

Aspire Life Care Limited

# Westdene Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

The inspection took place on the 15 and 17 March and it was unannounced.

Westdene Rest Home is registered to provide accommodation for up to 14 older people that may require personal care. At the time of the inspection 7 people were living at the home this included two people who were receiving respite care. Some people were living with dementia.

A registered manager was in post who was also the provider owner of the 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.

Westdene Rest Home is at the end of a close near the seafront in Worthing. Communal areas included a dining room and a conservatory which led onto a court yard garden area. All bedrooms were single occupancy apart from one which was shared. All bedrooms had en-suite facilities.

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

Medicines were not always managed safely for people. The records and our observations did not demonstrate that all people had received their medicines as prescribed. This was fed back to the registered manager who had recognised this was an issue.

People and their relatives felt that Westdene Rest Home 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. The service followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their new role.

Staff demonstrated how they would implement 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 registered manager.

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 knew people well and had a caring approach.

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. There was a complaints policy in place. All complaints were treated seriously and were managed in line with the complaints policy.

People and staff told us they were happy with the activities that had been organised. During the inspection we observed staff sat talking to people about topics of interest to them.

People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service and where necessary support with the reviewing of the care plans alongside more senior staff.

The registered manager was open to feedback and promoted a positive culture in the home.

A range of quality audit processes overseen by the registered manager were in place to measure the overall quality of the service provided

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Some aspects of the service were not safe.

Medicines for people were not managed safely.

There was sufficient staff to meet the needs of people.

People and their relatives said they felt safe and comfortable with the staff.

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

### 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 received regular training, supervision and appraisals.

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.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by kind, friendly and respectful staff.

People's well-being was taken into consideration in the approach used by the staff team.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records were personalised and individual to the person being written about.

Choices were offered to people with regards to activities.

The staff team and registered manager responded quickly to complaints and issues to improve the quality of the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The culture of the home was open, positive and friendly.

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.

# Westdene Rest 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 15 and 17 March and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we examined the information that we held about the service and the service provider. 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 spoke with a social worker from the local authority about their views of the service. We used all this information to decide which areas to focus on during our inspection.

We spoke with six people living at the home and one visitor to the home. We met with three care staff individually and the registered manager. We also spoke to a provider representative who facilitated training to staff and also helped manage the service. In addition we spoke with a member of the West Sussex contracts and commissioning team to gain their views of the service.

We spent time looking at records including four care records, four 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.

This was the first inspection of Westdene Rest Home since a change of legal entity.

# Is the service safe?

## Our findings

People who lived at Westdene Rest Home required support from staff with their medicines. Medicines were mainly held in blister packs and stored in a locked facility accessible to the staff team. People did not express concerns over how staff supported them with medicines; however our observations showed some areas required improvement. One member of staff spoke to people in a personalised way when administering medicines however they were observed leaving medicines on a person's table near them rather than checking they had taken them. The registered manager confirmed this was not the expected practice when administering medicines to people. On another occasion the same member of staff was seen breaking a tablet in half with their hands, this was not in accordance with the administering instructions. The member of staff told us they were aware they should not be breaking the tablet in that way however said the person found the tablets hard to swallow. Failure to use the correct cutting implement could mean the person did not receive the complete prescribed dosage. They failed to wash their hands after they had done so and continued administering medicines to people. This meant that some people may not always have received their medicines safely, as prescribed and in accordance with the home's infection control policy.

When we checked the stock levels of medicines and the medication administration records (MAR) we noted some inconsistencies. MARs for people who had moved in on a permanent basis had information pertinent to them including a photograph to identify each person. However photographs were missing from MARs for people who were living at the home on a respite or short term basis. MARs showed prescribed medicines had run out for three people living in the home on respite care. One record for a person receiving respite care showed a medicine prescribed to them had run out on the 11 March. Therefore it had not been administered to the person for four nights by staff. This meant the person did not receive their medicine as prescribed. The registered manager informed us the person had experienced no side effects due to the delay in the arrival of their medicines however such delays could have serious consequences. Entries on the MARs showed that all three prescriptions had been followed up by the registered manager daily since the 9th March 2016. The prescribed medicines arrived during the inspection.

