their time to explain particular things to people.

A good programme of activities were available for people to choose from should they so wish. The home had an activity coordinator who was passionate about providing a full range of different entertainment. Staff had raised nearly £1000 to support this programme.

People and their relatives knew how to complain if they needed to and told us they were confident the manager or staff would listen and solve any concerns they might have had. People had choice to decide what they wanted to do and when.

The registered manager ensured there were quality audits and checks in place to monitor the service delivered within the home. Staff felt well supported and were positive about the culture of the home and said the registered manager was approachable and supportive. People and their relatives told us there were regular meetings at which they could express their views or make suggestions to improve their care. Records were generally up to date.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

Medicines were generally managed safely, although we have made some recommendations to the provider.

Emergency procedures were in place to protect people. Staff knew how to identify any safeguarding concerns and the necessary actions to take in response.

Staff were recruited effectively and staffing levels were appropriate to meet the needs of people who lived at the home.

Requires Improvement

Is the service effective?
The service was not always effective.

Meal times were not organised sufficiently to ensure people were protected from the risks of receiving inadequate nutrition and suffering from dehydration, particularly where support was required.

There were induction and training programmes to provide development opportunities for staff and staff were supported by their line manager.

The manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act. The manager had applied for DoLS for four people living at the home and this had been granted in the people's best interests.

Requires Improvement

Is the service caring?
The service was caring.

People lived within a warm, welcoming, homely environment. We saw people being treated as individuals with respect and dignity, and this was recognised by people within the services and visitors alike.

Information was presented to people in a manner which enabled them to make day to day decisions about their care.

People and their relatives felt involved in the service and how it operated.

Good

Is the service responsive?
The service was responsive.

Activities were available at the home and there was a dedicated coordinator who was very enthusiastic about providing people with a wide range of stimulating things to do.

Relatives told us they were involved in their family member's care and we saw documentation reflected individual needs and wishes.

Good

Summary of findings

People were given choice and treated as individuals. People and relatives confirmed this.

Any complaints or concerns were dealt with immediately and effectively. People and relatives we spoke with had no complaints or concerns but told us they were sure the manager or staff team would listen and respond positively.

Is the service well-led?

Good

The service was well-led.

The home had a registered manager in post and people, relatives and professionals told us they were confident in their ability.

There was an open, honest culture within the home.

The manager ensured good communication was in place throughout the home. People, relatives, staff and professionals confirmed this and we saw it ourselves.

There were quality assurance checks in place to monitor the level of service provided.

Chichester Court Care Home

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 19 and 20 November 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector and one 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. The expert-by-experience at this inspection had expertise in the area of older people in residential care and people living with dementia.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners for the service, the local Healthwatch, the clinical commissioning group (CCG) and the local safeguarding team. We also spoke with community nurse teams that visited the home regularly.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 20 people who used the service and fourteen relatives, although some people were living with dementia and found it difficult to communicate. We also spoke with the manager, three nurses, ten carers and five other members of staff which included kitchen, maintenance and activity staff. As we arrived before 7am on the first day of the inspection, we were able to speak with staff from both day and night shifts. We observed how staff interacted with people and looked at a range of records which included the care records for ten out of the 46 people who used the service, medicines records for the same people and recruitment and training records for six staff.

We also looked at a range of documentation including; weekly staff duty rotas, menus, health and safety records, quality assurance records and policy documents.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person told us, "The staff keep me safe, I have no worries about that." A relative told us, "People living here are safe, the staff really care about them. No one would ever come to harm here deliberately."

We looked at the management of medicines. We observed nursing staff administering medicines at the home and saw one person who required medicine at a specific time was not offered that medicine. We saw an hour and a half had passed before they received this medicine and they also received it with breakfast, when it should have been administered half an hour before food. This was not in line with the provider's management of medicines policy. We brought this to the attention of the manager who said they would address this immediately.

During the inspection we noticed one of the medicine trolleys had two prescribed ointments left on top of the trolley unattended while the nurse was administering medicine to people at the home. We brought this to the attention of the nurse, who locked the ointment away in the trolley immediately. All other medicine was kept securely, either in the trolley or on the medicine room. We saw evidence of medicine audits, although these had not identified issues around our concerns, which meant this was not a regular occurrence. However, we noticed other issues had been noted from time to time and actions carried out to correct them.

We also found the medicine room temperature was mostly recorded in the range of 24 to 25 degrees Celsius. The majority of medicines recommend a top temperature of 25 degrees Celsius before medicines may be less effective. We brought this to the attention of the manager and nurses for monitoring purposes.

