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Heaton House Residential Care Home

Inspection report

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Date of inspection visit:
10 May 2016
13 May 2016

Date of publication:
13 July 2016

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

This inspection took place on the 10 and 13 May 2016 and it was unannounced.

Heaton House is registered to provide accommodation and personal care for up to 14 people. At the time of the inspection 12 people were living at the home. People had various needs including dementia and physical disabilities.

Heaton House is a small residential home situated in a residential part of Worthing, West Sussex in close proximity to local shops. The home has 13 bedrooms which are spread over two floors. All bedrooms were of single occupancy and had en-suite facilities, 10 bedrooms had showers. Communal areas included a dining area which led into a lounge. The lounge windows overlooked a south facing garden; bird feeders were positioned in view of those using the lounge. In addition a separate open television lounge was available for people.

A registered manager had been in post since 2010. The provider manager was also a registered manager at Heaton House Residential Care Home. 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. Both registered managers were present throughout the inspection.

People and their relatives felt Heaton House was a safe environment. There was sufficient staff who had been trained in how to recognise signs of potential abuse and protected people from harm. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks. People's medicines were managed safely and administered by trained staff. The service followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their new role.

We found the home to be clean and tidy and maintained to a high standard. Home furnishings such as pictures and photographs decorated communal areas and hallways attractively. The ambience of the home was warm and inviting.

Staff implemented the training they received in core subject areas by providing care that met the needs of the people they supported. Staff received regular supervisions and spoke positively about the guidance they received from the managers.

Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. They also understood the associated legislation under Deprivation of Liberty Safeguards and restrictions to people's freedom.

Additional drinks and snacks were observed being offered in between meals and staff knew people's preferences and choices of where and what they liked to eat.

Staff spoke kindly to people and respected their privacy and dignity. Staff encouraged people to be as independent as possible. Staff knew people well and had a caring approach.

People were supported to express their views and were actively involved in decisions about their care and treatment as much as they were able.

People received personalised care. Care plans reflected information relevant to each individual and provided clear guidance to staff on how to meet people's needs. Staff were vigilant to changes in people's health needs and their support was reviewed when required. If people required input from other health and social care professionals, this was arranged.

People, relatives and staff told us they were happy with the activities that had been organised. The home organised a variety of entertainers to engage with people. People and their relatives were listened to by the registered manager and the staff team.

There was a complaints policy in place. People and their relatives knew who to go to with any concerns they had.

People and their relatives felt the home was well led. The registered manager was open and approachable. A range of quality audit processes overseen by the registered manager were in place to measure the overall quality of the service provided and to make any necessary improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives found the service safe.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

Staff were trained to recognise the signs of potential abuse and knew what action they should take.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff attended training and supervisions and appraisals were provided.

People were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly, respectful staff who knew them well.

People were supported to express their views on how they wished to be cared for.
People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff.

Care plans were individual to the person being written about.

People knew how and who to complain to if there was a concern about the care they received.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, positive and friendly. The staff team, including the registered manager, cared about the quality of the care they provided.

People knew who the registered manager was and felt confident in approaching them.

An overview of the quality of care provided was being managed by the registered manager. Actions were taken when the need was highlighted and improvements implemented.

Community links were maintained with external agencies.

Heaton House Residential 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 10 and 13 May 2016 and was unannounced. The inspection was carried out by one inspector. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the Provider Information Return (PIR) and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care and we 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 spoke with three people living in the home and five relatives who were visiting at the time of the inspection. We also spoke to a district nurse who visits the home regularly and was attending an appointment for one person. We met with one of the care staff, one senior carer, the deputy manager and the care manager. We also met with the registered manager and spoke with the provider manager throughout the inspection.

We spent time looking at records including three care records, three staff files including training records. We also looked at medication administration records (MAR), staff rotas, activities plans, compliments and complaints, accidents and incidents and other records relating to the management of the service.

