Care Quality Commission

Chanctonbury Health Care Ltd

Alfriston Court Luxury Care Home

Inspection report

Sloe Lane
Alfriston
East Sussex
BN26 5UR
Tel: 01323 874140
Website: www.alfriston-court.com

Date of inspection visit: 28 and 29 July 2015
Date of publication: 02/10/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Alfriston Court Luxury Care Home is located in the village Alfriston has large gardens and onsite parking.

It provides care and support for up to 27 older people with nursing and personal care needs. The care needs of people varied, some people had minimal support needs whilst others had more complex health care needs including end of life care. Others had minimal nursing needs that were associated with increasing physical fragility and medical conditions that were managed with support and close monitoring of people's health, including diabetes. Some people had limited mobility and were assisted with moving and others had additional needs associated with dementia. The home provided respite care for people wanting short stays in a nursing home. At the time of this inspection 22 people were living at the home.

Summary of findings

This inspection took place on 28 and 29 July 2015 and was unannounced.

The service had a registered manager in place. 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.

We found people's safety was not always promoted. Some medicines were not administered in a consistent way. Guidelines to assist staff in the safe and consistent administration of medicines were not complete.

The staffing provision was flexible and responded to people's changing needs, live in staff were available to respond to emergency situations at night. .

There was little evidence that people who lacked capacity had suitable processes followed to ensure staff took account of their individual rights and best interest.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Relevant guidelines were available within the service for all staff to reference. Staff at all levels had an understanding of consent and caring for people without imposing any restrictions.

All feedback received from people and their representatives through the inspection process was positive about the care, the approach of the staff and atmosphere in the home.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Staff were provided with an induction and training programme which supported them to meet the needs of people. The registered nurses attended additional training to update and ensure their nursing competency.

People were looked after by staff who knew and understood them well. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. Care plans were personalised and reflected people's individual needs and preferences. These were regularly reviewed. Risk assessments were in place to keep people safe. People had access to health care professionals when needed.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's physical and mental limitations and were based on what people enjoyed. Visitors told us they were warmly welcomed and people were in maintaining their own friendships and relationships.

People had their nutritional needs assessed and monitored and were supported to enjoy a range of food and drink throughout the day. Mealtimes were pleasant and relaxed occasions.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. A complaints procedure was available for people to use along with feedback forms.

There was an open culture at the home and this was promoted by the registered manager who was visible and approachable. Staff enjoyed working at the home and felt supported. Systems for quality monitoring were in place and were being used to improve the service. People were encouraged to share their views on a daily basis and satisfaction surveys were being used.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Guidelines and records relating to some medicines including medicines needed only now and again and topical creams were not always clear and could mean that medicines were not given in a consistent way. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

There was a system established to adapt the staffing numbers to ensure a suitable number of staff were deployed for people's safety.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

People had individual assessments of potential risks to their health and welfare that had been regularly reviewed and ensured risks were reduced and managed effectively.

People were protected from abuse and avoidable harm.

Requires improvement

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

Consent issues for people were not always addressed appropriately for people who lacked capacity.

Staff had received training on the Mental Capacity Act 2005 and DoLS and how to involve appropriate people in decision making.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Requires improvement

Is the service caring?
The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activities that staff supported them with either in groups or individually. People had their social arrangements assessed and responded to.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Good

The service was well-led.

The registered manager was seen as approachable and supportive and took an active role in the day to day running of the home.

There was an effective system to assess the quality of the service provided.

Staff and people spoke positively of the management team's leadership.

Alfriston Court Luxury 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 was an unannounced inspection on 28 and 29 July 2015. It was undertaken 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 uses this type of care service.

Before 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 also spoke to a commissioner of care from the local authority before the inspection.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection seven people told us about the care they received and we spoke to three visiting relatives. We spoke with nine members of staff which included the registered manager, a registered nurse, the chef, a housekeeper, the activities person and a selection of the care staff.

A GP was visiting the service and shared their views on the service. Following the inspection we spoke to one further relative.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

We reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home. We attended a staff handover and observed a midday meal and breakfast.

We 'pathway tracked' four people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Alfriston Court Luxury Care Home. They felt they received safe care in a safe environment and staff worked in a way that protected them from unkindness and bad practice. One person said "I am surrounded by people who want to look after me." When asked what helped them to feel safe people made the following comments, "Staff answer our call bells quickly," "They do anything they can help us and keep us cheerful," and "Nothing is too much trouble for the carers." Relatives told us, "We can see people are safe here, we can see for ourselves, we have watched the day to day actions of staff."