People had their medicines in stock and regular orders were made with any unused medicines disposed of safely. One person told us, "I have never ran out of tablets, the staff see to that." We looked at the medicine administration records (MAR) for 10 people living at the home and found they had been completed appropriately. We checked controlled medicines kept at the home and found additional measures for safe storage had been followed. Controlled medicines are often used for severe pain and are subject to abuse. For these reasons, there are legislative controls for some medicines and these are set out in the Misuse of Drugs Act 1971 and related regulations. We found staff had received appropriate training and competency checks.

We recommend the manager reviews administration of medicine and utilises the NICE guidelines for the management of medicine in care homes.

As we toured the building we noticed an unlocked cupboard. When we looked inside, we found a variety of tools and general maintenance equipment, which used inappropriately, could cause harm to people. We brought this to the attention of the registered manager, who said he would address this immediately. Other cupboards or rooms containing items which could cause harm to people, for example the sluice room, were locked.

We also found a staff toilet which was not maintained to suitable levels. The room was in need of redecoration. When we brought this to the attention of the registered manager, he confirmed on-going work was in progress to redecorate this area. He also told us there was a programme of work to replace flooring in some of the toilet areas and to complete further maintenance work within the home. We had spoken with commissioners of the service prior to the inspection and they confirmed work within the home was on-going. The manager told us the maintenance person employed at the home had a weekly work plan of areas that needed attention and they were currently working through that. When we spoke to the maintenance person, they confirmed the on-going work and we were able to see records which showed work had been completed.

At the entrance to the home, there was information displayed about safeguarding and whistleblowing procedures. People, relatives and staff could follow the guidance easily should they suspect any wrong doing or wanted to share their concerns. Staff were knowledgeable about the actions they would take if abuse was suspected and when asked staff could tell us about signs to look for. Staff confirmed safeguarding training had been completed with them. One staff member told us, "I would not hesitate to report anything like that, it's just not right." We had received a number of notifications about incidents from the provider over previous months and these had been dealt with appropriately. Where the local authority

Is the service safe?

safeguarding team needed to be informed, this had also occurred. Which meant people were better protected from the risk of abuse and the home managed any potential risks to people effectively.

General risk assessments were in the process of being reviewed. The registered manager had prioritised them and was systematically working his way through them and we saw evidence of this. We also saw a fire risk assessment for the building and this was supported by regular fire safety checks. We saw contingency plans were available throughout the home in case of emergency or disaster and these had up to date information for staff to utilise should the need arise. People who lived at the home had an accessible personal evacuation plan in place. These plans gave additional information about people's mobility and would be used by emergency services to support them in the evacuation of people from the home. When we asked four staff about what they would do in the event of a fire, they appropriately described the correct procedures they would follow.

We checked incident and accident records and saw where incidents or accidents had occurred the provider had investigated these. We asked the registered manager how they used data from these records to look for any trends. We were shown an electronic analysis which recorded level of harm, location, description and who was investigating. This system could produce reports which detailed trends and was also monitored by the provider centrally. The registered manager also told us incidents and accidents are discussed with the staff team to try and ensure the same type of issue does not happen again.

First aid equipment was available for use throughout the home. In the kitchen we noticed the box containing the equipment was not full. We asked kitchen staff about this and they told us stock was available but the first aid box had not been replenished. We brought this to the attention of the registered manager who said he would ensure all first aid boxes were double checked for stock.

People and their relatives told us they thought enough staff worked in the home and our observations confirmed this. One person told us, "I never have to wait when I ask for help. The staff are so helpful and nice." We saw the staff had time to spend talking and listening with people. Another person told us, "Your never kept waiting, they [staff] are really quick." We were present when a member of staff phoned in sick. The registered manager sourced cover immediately to ensure staff levels were maintained. We spoke with the registered manager about staffing levels and he confirmed it can be tricky when staff call in sick, but it is rare when cover cannot be found. As we walked around the home, we heard call bells ringing and saw them being answered swiftly. We also saw one person calling out for a staff member to help them. We watched and staff immediately responded.

Staff told us relevant checks were carried out before they started work. One member of staff said, "I could not start work until checks had been carried out." These included Disclosure and Barring Service checks. In addition, written references were obtained along with a working history and identity checks. These checks were carried out to help make sure prospective staff were suitable to work with vulnerable people. Another staff member told us, "They don't just take anybody on here, you have to have the proper checks done and be suitable to work with older residents." We checked all nurses who worked at the home were registered with the Nursing and Midwifery Council (NMC). The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK. We were able to confirm regular checks were made by the home to monitor this.