The home was last inspected on the 12 July 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People looked at ease in the company of staff and were comfortable when anyone in the staff team approached them, chatting and laughter was heard throughout the inspection. One person told us they felt safe and said, "I don't want for anything". Relatives described why they found the home to be safe and how their family members were protected from harm. One relative told us how they appreciated the care their family member received and said, "It's as safe as possible". Another relative said, "I can sleep at night". The deputy manager said they kept people safe, "By keeping a watchful eye". Another member of staff said the home was, "Very safe and secure".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. The deputy manager told us how well the staff knew people therefore they would recognise if there was a problem. They said, "We would be able to read the residents quite well". All staff told us that they would go to the care manager, the registered manager and or the provider manager in the first instance and failing that they were able to refer to the whistleblowing policy for guidance. The home had safeguarding adults at risk policy which provided information and guidance on keeping people safe. The policy included contact information for staff on who to go to if they had any concerns.

Care records contained detailed risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details what reasonable measures and steps to take to minimise the risk to the person they support. The registered manager and care manager were both involved in writing risk assessments. Risks were managed safely for people and covered areas such as how to support people to move safely, how to administer medicines safely and how to support people with the food and fluids they required. We found risk assessments were updated and reviewed monthly and captured any changes to people's needs. For example, one person was at risk of falls. Their bed had been moved against the wall and a sensor mat had been positioned next to the bed. The sensor mat detected and alerted staff when they were moving around their room, for example at night. This was reflected in the risk assessment which meant guidance to support this person safely was available for staff. Staff told us they felt confident when using moving and handling equipment and we observed staff using their skills to move people safely.

Personal emergency evacuation plans had been drawn up so that, in the event of an emergency, staff knew how to support people to be evacuated safely. Equipment used to support people, for example with moving safely, was checked in line with regulatory guidance.

Accidents and incidents were reported appropriately and documents showed the action that had been taken by the staff team and the registered manager. This also included an analysis of any people that had experienced a fall. The records showed that appropriate professionals had been contacted and subsequent support provided to people. This helped to minimise the risk of future incidents or injury.

At the time of the inspection there were three members of care staff supporting 12 people. A domestic was also on duty. The domestic was also care trained and had achieved a level three National Vocational Qualification (NVQ) in end of life care so were able to step in and support people when required. People and their relatives told us there were sufficient numbers of suitable staff to keep people safe and the staffing rota corroborated this. During the inspection we observed when people needed support with personal care or help with refreshments staff were able to meet people's requests. One person said, "There's always an arm when I want it". One relative said, "It is safe because of the ratio of carers to residents. There is always someone there to take residents to use the facilities" Another relative told us, "There is always somebody in the lounge with them". They added, "They always have time to stop. They always have enough staff". Care staff absences were managed effectively by the management team. The care manager, the registered manager and the provider manager were hands on therefore were able to 'step in' to provide care thus reducing the impact to people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were managed safely by the home using an effective medicine administration system. Only trained and competent staff were able to administer medicines to people. All people's medicines were held in a locked facility. They were mainly stored in blister packs which were labelled and corresponded with a clear recording system. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. We observed the care manager administering medicines with confidence and using a personalised approach. They bent down next to each person and spoke discreetly to them about their medicines. When one person became distressed when offered their prescribed medicines, the care manager remained patient, calm and flexible in their approach which reassured the person who later took their medicines. The Medication Administration Record (MAR) was completed on behalf of each person by the care manager each time someone was supported to take their medicine. This meant people received their medicines as prescribed.

Relatives told us they were happy with the medicine system and felt confident with how their family members received their medicines. One relative said they were, "Completely happy" with how medicines were administered to their family member. Guidance was also provided for staff when administering "When required" (PRN) medicines. One relative explained how their family member often suffered with chest infections and spoke positively about how the staff responded to this. "They make sure [named person] gets liquid antibiotics as they are easier to swallow". The registered manager showed us a new dosage monitoring medicines system they planned to introduce to the home within the next two months. They told us all staff who administered medicines had or were about to attend training on the new system and it would not be implemented until all staff felt confident in using it.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and relatives told us of the confidence they had in the abilities of staff and said they knew how to meet their needs. One person told us, "We don't really want for anything. If they (staff) can't do it immediately they find a time. One relative said, "They give us piece of mind". Another relative told us they thought the staff were, "Ideally suited" and added, "You can be trained, but you have to be interested, they are". We asked a district nurse their views and they said, "When you ask the staff to do things they do it. All very good staff. If they can't answer they know their limitations and they ask for an opinion and advice".