In addition the home had not labelled liquid medicines with the date they were opened therefore staff were unable to determine when the medicines would be out of date and need disposing of. A protocol for each "When required" (PRN) medicine was not available for staff. This meant staff did not have the necessary written guidance to refer to so they could ensure people received PRN medicines when necessary.

The evidence above showed that the proper and safe management of medicines was not always followed. The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was prompt in taking action and reviewed areas that required improvement. By day two of the inspection all MARs records for people receiving respite care had been completed to the same standard as permanent residents. The registered manager also shared frustrations over the recent delay in some prescriptions particularly for new or temporary residents. They explained they had

experienced difficulties in receiving prescriptions on time due to two GP practices people were registered with had recently merged as one business. To reduce any future risks to people the admission for respite care procedure was in the process of being reviewed. We received a copy of this shortly after the inspection. Section three of the document covered the procedure for medicines for 'short stay residents'. In addition the registered manager had introduced information for PRN medicines to provide guidance for staff.

Records showed that all staff had received training and had their competency assessed prior to administering medicines. However due to the observations made during the inspection the registered manager had provided additional support to staff that required it.

People told us they felt safe living in the home and people looked relaxed when talking with the staff team. One person told us they felt safe and when asked why responded, "I love it here". They continued to tell us why and said, "It's the atmosphere".

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. All staff told us they would go to the registered manager in the first instance. One staff member told us of other organisations they would go to if they thought people were at risk and said, "I would talk to a social worker, CQC or a GP". Another member of staff spoke confidently of what they would do if they were concerned about a person and said, "I would tell. If somebody was scared there would be a reason". The home had a safeguarding adults at risk policy which provided information and guidance on keeping people safe.

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. 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. For example, one risk assessment referred to a person who preferred to have their bedroom door kept locked and it provided guidance to staff on how to manage this. Risk assessments were updated and reviewed regularly and captured any changes. They provided necessary guidance to staff to minimise any risks for people whilst recognising their independence.

Environmental risk assessments had been completed and there were plans in place in the event of an emergency, such as a fire. Accidents and incidents were reported appropriately. Documents showed the action that had been taken afterwards by the staff team and the registered manager to help minimise the risk of future incidents or injury to people.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the registered manager receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff were supporting people safely.

At the time of the inspection two staff and two managers were supporting people. In addition a cook prepared food during the day. People told us that there were sufficient numbers of suitable staff to keep people safe and we observed this during the inspection. When people needed support with personal care or help with refreshments staff were able to meet people's requests. One person said, "The staff are very good, they are always available". The registered manager told us the tools they used to ensure there were enough staff available to meet people's individual needs. They told us they were able to increase the amount of staff working each shift as the home developed and more people moved in. We observed that 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.

# 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 told us of the confidence they had in the abilities of staff and they knew how to meet their needs. One person frequently visited the home and told us, "The staff know what work needs to be done and they do it". Another person said, "Staff support me to take my medicines, I used to struggle". One person had left a comment in the compliment file it stated, 'I am feeling well contented with all the hard working staff'.

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. Staff records showed that newer staff were supported by the registered manager using observations to assess their competency before performing their tasks independently.

In addition to the service induction the registered manager had recently introduced the Care Certificate (Skills for Care) for new and existing 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 registered managers 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. The registered manager and the provider manager facilitated this award to staff. One member of staff told us they were due to start the Care Certificate at the end of March 2016.