People were confident in the way their medicines were administered. They said "Staff are meticulous in distributing your doses" "I am given an aspirin every day, which I don't want to take but I do because it is prescribed" and "Medicines are well secured."

However we found some shortfalls which could impact on people's safety.

Systems for the administration of some medicines did not ensure safe and effective administration.

A number of medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Individual guidelines for the administration of PRN medicines were not in place or not detailed enough in all cases to ensure staff gave them in a consistent way. These guidelines should record why, when and how the medicine should be administered. The lack of clear guidelines for staff to follow meant medicines may not be given in a consistent way. For example, some people were prescribed medicine to be used in response to people's agitation but there was no rationale for the use of the medicine. This lack of consistency could mean that people did not receive medicines as they needed them.

We also found that the records relating to topical creams were not always clear and accurate. When creams were administered these were not recorded on the Medicine Administration Record (MAR) chart or on another record. Some directions for other medicine administration were recorded 'as directed' this did not give clear guidelines for staff to follow. This lack of clarity and direction on administration could lead to people not receiving medicines as required. These areas were identified to the registered manager for improvement.

The supplying pharmacist had recently been changed and the registered manager told us that a whole new system for the safe administration of medicines was being established including new policies and procedures. They were aware that individual PRN guidelines needed to be established for everyone and staff had started to work on these.

The staffing levels were based on the number of people living in the home however this was a minimum level and extra staff were provided if people's needs increased. Two staff worked at night, one of which was a registered nurse. We were told that the night staff were supported by three staff who lived on the premises. There was an allocated room in the home for staff occupancy and additional rooms were used when empty if required. We were told these staff were aware they may be called on at any time in the event of an emergency to provide additional staff. The registered manager confirmed this arrangement would be formalised to ensure live in staff availability.

Staff and people told us there was enough staff to ensure people had their care and support needs met on a daily basis. One person said "I rang my bell by accident and within one minute there were three nurses and carers by my side." There were minimal staffing levels that were maintained and included a registered nurse working at all times with four care staff working the day shift and one care staff at night. The registered manager told us they reviewed the staffing with the care staff and registered nurses and as she worked an extra shift regularly in the home this allowed her to have a good overview of people's needs. She gave examples when extra staff were provided in response to specific individual high care needs that included end of life care. One staff member confirmed this and said "There are enough staff but if difficulties arise agency staff are brought in." All areas of the home had call bell facilities and staff had ensured people were able to use these when they needed any help. The emergency bell was activated during the inspection and staff responded promptly and appropriately to a person who had fallen.

The medicine storage arrangements were appropriate and systems were in place to receive and return unused medicines to the pharmacist safely. All medicines were administered by a registered nurse and a plan was in place

Requires improvement

Is the service safe?

to assess the competency of each nurse in the near future. Staff administered medicines in a professional way, checking that each person wanted to receive their medicine and providing a drink afterwards. Medicines were administered individually from the drugs trolley with the MAR chart being signed after each administration.

The provider had established systems to promote a safe environment. Alfriston Court Luxury Care Home had a good level of cleanliness and a number of safety and maintenance checks were maintained to ensure equipment and facilities were safe. For example the lifting equipment and passenger lift was checked and maintained appropriately. A maintenance person worked in the home and responded to issues raised by staff and the manager. This included fixing lighting in the home and hanging pictures. Staff told us any maintenance issue identified was responded to quickly.

The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available in the home and included what to do in the event of a gas leak, and electrical failure. Staff had access to relevant contact numbers in the event of an emergency and an on call manager was always available to staff if they needed advice. Fire procedures and checks on equipment were in place and staff and people knew what to do in the event of a fire. One person said "I know where the fire escape is situated they test the alarm every Sunday, but I am told to stay in my room and help will come to me." Three live in staff were available to assist when an emergency occurred within the service. However Individual personal emergency evacuation plans had not been completed to identify how people were to be moved safely. The registered manager was aware these were required and confirmed relevant assessment would be put in place.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis. Staff were knowledgeable about safeguarding and were able to give examples of different types of abuse that they may come across when working and talked about people's individual rights. Staff knew where the home's policies and procedures were and senior staff knew how to raise concerns with the police or the social services directly as necessary. All staff knew to raise concerns with senior staff and to seek further advice from the local authority if needed. The registered manager gave examples of when they had raised a safeguarding alert and how this had been dealt with.