People received support from staff that had been taken through a thorough induction process and attended training with regular updates. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Newer staff were supported by the registered manager and senior staff using observations to assess their competency before performing their tasks independently. One relative said, "They (registered manager) have new girls shadowing the more established staff". They added, "They seem to gain confidence very quickly". The mandatory training schedule covered core topic areas including moving and handling, dementia and safeguarding. External training providers were used to train staff, this included the use of online training, DVD's and classroom based methods. In addition the registered manager had achieved a training qualification and was able to facilitate some of the training sessions to staff. This included safeguarding, dementia and infection control. They told us the training role helped them to assess any knowledge gaps and provide additional support for staff when it was required. Staff were booked accordingly on training or for existing staff refresher training.

The home had introduced the Care Certificate (Skills for Care) for staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. A new member of staff had completed the Care Certificate with the support of the registered manager.

All staff had completed or were working towards various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff spoke positively about their induction and training. One member of staff told us about bereavement training they had recently attended. The deputy manager said, "We do extra training if we don't feel confident".

Supervisions and appraisals were provided to the staff team, overseen by the registered manager. A system of supervision and appraisal is important in monitoring staff skills and knowledge. The registered manager used individual face to face meetings and observations followed by professional discussions to supervise the staff team. The registered manager had completed a coaching and mentoring course to encourage

members of staff to develop their roles further. Staff told us an 'open door' approach was encouraged by the registered manager. This meant staff could approach the management team to discuss their roles and responsibilities with regards to supporting people outside of formal meetings. The care manager was also involved with supervising staff they told us how they continuously talked to staff to ensure they felt confident in their role supporting people. Staff meetings were held regularly and included items relevant to people's needs. For example at a staff meeting in April 2016 the new medicines system was discussed. In addition memos were routinely given to all staff; they included training information or other matters relating to how care must be provided to people. The registered manager said, "We are always looking at different ways of supervising and new intuitive training for staff".

Consent to care and treatment was sought in line with legislation 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, mental capacity assessments had been completed on behalf of all people living at Heaton House Residential Care Home by the registered manager or the care manager. The registered manager told us, and care records confirmed that a standard authorisation DoLS application had been made for all people who lived at the home. So far, three DoLS had been approved; the process had included people's relatives and the appropriate health and social care professionals. Therefore people's rights had been protected in line with current legislation.

Staff had attended training on the MCA and DoLS. Additional training on the topic areas was due to be held in November 2016 however an additional opportunity was provided for one member of staff who needed to refresh their knowledge. We observed staff putting the main principles into practice when supporting people by offering choices and involving them in all aspects of their care. Staff spoke with confidence about both the MCA and DoLS. They told us people were able to make daily decisions surrounding their care however more complex decisions were made by their relatives and other health and social care professionals.

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual need. The food offered to people, relatives and visitors smelt and looked appetising. Throughout the inspection we observed people were routinely offered choices of foods and additional drinks and snacks in between mealtimes. Mealtimes were a sociable experience for those involved and people talked to each other throughout. One person told us, "I'm certainly never hungry". Most people ate in the dining area; however two people ate in their bedrooms as they received care in their beds. A chef or a supper assistant prepared the food which meant care staff focused on serving and supporting people at mealtimes. Staff leading the shifts deployed other staff effectively to ensure people's needs were met with regards to support with drinks and food. Staff offered clothes protectors to people who required them, if people did not want to wear one their decision was respected. One relative explained how their family member required a pureed diet and said, "They (staff) always sit with her and chat to her whilst helping her with eating". Another relative said, "The food is varied and always homemade. They made a special homemade cake for [named persons] birthday". They added, "They always offer us if we want to join in and eat".

Staff completed food and fluid charts on behalf of people to monitor what people were eating and drinking. Weights were recorded and monitored on a monthly basis. This ensured that changes to people's nutritional needs were regularly monitored for any changes.