The home was clean and tidy throughout with no odours. People and their relatives told us the home was always kept clean and tidy. One person told us, "My room is spotless." A relative told us, "You never smell urine like you do in other places, the girls [all staff] work really hard." We saw staff had received food hygiene and infection control training and domestic staff had cleaning rota's and daily tasks to complete which management monitored.

Requires Improvement

Is the service effective?

Our findings

We observed the lunch period in one dining room because a number of people were unable to communicate their experience of lunch time. We also carried out general observations in another dining room at the same time. We found some people were brought into the dining areas up to 50 minutes before lunch was served. They were offered refreshments and then left to wait for the food to arrive. In one dining room people who required support were placed near each other. One worker sat between two people helping them at the same time. We noticed one person who required support was helped with a few mouthfuls of food, while the other waited their 'turn'. We saw one person open their mouth for a spoonful and then close it again when they realised no food was being offered. We felt people's dignity was not respected.

In one dining room there were four people who required support and three care staff along with another staff member serving the food. That meant there was sufficient staff to support the additional needs of people. However, we saw a number of meals unfinished in both dining areas and were concerned people may not have been given the opportunity to receive and/or finish sufficient nutrition because of the poor procedures in place around meal times. One staff member told us, "We do have a fair bit of waste." We were also concerned people who found it difficult to communicate may not have received the choice of meals which the home offered as we did not always hear a choice being given to everyone; although we did see a menu on display showing a selection of meals available. One relative told us lunch times were not well organised. They said, "Watch what happens and you will see for yourself, it's not that there is not enough staff, it's just a bit of a mess really." We discussed this with the manager and he emailed us the following day to confirm he had put in place a different system at lunch times to ensure people received a choice of meals in a timely fashion and with dignity and respect.

This matter was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

When we spoke with people who could communicate their feelings about the food available they were mostly complimentary. One person told us, "The food is ok, sometimes boring but the breakfast is good." Another person told us, "I enjoy the food, the staff do a good job considering how many people live here." Another person said, "Good grub."

Refreshments and snacks were available throughout the day and relatives told us they had access to these too. One relative told us, "If I am here when the trolley comes around, the staff always ask if I want anything too."

We saw people's dietary requirements were displayed in the kitchen area; copies being available on people's records too. In the dining areas we saw lists of people's food and refreshment preferences. This meant kitchen and dining room staff were aware of the dietary needs of people living at the home. People's weights were monitored and we saw when people required additional help from specialist teams, staff made appropriate referrals. We saw one person had been referred to the speech and language therapy team (SALT) because they had issues with swallowing. This referral had been followed up with a visit and additional measures had been put in place. We saw minutes from a staff meeting in May had recorded praise being received from the SALT team in respect of staff at the home.

We also saw from people's records, when staff were concerned about any element of a person's health and wellbeing, they contacted other healthcare professionals. We saw referrals to GP's, dentists and podiatrists. We spoke with the registered manager about people accessing healthcare professionals. He told us he had contacted a local dentist to see if people with dentures could have them engraved; people who had a tendency to take dentures out were less likely to lose them or get them mixed up with someone else's if they could be easily identified as belonging to a particular person. We were told this was possible and would be implemented with people's agreement.

The registered manager told us they were in the process of making the home more dementia friendly. They told us and we saw for ourselves, one of the lounge areas was being turned into a reminisce area. We saw people had a potted history of their background, family life along with a familiar picture outside of each of their bedrooms. People and their relatives told us they had been involved with the activity coordinator in producing these documents. One relative told us, "My mum recognises herself in the photo and it helps her remember which room she is in." People told us they enjoyed making the documents as it brought back

Requires Improvement

Is the service effective?

memories. One person told us, "I had nearly forgotten, it brought back fond times." We also saw the home had pictures of films stars and celebrities from years gone by on some of the walls. We spoke at length with one person living with dementia about these pictures and they remembered all the names, showing the activity had triggered memories. The home had been adapted to support people in wheelchairs and those using other mobility aids.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff followed the requirements of the MCA and had a good understanding. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decision. There were four people in the home subject to an authorisation made under the DoLS at the time of inspection, with further applications pending. We confirmed staff had received appropriate training.

People told us staff always asked them before any care or treatment was given. One person told us, "They [staff] always ask first before they do anything. That's what they should do anyway." We observed staff knocking on bedroom doors before entering and saw staff discreetly asking for consent to support people with personal care. One relative told us, "I have never seen staff just walk in, they always knock and shout through." Another relative told us, "Staff don't just ask, they keep asking all the time and checking they [relative] are happy with what is going on."