The mandatory training schedule was facilitated by both managers and covered 12 topic areas including moving and handling, dementia and safeguarding. The registered manager was aware of any knowledge gaps staff may have and booked staff on training or refresher training as appropriate. The registered manager told us they had identified other methods of training including on line training to allow them to focus on other aspects of home management. Staff were also encouraged to achieve additional qualifications. Two staff we spoke to had achieved a Health and Social Care Diploma. 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 told us how they valued the training they had received and how it had supported them in their role. One member of staff told us, "When I started I didn't know much and now I know what has to be done". Staff told us that they felt confident when using moving and handling equipment and we observed staff using their skills to move people safely. The registered manager explained how they supported new staff and said, "They need to grasp the role through a thorough induction".

Supervisions and appraisals were provided to the staff team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. One staff member described their supervision as, "On-going" and felt as the staff team was small they were able to work alongside both managers. Staff were

provided with regular opportunities to attend staff meetings. Topics covered during meetings were relevant to the needs of people that lived at the home. Items included discussions about future training, expectations of how staff should conduct themselves at work and uniforms the staff were required to wear. Minutes of meetings showed how the registered manager thanked staff for their contributions. This showed the registered managers commitment to show their appreciation to the staff team and encourage their motivation.

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 the inspection there were no people subject to a DoLS. The registered manager demonstrated they understood current legislation regarding the MCA and explained they were able to assess a person's capacity at the initial assessment stage. Care records showed how consent from people had been captured. For example one person had signed their own medicines risk assessment. Three members of staff we spoke to could share some knowledge and their understanding of the topic area. One member of staff said, "It's to do with understanding whether people can make decisions". Training records confirmed further training was booked on MCA to take place on 30 March 2016.

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. We saw people enjoying their lunch. On the day of inspection macaroni cheese with vegetables was being served with biscuit cake and toffee custard for pudding. Lunch time was a sociable experience for those involved and people talked to each other throughout. Most people chose to eat in the dining area. Staff asked people what they liked to drink and intervened when people needed more support. One person said, "I'm always full up". Another person told us how the home pureed their food as they found it difficult to swallow. At lunchtime we saw one person was offered an alternative to what was cooked however the alternative provided they didn't eat. We feedback this back to the registered manager. The registered manager told us how they planned the menu with the cook and people were asked before the meal whether they were happy with the choice. People we spoke to couldn't remember if they had been involved in menu planning however minutes from a residents meeting in January 2016 stated how people were happy with the food provided. A relative had made a comment in the compliments file it stated, 'The food is of excellent quality and special requests are catered for'. During the inspection we saw staff offer people additional drinks and snacks. This meant people did not have to wait for set meal times to eat and drink.

Staff we spoke to were aware of which people required a special diet including who was a diabetic. Staff including the registered manager 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 people's nutritional needs were regularly monitored for any changes.

The Food Standards Agency visited in February 2015 and awarded the home a five star rating which is the highest score. The Food Standards Agency is responsible for food safety and food hygiene across the United

## Kingdom

People told us and records confirmed people living at the home had routine access to health care professionals. This included chiropodists, dentists, opticians, district nurses and GP's. Staff told us that they would tell the registered manager or provider manager if a person had any health issues immediately and they would then contact a nurse or a GP. We viewed notes and saw one person had recently experienced a fall. The registered manager had assessed the person in a timely manner. The records reflected how the staff team were able to act on observations and call on the necessary health care professionals when needed.

During the inspection the registered manager expressed concerns regarding one person and their deteriorating mental health. We observed the registered manager request an appointment from the local mental health team and liaised with their relative. This showed the registered manager considered people's well-being when responding to people's mental health care needs.

## Is the service caring?

### Our findings

Positive, caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. People confirmed their positive experiences of the staff team including the registered manager. One person described the staff as, "Very kind". Another person said, "I am very fond of the ladies" when referring to the staff team. A third person said, "Staff help me get dressed sometimes, they are very kind". One person had written in the compliments file and said, 'I am looked after very well and staff and management are caring'. A relative had also wrote in the compliments file they had stated, 'Very caring and attentive staff'. A member of staff told us, "Everybody working here cares".

