

Seaford Homes Limited

# Nova House

## 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 at Nova House on the 13 and 20 April 2016 and we rated the service as requires improvement. We carried out this inspection on 1 June 2017 to ensure the provider had taken appropriate action and we found that the required improvements had been made.

Nova House provides accommodation and support for up to 30 older people living with a dementia type illness. Some people are independent and need only need minimal assistance; others need support with personal care and moving around the home safely. There were 28 people living at the home during the inspection.

The home is a converted older building that has been extended and includes a bungalow to the rear. The bedrooms are on three floors, there is a passenger lift and a chair lift to enable people to access all parts of the home and there is a secure garden to the side and rear of the building.

The registered manager was present during the inspection. 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.

This inspection took place on the 1 June 2017 and was unannounced.

The provider had effective systems in place to assess and monitor the services provided. The registered manager said they audited all aspects of the care provided and the facilities to identify if any improvements were needed. People, relatives and staff were encouraged to be involved in developing the service and they said the registered manager was always available to talk to.

People and relatives said the staff were very good and they provided the care people wanted, whilst supporting them to be independent and make choices. Staff had a good understanding of people's needs and they followed the guidance in the individualised risk assessments so that people were safe.

There were enough staff working in the home to support people. Effective recruitment procedures ensured only suitable staff worked at Nova House and relevant training was provided to ensure that staff were aware of their roles and responsibilities. Staff had attended safeguarding training and demonstrated a good understanding of how to protect people from abuse and what action they would take if they had any concerns.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and DoLS and were aware of current guidance to ensure people were protected. People had been supported through best interests meetings and referrals for DoLS had been made to the local authority to

ensure people were safe.

A range of group and one to one activities were provided for people to participate in if they wished; these were flexible and depended on what people wanted to do each day. People said the food was good, choices were available and staff assisted people as required.

People had access to health professionals as and when needed. Visits and appointments were recorded in the care plans with details of any changes and relevant guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed near the entrance to the building, and given to people and relatives, when they moved into the home. People and relatives said they knew how to complain and had no concerns.

## 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 is safe.

Medicines were administered safely and administration records were up to date.

There were enough staff working at the home to meet people's needs; staff recruitment practices were robust and only suitable staff were employed

Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

Risk to people had been assessed and there was guidance for staff to follow to ensure people's safety.

### Is the service effective?

Good ●

The service is effective.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty; they were aware of current guidelines and their responsibilities.

Relevant training was provided to ensure staff had a good understanding of people's needs and the support they wanted.

People were supported to maintain healthy diets, choices were available and staff assisted people as required.

Staff arranged for people to see health and social care professionals when they needed to.

### Is the service caring?

Good ●

The service is caring.

People were treated with respect and staff provided support in a kind and caring way.

People made choices about all aspects of the support they received and they were involved in decisions about their care.

People were encouraged to maintain relationships with relatives and friends and visitors were made to feel very welcome.

### **Is the service responsive?**

The service is responsive.

People received support that was based on their wishes and preferences.

A range of activities were provided and people decided how and where they spent their time.

A complaints procedure was in place and people and visitors knew how to raise concerns with management and staff.

**Good** ●

### **Is the service well-led?**

The service is well led.

Quality assurance and monitoring systems were in place and the registered manager and staff continually looked for ways to improve the service.

The registered manager provided clear leadership and staff were aware of their responsibilities.

Feedback was sought from people, relatives and staff through regular meetings and satisfaction questionnaires.

**Good** ●

# Nova House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on the 1 June 2017 and was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the local authority and contracts and purchasing (quality monitoring team). We reviewed all the information we hold about the service including previous reports, complaints, safeguarding concerns and notifications. A notification is information about important events which the service is required to send us by law. We also looked at the provider information return (PIR), which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

During the inspection we spoke with 12 people living in the home, two relatives and a visitor. We spoke with five care staff, the cook, deputy manager, registered manager and the provider. We looked at a number of records; including policies and procedures, four care plans, the recruitment records for four care staff, complaints, accident/incidents and safeguarding records. We also looked at the provider's quality assurance audits.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also used 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 asked the registered manager to send us a copy of their activity schedule, staff rotas, the supervision plan and the minutes of residents, staff and quality assurance meetings. They sent these to us within a few

days of the inspection.