People were protected, as far as possible, by a safe recruitment practice. The registered manager was responsible for staff recruitment and followed the organisations recruitment policy. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. One staff file demonstrated the management took appropriate action to respond to any information of concern raised through recruitment checks appropriately. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Systems were in place for staff to assess risks for people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and people's health and nursing needs. These included risk of falls, skin damage, nutritional risks and moving and handling. Information from the risk assessments was transferred to the main care plan. This meant staff were given clear information about how to reduce risks.

For example, one person had a high risk of pressure damage. Suitable equipment was in place to reduce the risk this included the use of pressure relieving mattresses. Staff monitored this equipment on a daily basis to ensure working correctly and to ensure people's risks are reduced.

Individual risk assessment were used to support people to move safely around the home and staff provided support people when needed and offered assistance when people looked unsteady.

.

Requires improvement

Is the service effective?

Our findings

People told us that staff were enthusiastic well trained and they received care that responded to all their health care needs. They told us they always received excellent care from professional staff. Their comments included "I am confident in the way they look after me" "My wife was here with me before she died. The final days were remarkable" and "Lots of the girls here are qualified well above their station as carers in their own country. One was a highly qualified midwife but here she is an excellent carer."

However we found some shortfalls which could impact on effective care.

Staff had undertaken training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the home for staff to follow. This Act protects people who lack capacity to make certain decisions because of illness or disability. Care staff had a basic understanding of mental capacity and informed us how they gained consent from people before providing care.

However, records did not support people's consent was gained in a consistent way. For example one person had a lap strap to secure them when sitting in their wheelchair. Staff told us this person lacked capacity. However there was no evidence that any consent had been sourced or any best interest meeting had been held to ensure least restrictive measures were used. In addition when bed rails were used with people who lacked capacity the discussion to ensure safe and effective use was not documented. This meant that people's rights were not always taken into account when care and treatment was planned.

This was a breach of Regulation 11 (1) (3) (4) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff working in the home were skilled and looked after them well. Some people told us they had difficulty in understanding some staff as they had strong accents. Staff also raised this as a problem for some people. Staff told us that they received training and support that provided them with the necessary skills and knowledge to meet the needs of people living at Alfriston Court Luxury Care Home. This included additional English lessons for staff who were recruited from abroad.

Records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, safe moving and handling, and safeguarding, equality and diversity and MCA and DolS. Additional training on specific aspects were also accessible for all staff. For example staff told us how they had recently attended training on oral health. We found skills learnt had been transferred into practice. One of the chefs had recently attended a course on pureed diets and another staff member told us they "Returned with an excellent fund of information to share with his kitchen colleagues."

Trained staff were supported to update their nursing skills, qualifications and competencies. We were shown confirmation that the registered nurse were scheduled to attend training on end of life care and the use of a syringe driver. A syringe driver is used to administer medicines to people during end of life care. The registered nurses told us that they had the skills to look after the people living in the home and would access training they felt they needed through the home or externally if required.

The provider had established an induction programme that new staff completed. Staff told us the induction programme had included a shadowing period alongside an allocated senior staff member. One care staff told us the induction programme provided them with the necessary skills to provide the 'right care' to people. The registered manager showed us a new training programme to be implemented. This was the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Systems were in place to support and develop staff. Staff told us that they felt very well supported by the registered manager. All staff told us they received supervision and had received an annual appraisal. Supervision sessions had provided the opportunity to discuss individual training needs and development with the registered manager or senior carer. Staff told us they did not wait for supervision sessions and one staff told us "I approach the manager to discuss difficulties if they arise. I am always supported"

The registered manager recognised the need for more consistent supervision and clinical supervision. She confirmed that she received her own clinical supervision

Requires improvement

Is the service effective?

from a senior manager within the organisation. She and another registered nurse were also involved in some nursing research that promoted a clinical review of practice.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted to and were supported in attending hospital appointments. One person told us GPs were called when required "I have never been ill but others have –they are quick off the mark." Records confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. For example during the inspection a diabetic nurse specialist carried out a review of a person living with diabetes and the local GP was attending a person at the request of staff. The GP confirmed that were contacted in a timely fashion and the staff provided care in accordance with their recommendations.