When staff were supporting people they crouched down to their level or sat next to them. They gave people enough time to respond to questions asked using an appropriate level of pitch and tone. Comments overheard from staff to people illustrated their caring attitude. For example, "Would you like a cup of tea now?" and "How are you feeling today?" Staff adapted their style of support for different individuals which showed compassion and understanding for people's needs. One member of staff discussed how interesting they found their job and said, "It's a pleasure to hear them talk...it brings something back for them" when referring to the people they supported.

People's needs and views were supported with regards to their religious and spiritual beliefs. The registered manager had organised a regular church service which people had an option to attend or not. Staff and the registered manager told us a few people enjoyed the service and this was reflected in their care records.

People were supported to express their views and were actively involved in making decisions about their care and treatment as much as they were able. Resident meetings were provided as an opportunity for people to share their views of the home and provide information on events happening in the home. One such a meeting took place in August 2015. The minutes of this meeting showed how people had discussed a resident who had recently passed away. Another meeting in November 2015 discussed the success of a 'sunflower race'. The registered manager told us how the residents had been involved in growing sunflowers in their patio area last year. The minutes reflected this and people said they would like to do it again. The registered manager told us there were plans in place to repeat it again this year.

In January 2016 five people attended a residents meeting. Items covered included staffing, food and plans for a new boiler to be fitted in the home. During the inspection a new boiler was being fitted in the home. This meant there was additional noise and gas contractors present to complete the necessary works. Staff including managers were seen providing reassurances to people to minimise the impact on them therefore no people appeared concerned about the maintenance works being completed.

We observed staff supporting people to be as independent as possible with various aspects of their lives. People were provided with choices about what they wanted to wear and how they wanted to spend their day. We observed one person walking with the use of a walking frame and staff guidance. They proudly told

us, "When I came here I couldn't walk now I can using a Zimmer frame". One staff member told us how they promoted people's independence and said it was about, "Giving somebody space but also wanting to help them". Another told us, "Give them choices" when describing how they involved people in their care. Comments made by staff showed how they had considered people's well-being.

People were treated with dignity and respect. Staff were observed knocking on people's bedroom doors and waiting for a response before they entered. Staff talked to people whilst they were supporting them so people knew what was happening. All three staff members we spoke to told us how they would draw people's curtains and close people's doors before supporting them with personal care. One member of staff said their approach was to, "Pretend they are my own family". One person told us how happy they were with the care they received and said, "Dignity is top for me...dignity is a big word here".

# 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 at the home. People told us they were happy with the care they received; care records demonstrated they were created to meet the needs of each individual. Bedrooms were personalised to suit people's preferences, no two rooms looked the same. One person told us, "We can get up when we like, we get breakfast in bed sometimes".

Care plans were reviewed regularly by the registered manager and included information on a person's history to their present day needs. The care plans provided staff with detailed guidance on how to manage people's physical and mental health care needs. This included guidance on areas such as skin integrity, mobility and continence care. For example, one care plan described the importance of the person needing their call bell near them when they were in bed to alert staff if they needed assistance. Another care plan made reference to their past career in the Army and how much the person enjoyed reading books on the topic now. 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 and where that was not possible the involvement of family members was used.

Generally care plans were personalised and held clear guidance for the staff team on how the needs of people were to be met. However we found one person's care plan required further clarity on how often they chose or were able to leave their bedroom due to their mobility issues. This was discussed with the registered manager who took the necessary action. By day two of the inspection the registered manager had responded to the discussion and had amended the care plan.

Staff knew how important the care plans were and told us how and where they would find certain information to enable them to carry out their roles and responsibilities. Staff demonstrated they had a good understanding of people's personal histories and what they liked and disliked. One member of staff told us, "Some people don't want to get up. If they want to have a lie in let them".