Staff told us they would tell the care manager, the registered manager or the provider manager if a person had any health issues immediately and then they would contact a nurse or a GP. People and relatives confirmed that the staff team were effective in addressing health care needs. One relative told us, "Doctors come straight out". They also said, "[named person] needs district nurses regularly to help and they get them in". Another relative told us they contacted health professionals immediately and said, "They are switched onto anything if they think [named person] is in pain". Health care records included actions that had been taken to address people's needs. The records demonstrated that the staff team were able to act on observations and call on the necessary health care professionals when needed. This included supporting people with appointments to see dieticians, physiotherapists and Speech and Language Therapists (SaLT).

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One person said the staff were, "All very good and lovely". One relative said, "They are very patient. All the staff are reassuring. They're very good at listening and giving them (people) the time". Another relative said, "All of the staff are very caring and welcoming to us as a family". A third relative said all staff were, "Respectful. They don't treat residents like children". We read complimentary letters sent to the home from relatives and health care professionals. A letter from one relative read, 'I was very happy with the gentle care my [named person] received over the years. It was obvious that the staff knew and understood him and that they truly cared'. Another letter from a district nurse said, 'All your staff have been friendly and informative and clearly care a great deal about all the people they care for'. People looked at ease in the company of staff and were comfortable when anyone in the staff team approached them.

We observed numerous occasions of positive support provided by staff to people. Staff bent down to address people at their own eye level and maintained good eye contact. Staff spoke with people calmly and warmly and involved them in the care provided to them. Throughout the inspection we overheard staff ask people, "Are you alright?" and "Are you hungry?" and "Do you want some help with that?" One member of staff brought in a laundry basket and invited a person to join in with folding the clothes. The person looked delighted and said, "Yes please". Another member of staff asked a group of people whether they would prefer 'Elvis' or 'Max Bygraves' music to be played. One person immediately answered with, "Elvis" and the member of staff responded with, "I knew you would choose him". This was followed up with a conversation of the person's last trip to 'Graceland'; this showed staff had developed meaningful relationships and had taken the time to get to know people well.

People were supported to express their views and were actively involved in decisions about their care and treatment as much as they were able. Resident meetings were not organised however people had opportunities to express themselves. For example, on a monthly basis the registered manager asked all people to share their views on the meal they had just eaten. This was carried out randomly once a month. The last record taken on 19 April 2016 mainly consisted of positive views about the liver, bacon and onions they had just eaten. The registered manager used the same approach to gain views from people on how they felt about the activities the home organised. An 'Activities feedback form' completed on the 18 April 2016 referenced a poetry session. It stated, 'All said they enjoyed the poetry'. As a result people were listened to and involved in how the home developed further.

We observed staff supporting people to be as independent as possible with various aspects of their lives. Staff told us how they involved people with their own care. The care manager described how they supported people with their personal care and said it was important to "Get their (people's) permission first". The deputy manager said, "We encourage them to wash themselves and choose their own clothes even if they don't match". A senior carer told us, "If you know somebody can wash themselves encourage them to do so".

Staff gave examples of how they upheld privacy and dignity when supporting people. One staff member

described how they knocked on bedroom doors before entering, closed the door behind them and closed curtains if they needed to. The care manager told us, "It's how you would want care given to you". Staff were observed supporting people with personal care with calmness and patience. One relative whose family member received their care in bed told us, "There is nothing they can do to enhance her life as its being done. They maintain her dignity". They ask me to leave if they are going to change her". Another relative said, "They will go up and whisper in [named person's] ear to see if she would like the toilet, they don't announce it to the room". A poster displayed on a notice board aimed at staff read, 'We are all dignity champions' to reinforce their caring values.

Good

Is the service responsive?