Most people ate in the dining room at small dining tables that could be used individually or with company. We observed the midday meal, people were offered a glass of wine with their meals and a social atmosphere was promoted through the meal time. Tables were set attractively and included linen napkins and assortment of condiments, they were arranged so people could interact with each other. Staff spent time encouraging and supporting people when needed in an unrushed and discreet way. For people who had difficulty in eating and swallowing suitable meals were provided that included soft and pureed meals. Some people had chosen to eat in their own rooms and where people wanted to this was respected and they received their chosen meal on a trolley. Food was very well presented and varied and people told us the food service was good with food arriving hot and appetizing.

Feedback about the food provided was mostly very positive. People told us "Food is excellent here and always well presented." This view was supported by the staff and relatives who told us every effort was made to ensure people had food that they enjoyed and met their needs. People were positive about the chef who listened and responded to staff and people's view. Regular feedback from people was used by the chef to adapt and change meals to individual choice and preferences. For example they had purchased individual meals for one person as they were known to be their favourite. Discussion with the chef confirmed they took a personal interest in meeting people's needs and preferences.

Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Drinks were thickened to ease swallowing when specialist advice indicated this treatment.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us they were "Well cared for in every way". And had all their care needs attended to. Staff were kind and responded to people in a positive caring way. One person said, "They treat me with dignity and respect at all times .When I have a shower they make sure I am covered." One relative spoke highly of the specialist care her relative received at the end of their life and reflected on the caring approach of staff. "They make sure they are comfortable and ensure they do not suffer from any sores. I couldn't ask for more they are very considerate and look after me as well." Visiting health and social care professionals were positive about the approach of staff and the atmosphere fostered by staff. They told us they felt the home was welcoming and staff were caring and professional.

During our observations we heard and saw staff interact with people in a caring, pleasant and patient way. All staff demonstrated skills in listening and responding to people as individuals. One staff member told us "I take time to listen to people and do any care their way." When staff supported people they did so with patience and worked at the person's own pace. When staff walked past people they acknowledged them, asked if they were alright and commented on what they were doing with interest. Staff and people chatted about all sorts of things not just care related topics.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's choices, personal histories and interests and these were recorded within individual care records. One person loved their flowers and staff supported them to ensure they could enjoy this interest. "I don't go out of my room, I like my view and look after my flowers on the balcony. The Staff are very good they water them for me." People were called by their preferred name and were dressed according to individual preference. People told us they enjoyed the regular visit from the hairdresser who came to the home each week. The hairdresser worked in a private area of the home and the experience for people was social. People were given the choice of using the hairdresser if they wanted to with the option of using other hairdressers if wanted.

People's bedrooms varied in the personal items on display, with some rooms containing individual memorabilia. Most rooms had photographs of family and/or older photographers of themselves at a younger age. This gave staff a point of reference for conversation and gave people a sense of identity. People's bedrooms were seen as their own personal area which supported people to maintain their own private lifestyle. Staff did not enter rooms without knocking and permission to do so.

Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. One staff member was an allocated dignity champion of the home. They were committed and knowledgeable about promoting dignity and had received training to support them in their role. They demonstrated a good understanding of dignity and took time to talk to staff and to remind them of best practice. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. There was a dignity board which included information about what dignity is and how people could expect to be treated. There were reminders in everyone's care plan that choice and ensuring people's dignity must be part of everyday care. Staff gave us examples of how they promoted people's dignity. This included using 'do not disturb' signs on doors. This showed there were systems in place to ensure people, visitors and staff were aware of their rights and responsibilities in relation to maintaining people's dignity.

People told us they considered they were treated with respect and dignity. They along with relatives and a visiting professional talked about the homely and pleasant atmosphere maintained by staff. Visitors told us they were made to feel very welcome and were offered refreshments regularly during their visits. People always received consultations with professionals in private and visitors were supported to see people where they wanted to. Staff talked about the friendly and family feeling when they went to work. One staff member said "I treat people as I would like to be treated." Staff also supported people to maintain contact with relatives and friends. For example one person used her computer to maintain regular contact with family and friends. They had recently heard from a friend who they had lost contact with. Staff told us they helped them with the computer and were to provide advice on updates to the computer that they were worrying about.