## Is the service safe?

### Our findings

At our last inspection in April 2016 we identified improvements were required with regard to the management of medicines and the allocation of staff to ensure people were safe at all times. At this inspection we found that these improvements had been made and safe systems were in place.

People said they were very comfortable living at Nova House and the staff provided the support they needed. They told us, "I'm quite happy here, it is very nice and yes I feel safe." "No one speaks to you in a way that's not pleasant and the staff show such patience." "It's always kept tidy and clean here and there are never any smells that you wouldn't want around" and, "It's crucial for me to have my tablets on time and they set an alarm every two hours so a bell rings when I'm due a pill." Relatives said their family members were well cared for and a visitor told us, "It is very safe for them here. One of us visits most days and the staff look after everyone very well." People and relatives said there was enough staff working in the home to provide the support they wanted. People had call bell pendants to call for assistance and they told us staff responded quickly. One person said, "Yes day or night, they are good at getting to me when I need them." Staff told us there were enough staff working in the home and they had time to sit and talk to people.

Medicines were managed safely. The member of staff responsible for ordering, receiving and checking medicines said they had reviewed all their processes following the last inspection and ensured that prescribed medicines were available for people when they needed them. The pharmacy responsible for delivering medicines provided staff training, which staff said they had to do before they gave out medicines. Risk assessments had been completed to identify people's individual support needs, to ensure that when people wanted to be responsible for their own medicines they were supported to do so. At the time of the inspection staff were responsible for people's medicines. People were given their medicines as prescribed; they said they had the medicines they needed and were pleased that staff organised them on their behalf. Staff locked the medicine trolley when they gave out medicines and signed the medicine administration record (MAR) chart only after they had been taken. Procedures were in place for medicines prescribed as required (PRN), such as paracetamol for pain relief, and staff asked people if they were comfortable and if they needed anything. Staff said the MAR were audited monthly and on each shift to make sure they were fully completed. If staff saw any gaps they would ask the person who was responsible for medicines at that time to clarify if they had been given. If they were not sure staff would contact the GP for advice. The MAR had been completed correctly and there were no gaps.

There were enough staff working in the home to meet people's needs safely. People told us the staff were always available. There were on call arrangements for evenings and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet people's individual needs and people said, "There is always someone in here (the lounge) and they come quickly if we need them" and, "We don't have to wait long and they are always very helpful." There was at least one member of staff in the lounge during the inspection, providing support or talking to people and observing to see if they needed assistance. One person liked to move around the home and they spent time in the garden; staff knew they were at risk of falling and provided a hand to hold when they needed to ensure they were safe. Staff told us, "(Person) likes to sit outside in the sun and moves around to different gardens depending on where the sun is." Staff offered



the person sun cream and assisted them to apply it to reduce the risk of sunburn.

As far as possible people were protected from the risk of abuse. Staff told us they had received safeguarding training; they demonstrated an understanding of different types of abuse and were clear about the action they would take if they had any concerns. The provider had a whistleblowing policy and staff said they had read this and had no concerns about reporting anything to the registered manager, senior staff or the local authority. Staff said, "If I saw something I wasn't happy with I would stop it to begin with and then report it to the manager and I am sure he would deal with it. But if they don't I know I can talk to social services or you." Relatives and a visitor said staff supported people to be independent but also make sure they were safe when moving around the home or garden. One relative told us, "Staff are very good, they observe and offer assistance but don't stop residents doing what they want to do."

People were encouraged to be independent and staff provided support so that people could take risks in a safe way. For example, people used mobility aids, zimmers or walking sticks, to move around the home. Staff ensured people had the appropriate aid; each one was labelled with a string of attractive beads that spelt out their name and staff walked with people or observed them as they walked around the home. Staff were aware of who was at risk of falls and they chatted to them asking where they wanted to sit as they assisted them to walk to and from the lounge or dining room at mealtimes. Risk assessments specific to each person were in place with guidance for staff to follow to reduce risk. These included mobility, risk of falls, communication, temperament, eating and drinking, sleeping and waterlow scores for the risk of pressure sores and there was clear guidance for staff to follow. One member of staff said, "Each resident has risk assessments that are particular to them. Like (person) can get confused at night, so there is an IR (infra-red light) sensor in her room, just a beam that alerts the staff if they she has got up and we can get to her quickly and make sure she is safe."