Our findings

People lived in a home where staff were responsive to their individual needs. We observed people receiving personalised care. People told us they were happy with the care they received; care records demonstrated that they were created to meet the needs of each individual. Bedrooms were personalised to suit people's preferences. People could make choices over various aspects of their lives and where an individual lacked capacity, agreed professionals and family members were asked to engage to make best interests decisions. One relative told us, "[Named person] was always fashion conscious and they appreciate [named person] still has an opinion". Staff demonstrated they had a good understanding of people's personal histories and what they liked and disliked. A senior carer told us, "I ask if they are ready and want to get up", and added, "I ask what they want to eat and drink. No one is the same we all like to eat different things".

Care plans were personalised and held clear guidance for the staff team on how the physical and emotional needs of people were to be met. The home used a combination of both paper and a computerised system to maintain care records. Staff demonstrated they found the systems easy to navigate and use. Care plans were reviewed regularly and included information on a person's history to their present day needs. For example, one member of staff shared how one person had been artistic in their past and still enjoyed drawing. This was reflected in their care plan. During the inspection we discussed their artwork with the same person, they pointed out one of their recent drawings of a human face on the wall in the lounge. This showed care plans were meaningful and focused on the individual they were written about.

Care plans also provided staff with detailed guidance on how to manage people's physical health care needs. This included guidance on areas such as skin integrity, mobility and continence care. People's preferences and consent to their care was captured. They showed how people were made to feel involved in all aspects of their care, this included changes to how care was provided and where that was not possible the involvement of family members was used. A relative told us, "We review (the care plan) every six months but also chat as we go along". Another relative explained their family member had recently returned from hospital and said, "I have gone through the revised care plan". They added, "If there's anything that has changed or has happened [the care manager] will come to talk to us". You don't have to wait for a meeting". Daily records were completed about people by staff during and at the end of their shift. This included information on how a person had spent their day, what kind of mood they were in and any other health monitoring information. These daily records were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated.

People were provided with stimulation and opportunities to join in with various group activities at the home. During our inspection a singer arrived to entertain people. We observed positive responses from people upon their arrival. People joined in with the singing, laughter and pleasant exchanges were heard throughout the session. At the end of the session one person said, "Thank you it was lovely" to the singer. There was a main activity planned for each day of the week where the home accessed external entertainers to facilitate a session to people. This included armchair exercises, pets as therapy and other reminiscence events appropriate for older people living with dementia. In between more organised sessions staff stepped in to engage with people. Later in the afternoon staff were seen painting people's nails. One person smiled

with pride as they showed us the nail polish colour they had chosen. The deputy manager said, "We do board games, bingo, quiz games. We do try and keep them (people) happy". People were seen reading newspapers or listening to music. People were able to spend time in their bedrooms when they wanted to or if they felt tired. One person told us they liked to walk outside in the garden when it was nice weather. Relatives confirmed their family members often used the garden. The deputy manager told us, "In the summer time we have strawberries and cream in the garden". We observed and relatives confirmed staff engaged routinely with people who received their care in bed. In addition an electronic system showed staff visited people, who received their care in bed, frequently throughout each day. One relative told us staff were in and out of their family member's bedroom and said, "They clearly know [named person], they talk to them about the pictures on their wall. About stuff to do with them and us as a family".

The registered manager told us about links with a local children's nursery and how children, on occasions, had come to spend time at the home and this was something all people had enjoyed. They also shared their plans to extend their trips to a seaside beach hut which belonged to the provider manager. This meant opportunities were provided by the home which offered social stimulation to people and minimised the risk of social isolation.

People and their relatives told us they knew who to go to with any concerns or complaints. The home had a complaints policy in place and encouraged people and their relatives to approach them with any concerns they had. One person told us they would, "Find the most senior person on at the time. I certainly wouldn't have any hesitation". They added they didn't have any complaints and said, "I don't have a reason to worry". A relative who had no complaints about the care their family member received said, "And I can be quite a tough cookie. If I wasn't happy with something I would say". Another relative said, "I don't have any worries". A third relative said, "[Named person] is well looked after, we don't worry. If I have any concerns if the staff can't answer they will try and find out". A fourth relative said, "I would go to any of the supervisors but we seem to talk to the [care manager] most".

We asked the care manager how they felt the home responded to complaints and concerns they told us they listened to what people and their relatives were telling them and then care was adjusted if required. The registered manager confidently told us there were no current complaints. People, relatives and records confirmed this.