Daily records were completed about people by staff during and at the end of their shift. They 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 were offered various group activities to be involved in at the home. People told us they enjoyed taking part in what was offered. The registered manager told us, "We try and do something interesting everyday otherwise people will just sit". There was a list of planned activities which included 'Arm chair exercises' and 'Sing along sessions'. Every two weeks a hairdresser visited and appointments were offered to people. On day one of the inspection four people were seen enjoying a game of scrabble with two members of staff. We observed a session whereby Easter cards were being made for family members and friends who were due to visit. One person told us, "We can choose what we do...we can sit and chat with each other and staff". The registered manager told us how one person was very good

at drawing and another person enjoyed playing the piano that was in the home. They said, "You find out what they did in their past and then they can usually show you what they can do".

People and visitors we spoke to told us if they had any issues they would speak to the staff or managers. Complaints were looked into and responded to in a good time. There was a clear log of all complaints and the actions taken by the registered manager and the staff team. Resident meetings provided opportunities for people to highlight any concerns they had. At a recent meeting one person had asked for extra heating in their bedroom. Records showed how a portable heater had been provided. Another person had told the group their call bell was not working in their bedroom. The registered manager added a note to the minutes to state, 'The call bell had been checked... however now working satisfactorily'. All staff told us they felt people were listened to and the necessary actions taken. One member of staff said, "They (managers) do listen to them". There were no current open complaints from people or their relatives. A complaints policy had been updated and a copy was framed in the main entrance area of the home. We asked the registered manager how they learn from people's experiences of the care they provided and they said, "I routinely speak to people and check".



## Is the service well-led?

### Our findings

People and relatives expressed positive views of the home and the care that staff provided. People felt the culture was an open one and that they were listened to by the staff and the registered manager. During the course of the inspection laughter and pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. The home promoted a culture which included and involved the people who lived there in how it was developed. One staff member described the home as, "Treating everyone as individuals". We observed how people were encouraged to maintain relationships with families, including grand-children and friends. One person told us how important their family members were to them and said, "My family are welcome here". They continued to tell us how their family visited twice a week. The registered manager told us, "We don't restrict visitors we have an open door policy".

The registered manager demonstrated good management and leadership throughout the inspection and made himself available to people using a 'hands on' approach. One person told us, "He's very good to me". We asked for the views of a representative from the West Sussex contracts and commissioning team and they said, "I have visited Westdene Rest Home on many occasions...observed his [registered manager] interactions with both staff and residents and found him to be warm and caring". Staff felt supported by the registered manager and felt that they could go to him and the provider manager as their office door was always open to them. One staff member told us the, "Managers are supportive". Another said, "I feel supported". We observed 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 level of support.

The registered manager was in the process of developing a more formalised audit process to monitor and assess the views of people that used the service and their families. They showed us a, 'Residents and Relatives Satisfaction Survey' they aimed to circulate in the near future. At the time of the inspection the registered manager used care plan reviews, resident meetings and routinely speaking to people and their families to drive improvements of how care was delivered.

Health and Safety audits were also carried out regularly by the registered manager in areas such as medicines, infection control and fire safety. This ensured the home was safe and fit for purpose. A maintenance and development plan showed us how the registered manager had invested in the environment. Completed items included new flooring throughout the downstairs.

The home held an open day in August 2015 and invited local health and social care professionals, members of the local council, other providers and the general public to learn more about the service they offered. The registered manager involved people and their families with the open day. The registered manager told us this was an opportunity to enhance and promote how they had developed the home environment and the care they delivered.

The registered manager and provider manager discussed how they attended local training 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.

Both managers shared their plans for the home in the future. This included creating a deputy manager role to provide additional support for people and the staff team. They also told us a walk in shower room was next to be installed downstairs which would then provide an additional washing area for people.

Shortfalls had been highlighted during the inspection however we found the registered manager open and honest in their approach to discussions held. They had taken immediate action to improve the care they delivered to people. The registered manager told us their biggest achievement so far was, "Improving standards for people that live here".

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed properly or safely. Regulation 12 (2) (g)