The provider had established safe systems to ensure only suitable staff worked in the home. Relevant checks on prospective staff's suitability had been completed, including two references and a Disclosure and Barring System (DBS) check. The DBS identifies if prospective staff had a criminal record or were barred from working with children or adults. Evidence of their residency in the UK had been obtained and application forms and work history had been discussed at interview. The registered manager said this meant they could discuss their skills, the philosophy and aims of the service to ensure new staff would provide the support people wanted and also work well with existing staff.

At the last inspection improvements to the building were nearly completed and an additional two rooms had been added; these have been registered and were in use at this inspection. A decking area with overhead cover had been added to the rear of the home and the garden had been grassed with seating areas in a number of places, to enable people to sit in the sun or shade. The home was clean and well maintained. Maintenance staff had records to show that relevant checks had been completed internally. These included hot water temperatures and legionella, call bells and lighting and that the lifts, electricity and gas supplies and kitchen equipment were maintained by external contractors. Fire alarms were tested weekly, staff said they had attended fire training and were clear about how much support people would need if they had to evacuate in case of emergency. One member of staff said, "There are several ways to exit the home, depending on where people are and some need more support than others, so we spoke about this during the training."

Accidents and incidents were recorded; the registered manager monitored these and audited them to ensure appropriate support was provided and when necessary changes had been made to reduce the risk. For example, one person had caught their zimmer on a low step in the garden and had fallen. The area had been risk assessed and a raised bed was being installed during the inspection along the low step, to prevent

further falls and encourage people to use the ramp.

## Is the service effective?

### Our findings

People said staff knew how much support they needed. One person told us, "I can only speak for myself but I find that they have the knowledge they need to do the job properly." Relatives said the staff understood each person's needs; they knew staff attended regular training and, "Looked after people very well." People told us the food was good and they could decide what they wanted to eat. Relatives and a visitor said people liked the food and knew that people were offered choices for each meal. One relative told said they don't usually visit the home during mealtimes, but were confident if there were any issues their family member would tell them.

The registered manager and staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity and enabled them to make decisions or participate in decisions about the support they received. Staff had a good understanding of the MCA and people's right to make decisions and take risks and, the necessity to act in people's best interests when required to ensure their safety. Staff said people could make decisions about the support provided, although some had to be reminded or prompted. Staff told us, "It is up to them really they decide what they want to do every day. We might suggest something or remind a resident about having a wash or something, but if they don't want to we go back later and ask again" and, "Some residents have dementia but they still decide what they want to do and we always ask them, we don't decide for them." People chose where they wanted to spend their time; most people sat in the lounge while others chose to remain in their own rooms or sit in the garden. The activity co-ordinator was aware that people may become isolated if they remained in their rooms and they spent time with them every day, in addition to when the care staff check on them.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and they need support with aspects of their lives; this had been followed for one person. A best interests meeting had been arranged to enable health and social care professionals, staff, the person and their relatives to discuss what their specific needs were and, if a DoLS was the most appropriate course of support to put in place. The registered manager told us the decision was that a DoLS was needed; there was clear guidance for staff to follow to support the person, although there had been no concerns as the person had not wanted to leave the home and had settled in well.

Staff demonstrated a good understanding of people's individual needs and were supported by the management to develop relevant skills to provide the care people wanted and needed. There was a rolling programme of training and the training records showed that staff had completed required training. This included safeguarding, moving and handling, health and safety, fire safety, medicines, infection control, food hygiene, dementia awareness, end of life care, first aid and equality and diversity. Staff said the training was very good. "It keeps us up to date so that we know what we should be doing." "We need to know how to support people to live as they would like to if they were at home" and, "I did the virtual dementia training, it was really good and gave me a different view of how people live with dementia and how we can provide support for them in a positive way."