People we spoke with thought the staff were well trained. One person said, "They [staff] know what they are doing." One relative told us, "Staff are always doing training of one thing or another." We looked at staff training records and noted staff had received training the provider considered essential. For example, infection control, food hygiene, moving and handling, safeguarding adults from abuse, fire safety and health and safety. We spoke with four care staff and three other members of staff about the training and support they received. All of them told us the training was good and the registered manager was often organising additional training for them. One staff member explained how they had completed moving and handling training recently.

The registered manager showed us the training matrix which he used to identify when staff needed training updates. Newly recruited members of staff told us they had undertaken the provider's induction programme. They told us their induction covered whistleblowing, and safeguarding. Staff confirmed they had received training in moving and handling before they had been permitted to assist people using a hoist or other mobility aids. We saw evidence phlebotomy and catheterisation training had been booked to take place. This showed people were protected from the risk of receiving care from untrained staff. The registered manager told us he was in the process of reviewing the staff training to ensure everyone was up to date.

Staff told us they felt supported and received regular supervision. One staff member told us, "If anything is bothering you or you're not sure, you can just ask. Everyone here is good." Another staff member told us, "We feel like one big team." We checked staff records and confirmed supervision and appraisals had taken place.

Good

Is the service caring?

Our findings

Our first impression of the home was that of a warm, welcoming, homely place. The people and relatives we spoke with agreed with our first impression. One person told us, "The manager [named] is always walking about the home, checking we are ok." Another person said, "Staff will sit and talk to me." One relative told us, "I am always made welcome and I feel included in my husband's care." We asked the registered manager how he monitors people and staff on a day to day basis. He confirmed he walks around the home and stops to talk to people and visitors. He said his door is always open. We observed this during our inspection. Three people confirmed this too. One told us, "I see [manager's name] and he regularly stops for a quick chat."

We heard staff talking with people and their relatives about the care they were receiving and updating them on any relevant changes. The conversations were respectful and not hurried. We heard staff taking their time to explain particular things to people. We heard one person ask a member of staff for information about their medicine. The staff member closed the person's bedroom door to keep the information confidential. When we asked the person about it later, they told us, "Oh yes, she [staff] told me what I wanted to know. She's very good." I asked if the staff member had explained it fully and if they easily understood. The person told me, "Yes, I fully understood." This meant people were given information in a way to support their individual levels of need.

People told us all staff respected them and treated them with dignity. One person told us, "She [care staff] always asks before she does anything to me, but that's only right isn't it." Staff were observed treating people with dignity and respect. We saw one member of care staff gently taking one person by the hand after they had become confused as to where they were. The staff member spoke quietly and reassuringly to the person and calmed them down before helping them to access some activities taking place. We watched as the staff member stayed with the person to ensure they were content. We also saw people being discreetly asked if they needed to be helped to the toilet or wanted support with any personal care items. When we spoke to staff about people's dignity and respect they were very aware of how important it was to maintain it. One staff member told us, "I would not like anyone not respecting me, so that's how I look at it."

We asked the majority of staff we spoke with about individuals who were living at the home. They were all able to immediately respond showing they knew the people in their care. Staff were able to tell us about people's likes and dislikes; what they did for a living and how best to support them. We saw people were treated as individuals and saw staff encouraging people to be involved in their wellbeing.

There were a number of lounge and communal areas and we saw relatives utilising these spaces to hold private conversations with staff. We asked one relative if they ever used the lounge areas or other private spaces. They told us, "Sometimes I want to find out what is bothering my mother and I have spoken to staff away from her. I only do that as to not upset her. The staff are very discreet and sensitive to that sort of thing. It's always nothing, but better to check than not."

The reception area and other communal areas had various leaflets to advise on dementia, advocacy, emergency situations for example. We were not made aware of anyone at the home who had the use of an advocate, but one relative told us they knew what an advocate was and would use one if they thought it was necessary. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Four people and three relatives told us they had attended meetings at the home, and all of the relatives we spoke with were aware meetings took place. People and their relatives told us staff wanted them to attend meetings so they could have their say. Some relatives told us they preferred to speak to the manager and staff on a one to one basis, and said staff respected their wishes. We saw the minutes of meetings displayed throughout the home, in which people and their families had attended. We noted conversations had been minuted in connection with the refurbishment of the home, activities, and the garden. We also saw it was noted six monthly reviews were going to take place and letters would be sent out to relatives inviting them to attend.

Good

Is the service responsive?