Good

Is the service well-led?

Our findings

People and relatives expressed positive views of the home and the care that staff provided. They enjoyed the open culture and felt listened to by staff, the registered manager and the provider manager. Throughout our inspection the atmosphere was friendly and inviting. One person told us they were, "Fortunate to have found the place". Relatives told us how they appreciated being able to visit when they wanted to. One relative said, "No issue here about visiting times". Another relative told us, "We are lucky to have a home like this". A third relative said, "It's not just a home, it's their (people's) home". A fourth relative told us how the care their family member received had impacted their lives positively and said, "It's changed our lives. So much pressure lifted".

We asked staff their views on how they promoted a positive culture within the home. One staff member said, "It's about bringing a spark to their (people) day". Another member of staff said, "If the residents are happy then everything is good". A senior carer told us, "You walk into this home and it's so welcoming, it's clean and it's comfortable". The deputy manager told us of the importance of team work and said, "We (staff) all come in and tick like a clock". They also liked the way the provider manager always asked people and their families if they were happy with the care they received. The care manager told us, "If something is needed for the resident's they get it".

The registered manager demonstrated good management and leadership throughout the inspection and made herself available to people. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. This ensured all people were receiving the right help and support. The enthusiastic joint working relationship between both the registered manager and the provider manager came across when speaking with people and relatives. One relative said, "The Managers are excellent. Pretty impressive they have that consistency, which is tricky". Another relative described them as providing, "Continuity" when caring for their family member.

Both the registered manager and provider manager supported both Heaton House and a sister service which was also in Worthing. Although separately registered homes the staff teams came together for training sessions. This meant staff had access to additional learning opportunities and an extended support network. Staff felt supported by the registered manager and told us they were approachable. One member of staff said, "It's well run and well-led. If I have got a problem it's dealt with. Very supportive". The deputy manager said, "We all know where to go if there is a problem".

The registered manager promoted learning amongst the team and used a creative approach. All the staff within the team were encouraged to become 'champions' in one area or more within the home. For example the home had a, 'safeguarding champion' and a 'dementia champion'. During our inspection we noted there were six named 'champions. This meant they had received additional training and took the lead on this area. The registered manager told us they planned to have, "More champions". This showed the registered managers commitment to improving the quality of the care they provided to people and to developing staff.

A range of robust audit processes were in place to measure the quality of the care delivered. Audits had been completed in areas such as medicines, care plans and the cleaning of the home. People and relatives were encouraged to provide feedback as part of the audit process. The registered manager gave questionnaires to all relatives and provided us with a 'Questionnaire evaluation 27 October 2015' which provided information on what had been received back. Nine relatives completed the questionnaire and nine relatives said the home 'Always' respected privacy and dignity of people. Other feedback was mainly very positive however two areas were to be considered for improvement. One relative requested more variety for soft food, another relative asked for their family member to be walked to the shops and café more regularly. The registered manager told us how the areas had been addressed and resolved. They were also in the process of sending out new surveys to staff, health professionals and relatives to update their feedback.

The registered manager also completed a monthly manager report. This report assessed how the registered manager found the home at that particular time. On the 25 April 2016 the manager's report made reference to the residents they had spoken to it stated, 'All residents seem happy and content'.

The registered manager and provider manager were actively involved with the local community. For example, they provided a 'work experience' opportunity for students at a local school and college and aimed to continue their links with the local children's nursery to enhance the lives of those who lived at Heaton House Residential Care Home. They worked alongside health and social care professionals including the local social services team. They both also attended sessions and meetings run by West Sussex County Council to create links with other professionals and provider managers. This showed a commitment to develop their own skills and to improve on the quality of care delivered to people.

During our inspection the registered manager spoke passionately about the people living at the home and said, "The residents come first". They also said it was important to, "Embrace the diversity of the residents". The registered manager told us they wanted to, "Maintain the standards we have got now" and added, "We are always looking at different ways of involving residents and staff". We asked what had been her biggest achievements so far, she told us, "Promoting person centred care, they (staff) all know the residents come first".