New staff completed induction training when they first started work at the home. Staff told us the induction training was good, they were introduced to the home and other staff when they had their interview and observed and worked with more experienced staff until they were confident supporting people. One member of staff told us, "I met residents and other staff when I came for interview, before I started work here, which was nice and I had a look around the home. It is bigger than I thought it would be." Another said, "I have worked in care for a long time, but I still did induction training here, working with other staff until I had a good understanding of resident's needs." Staff told us they were encouraged to work towards vocational courses. 12 staff had completed level 2 in care and two were working towards it. Six staff had completed level 3 in care; two had completed qualifications in health and safety, the activity co-ordinator had a level 2 qualification in leisure activities and the cook had completed level 3 in catering. One member of staff said the management was very supportive, "We are encouraged to develop skills to make sure we look after residents and support them to do what they want as well as keep up to date with current practice."

Staff said they had regular one to one supervision and found this to be a good time to talk about their own professional development and to ensure their standard of work was appropriate. One member of staff said, "But we can talk to the manager at any time if we need to. He is always available, even on days off if we need to we can ring him."

People were supported to have enough to eat and drink and they told us the food was very good. People chose where they wanted to have their meal with most sitting in the dining room. Staff said, "Residents decide what they want to eat and where to sit, some prefer to eat in their rooms, it is up to them." The daily menus were recorded on a board in the dining room and people made reference to this when talking about meals. People chatted to each other and staff. One person commented to another, "Oh doesn't that look delicious." The dining room was attractively laid out with tablecloths, placemats and condiments. Different drinking cups and cutlery was provided to enable people to eat independently and staff supported people when required. The cook had a clear understanding of people's dietary needs and their likes and dislikes. "One of the choices offered is always vegetarian and one person has some of both; one person does not like fish and has egg and chips instead and another leaves a note with a list of things they want to me to get. Residents can really have what they want. I cook everything from fresh and I only order quality ingredients not supermarket brands. It is not regimented and we cater for everyone's needs" and, "I try to give as much variety as possible and I'm a stickler for presentation even if someone has a soft or pureed diet."

Staff asked permission before they offered assistance. For example, staff asked a person if they minded wearing a clothes protector and waited for their response before putting it on. Meals were served politely; one person with a larger appetite was given a larger portion and alternative sweets were offered when another person refused the one on the menu. People were offered different fruit juices or water with lunch and tea and coffee after their meal. Records were kept of how much people had eaten and people were weighed monthly; changes were noted and staff said if they had any concerns they would contact the GP for advice or referral to the dietician.

People had access to health and social care professionals and there was evidence of good communication in the management of people's care. One person said, "Oh yes I have the hairdresser and the chiropodist regularly. I changed my GP when I came here and that works well for me." GPs and district nurses visited the home and staff assisted people to attend appointments as required; records were kept and any changes in support had been included in the care plans with guidance for staff to follow.

## Is the service caring?

### Our findings

People said they were happy with the support provided at Nova House. They told us, "They are very good with us." "I think they are very polite and treat us well" and, "I'm full of admiration for their care...I'd give them 10.5 out of 10." A visitor said the staff were very caring and relatives told us staff were kind and thoughtful.

People said they were comfortable and the atmosphere in the home was calm. Staff approached people in a kind and polite manner; they used their preferred name and made sure they had eye to eye contact as they asked if they needed anything, such as a drink. One member of staff placed a reassuring hand on a person's arm as they spoke to them and staff smiled and listened to people as they chatted to each other and staff. People were asked where they wanted to sit in the lounge and dining room and staff checked they were comfortable and had everything they needed. One member of staff asked, "Would you like your feet up for a while?" as they assisted a person to sit down.

It was clear from the conversations that people and staff knew each other very well. Staff had a good understanding of people's preferences and had read their care plans and life stories, "We know what residents used to do and how they liked to spend their time" and, "There are lots of things we can talk to residents about. They have all had really interesting lives before moving in here which is really nice, particularly for those with dementia." People were very positive about the staff and the care provided, they said, "I would say they are kind, thoughtful, reliable and patient and they don't get stressed and work well together as a team" and "One thing I noticed is that they are wonderful at understanding how hard it is to give up your home and the life you knew and spend time with you to listen.....that's wonderful."