Our findings

People who were able, and their relatives told us they had been fully involved with the decisions about their care. We asked one person what procedures had occurred when they first moved into the home. They told us lots of information was asked of them and they remember other people being asked for information too. They thought relatives and other healthcare professionals had played a part but could not remember everything. They laughed as they said, "I was worn out after going through everything with them [staff]."

The care plans we reviewed were written around the individual needs and wishes of people who used the service. Care plans contained detailed information on people's health and well-being and about their preferences and personal history. We saw they had been reviewed regularly and other people, including relatives and professionals had been involved where necessary for the best interests of the person.

The home had an activity coordinator who managed a wide programme of various entertainment and events for the people living at the home. Some of the activities included; gents and ladies groups; animal therapy; coffee mornings; trips out; bingo; singing; puzzles; crafts and involvement in gardening. We spoke with the activity coordinator and they appeared to know the people well. They were passionate about providing a variety of activities, tailored to suit different people; they explained everyone was different. They told us, "Some people choose to do different things, and that is fine." And "I try to please everyone." We saw a notice in the entrance to the home. It stated the staff had raised £925.50 from a sponsored walk to go towards the 'residents'. We were told the money would be spent on entertainment and general items for the people living there. The activity coordinator was well known throughout the home and people and relatives told us they were often looking for new things to do. One person told us, "He is a goodun." A relative told us, "They have good socials here." We also saw hairdressers visited the home weekly. One person said, "I look forward to having my hair done, makes you feel better doesn't it."

People had choice. People told us they could do things they wanted to and could refuse anything at any time. One person told us, "If I don't want to do something, I don't. Simple as that." Another person told us, "I like my meals in my bedroom." A relative told us, "Staff do take notice of what [name] wants and they never presume." We saw one person who liked to smoke, use the smoke room. When we asked them if they could use the room at any time they chose. They told us, "It's my one enjoyment." And "I smoke when I want." People had chosen to decorate their bedrooms with pictures and ornaments to their own taste. Some people also had personal items of furniture which they had chosen to bring into the home with them. One person told us, "I like to have my room how I like it."

All of the people and relatives we spoke with told us if they were not happy about anything, they would talk to the staff or the manager. One relative told us about some minor issues they had raised some time ago and said they were addressed immediately. They added "They were not big issues. I just wanted information to be easier to understand so I could better understand the care my mother was receiving." Staff told us, "Residents and their families are not frightened to complain if they need to." And "Usually it's something small and is dealt with straight away." The complaints procedure was on display in communal areas for people and their relatives to access should they need to. The registered manager also offered an open door policy to allow anyone to discuss concerns at any time, this was also extended in 'resident and family' meetings held within the home. There had been no complaints since the last inspection, but we saw previous ones had been dealt with appropriately.

Good

Is the service well-led?

Our findings

The home had a registered manager in post who had previously worked in another service within the organisation. There was also a deputy manager. There was a network of other registered manager's within the same provider network providing peer support to the registered manager of this service and visa versa. This meant additional support was available to the team should the registered manager be on holiday or absent for any reason.

The registered manager had informed the Care Quality Commission (CQC) of any significant incidents or events within suitable timescales. This meant we could confirm suitable actions had been taken.

There was a positive, open culture in the service which praised and encouraged people and staff for their achievements. There was a relaxed and friendly atmosphere in all parts of the service we visited and staff worked together as a team. For example, at the daily handover meeting, staff communicated effectively between one another about people's needs which ensured all staff were aware of any changes. The manager had put into place an updated handover sheet to provide tailored details for staff to communicate. Staff said they felt well supported and were able to seek advice at all times. At Chichester Court, the registered manager was visible and accessible to people, relatives, staff and any visiting healthcare professionals.

Professionals we spoke with were confident in the abilities of the registered manager. One person said, "He seems on the ball." Another said he was, "Approachable and seems to want the best for people."

A number of regular audits and checks were carried out to monitor the quality of the service. We saw; environmental checks, care plan audits, staff file checks, health and safety and infection control audits. We saw were issues had been identified, actions had been noted to show had been work completed to improve the issue. We saw minutes of health and safety and clinical governance meetings, showing any concerns were raised and discussed in order to seek improvements. This meant the staff team proactively addressed any concerns with the aim of making the home a suitable environment for people living there. We noted on medicine audits, some actions had no outcome noted. We brought this to the attention of the manager who told us all issues had been addressed, although this had been an error in recording and he would ensure it was addressed immediately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The provider had not ensured people were protected from the risks of inadequate, nutrition and dehydration. People were not always supported appropriately with food and drink in a dignified way.**