Staff protected people's privacy and dignity; they knocked on bedroom doors and waited to be invited in. They asked people if they needed assistance quietly, they treated them with respect and supported people to make choices. One member of staff told us, "We are here to make sure residents decide how we support them. We might suggest something, but it is up to them. Which is as it should be, this is their home."

People told us their relatives and friends were always made to feel very welcome. Relatives said they could visit at any time and were involved in decisions about the care and support provided if appropriate. They told us, "Staff make us feel very welcome, they offer a drink and make sure we are happy with everything" and, "They always let us know if there are any changes, like (person) is not feeling well and they had to call the doctor." A visitor said, "We visit regularly and are always pleased to see that everyone is well cared."

There were policies and procedures to protect people's privacy and staff said they had read these. Staff regarded information about people as confidential, care plans were kept in a locked room and additional information was kept secure in the office. Staff told us, "We wouldn't discuss anything even with relatives and friends, if they wanted to know anything we would ask them to talk to the manager or senior staff."

## Is the service responsive?

### Our findings

A range of group and one to one activities were provided and people said they were very good. "There is always something to do if we want to." "(Activity co-ordinator) has something planned for each day and we can join in or not depending on what we want to do." "I prefer the quizzes and music, but I like everything really." "I like the chair exercises, I think it's a good idea" and, "The garden is very pleasant and I like to be out in the sun." Relatives told us there were a number of different activities and their family members often chatted about what they had been doing and a visitor said, "(Person) doesn't always join in the activities, but she knows they are going on and is asked if she would like to join in. It is up to her which is very good."

The registered manager said people's needs had been assessed before they moved into the home; to ensure they could provide the care people needed and that their move into the home did not affect their wellbeing or that of the people already living there. One relative said their family member's needs had been assessed and a visitor told us, "Yes the manager came and discussed (person) health and talked about what the home could offer. We then brought (person) to have a look at the home, which rooms were available and meet other residents and staff. It was very good." One person told us they knew about the home and had visited it before, "So I knew it was very good and they would look after me."

The assessments had been used as the basis for the care plans, which contained information about people's needs and preferences, with guidance for staff to follow to meet them. The care plans had been written to identify a specific need; the risk to the person if this was not met and the actions needed to reduce the risk. For example, one person had forgotten to use the lift and attempted to use the stairs; they were at risk of falling and the action to reduce the risk was 'gentle assistance and guidance as they are independent to use the lift and escorting them to the ground floor.' Regular reviews had involved discussions with each person and/or their relatives if appropriate and they had signed the care plans to show they agreed with the information recorded. One person told us, "I have a care plan, but I don't worry about it, staff always know what I need, they are very good."

Staff had read the care plans and spoke confidently about people's needs and the support provided. One member of staff said, "The care plans have all the information we need to know how to support people, particularly if we have been on holiday, but the handovers are very good and they keep us up to date with any changes. Like if a resident had been unwell overnight." Relatives were positive about the support their family members received and felt staff provided care that was specific to their needs. A relative was impressed with the individual aftercare of their loved one after a period in hospital. "(Person) had a serious episode in hospital and lost a stone in weight but with their (staff at the home) input she is now physically fit and put weight back on."

People said they decided how much support they wanted and they made choices about their day to day lives. One person had asked for a new mattress and this had been provided and another told us, "I also like to spend some of the night in my bed, then move into my chair and then back to bed. They know that's how I'm most comfortable." People liked their rooms and had personalised them with ornaments, pictures and furniture. One person said, "I think the rooms are very homely and I love mine. (The manager) told me it was

for me to have it how I want it." Another person had asked for additional shelving, a new blind and changes to their wardrobe, they told us, "I only had to mention it to the maintenance man and he spoke to the manager and it all got sorted very quickly."

The activity co-ordinator offered different activities each day. A number of people joined in the group games and quiz, as well as singing along to the 'old time songs' and popular music provided by a visiting entertainer during the inspection. People clearly enjoyed the variety of activities; staff said it really depended on what people wanted to do on the day and was never restricted to one activity. One member of staff told us, "We usually do several different activities so that people are not bored and if they don't want to do anything we chat about what is in the Weekly Times." The activity co-ordinator produces the Weekly Times, which was a collection of information about what happened that week in previous years. For example, in the week of 29 May to 4 June the coronation of Queen Elizabeth had taken place on 2 June 1953 and Heathrow airport had opened for civilian use on 31 May 1945. Stories from people living in the home were included with a quiz about body parts and songs for people to sing along to that were popular at the time, such as 'Get me to the church on time'.

A complaints procedure was in place; a copy was displayed on the notice board and given to people and their relatives. Staff told us they rarely had any complaints and if they did these would be dealt with by the registered manager. Relatives said they had no concerns, but were confident that if they spoke to staff or the registered manager they would be addressed. People told us, "I don't have anything to worry about here" and, "No, no complaints, it is all very good."

## Is the service well-led?

### Our findings

At our last inspection in April 2016 we identified improvements were required with regard to the providers quality assurance system as the audits had not picked up the concerns we found with regard to medicines and staffing. At this inspection we found that these improvements had been made and an effective quality assurance systems was in place.

The culture at the home was open and relaxed. People were happy with the support and care provided. One person told us, "(Manager) is very understanding and gets things done....good chap." Relatives told us their family members were comfortable and liked the homely atmosphere in Nova House. Staff said the management was always available; the registered manager was very supportive, the provider visited regularly and they felt they all worked really well together as a team.

There were systems in place to monitor the support and care provided and the facilities themselves. Audits had been completed to cover all areas, including medication, care plans, cleaning, catering, accidents and incidents, the environment and health and safety. The registered manager said they made changes as soon as they identified if any improvements were needed or if there were ways to make a particular process more effective. For example, the provider was assessing access to the rear garden for people who used the steps to move from one area to another. A ramp was provided, but some people chose not to use it. They said they would be contacting an occupation therapist for advice about the most appropriate changes to make, such as railings to lean on, to ensure people were safe without restricting them. In the meantime all staff observed people when they used this area and they offered a hand of support as people used the steps.

The registered manager used a quality assurance questionnaire to obtain feedback from people living in the home, their relatives or representatives and visitors, including health professionals and staff in 2016. The results were positive with most of the responses being good, or very good. For example, 13 of the 14 responses said staff friendliness was very good and one response was good; 10 responses were very good for the care people received and four were good and, none of the responses were poor or very poor. There were comments about the building work and the impact it had had on people, but they understood the reasons for any restrictions and expected it to be resolved when the work was completed. People said it had got back to normal when the work had finished and relatives had no concerns about the environment.

There were regular residents meetings and people said they attended these if they wanted to and could make suggestions. The minutes showed that people had been involved and had been kept informed about developments in the home, such as wall mounted thermostats which had been installed in people's rooms to replace those on radiators, so people could easily control the temperature and people were happy about this. The provider said they were investing in a new minibus to take people out and people put forward suggestions for trips, including Bentley Wildfowl Park, Nymans Gardens, Woollen Mill Nr Hailsham and Hillcrest Centre, Newhaven. Staff said they were open to any suggestions from people, their relatives or visitors and this year they had arranged an Ice Cream van to come to the home weekly during the summer.

Regular staff meetings ensured that staff were up to date with any changes and they had an opportunity to



propose any changes that they thought would benefit people living in the home. The minutes showed that they discussed a number of issues including the last inspection report and actions they needed to take to meet regulations. Staff training and supervision and staffing levels, which had increased since the last inspection to allow more time for activities throughout the home. Staff told us the meetings were very good. "We are kept up to date with what is happening in the home and if there are going to be any changes" and, "It is good to hear other people's ideas and we are always encouraged to be involved and not be embarrassed about saying anything."

Staff were clear that they and the management had the same ethos; to provide appropriate care in a homely environment, with staff supporting people to make decisions about how they lived their lives. One member of staff told us, "I really enjoy working here. The home is run for the residents; they make all the decisions really, unless they are not safe. Then we assist them or suggest other things they might want to do. It is really relaxed and very good for the residents."

The registered manager notified CQC of significant events which had occurred in line with their legal obligations and these were recorded on our system.