Good

Is the service caring?

Staff understood the importance of maintaining people's confidentiality. Records were kept securely within locked cabinets. Staff told us that information about people was only shared within the home with staff and people were not discussed outside. Records confirmed staff were always aware of maintaining people's confidentiality. For example staff ensured any visitor to the home was invited and known to the person they were visiting.

Good

Is the service responsive?

Our findings

People were confident that the care they received was focussed on their individual need and reflected their choices and preferences. Everyone was treated as an individual and all support was personalised to their needs and wishes. People told us they enjoyed the entertainment and activity provided by the home and joined in what they wanted to. People told us how they enjoyed spending time with the activities person who they 'respected' and liked even if they did not want to join in communal activities. "There is plenty to do if you want to join in."

Before people moved into the home the registered manager carried out an assessment to make sure staff could provide them with the care and support they needed. Care plans included information about people's likes and dislikes and how they would like their care provided. Where people were less able to express themselves verbally people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. The assessment took account of people's beliefs and cultural choices. This included what religion or beliefs were important to people. Care plans were written following admission and reviewed on a monthly basis. One person said "I have a care plan which has been discussed with my daughter and which has been reviewed a few times."

Care plans gave clear guidelines to staff on how to meet people's needs while promoting an individual approach. Care plans were person centred and supported staff to view people as individuals. For example, one person had specific personal hygiene values and staff negotiated with them to ensure a level of care that promoted a good outcome for this person. One staff member told us this person was very private. "It is important to work with them and not to impose your own view." Each care plan included a social assessment that looked at information about individual person hood. For example, if people had siblings, what they worked as and if they had pets in the past. Staff facilitated people to be involved in any activity that would interest them. One person had worked in a public house and staff were involving them in the bar being provided in the dining room. Another person had monthly visits from a local vicar for holy communion. The registered manager told us how people's different religions and beliefs had been catered for. She was proud that the staff had supported relatives following a death of a person who was Buddhist taking account of their specific cultural wishes.

Systems for sharing information with other health care professionals were established and included accurate information to accompany people to hospital. Individual transfer information was retained within each care plan file. This ensured important information was readily available if a person required an emergency admission. Information retained in this file was up-to-date and ensured any transfer was undertaken as smoothly as possible.

Activity, entertainment and staff interaction was tailored to individual need, taking account of people's age and disability. An activities person worked in the home Monday to Friday. They knew each person very well and what each person liked to do. Everyone was engaged with and had the opportunity to participate in activity and entertainment as they wished. Some people preferred to spend time in their own company others liked individual time with staff to chat or read newspapers.

The activity and entertainment organised by the activity person and staff was varied to meet different preferences and had recently included a garden party with buffet and a band. The activity person explained that different group activity was arranged to suit different groups of people. For example an art group was held on the second day of the inspection and an evening cards and quiz night was held with wine and snacks once a week. Both were attended by different people who had different interests.

Over recent weeks the activities person had been talking to people about their 'life stories'. For one person this had led to them re-establishing links with lost relatives. They told us "I now have calls from the family of my step farther. I have told them about relatives they have never known about before. They are delighted and now keep in touch with me." This had enabled staff and people to relate to the past of people in a positive way.

People told us they were able to express their opinion and were always listened to. People told us they knew how to make a complaint and would make a complaint if they needed to. One person said "I have no complaints, but I would always talk to the manager if I had any concerns."

The home had a clear complaints procedure that was available to people and their representatives to use.

Good

Is the service responsive?

Records confirmed that any written complaint was investigated and resolved in accordance with the home's procedure. The registered manager had just implemented a record of verbal complaints and concerns to enable a clearer understanding of how these were resolved and used to improve the service.

People were encouraged to share their views on the service on a daily basis during discussion with the registered manager and staff. The registered manager advised that she maintained regular contact with people and their relatives to facilitate communication and feedback. Residents meetings were also held on a regular basis and used to gain additional feedback. One person said "It is a good idea to get people to participate but some are only interested in sleeping." Recent compliments cards sent by relatives were held on file for staff to read. This ensured staff could access positive feedback from people using the service when received.

Good

Is the service well-led?

Our findings

People told us they were happy living at Alfriston Court Luxury Care Home and felt the home was well managed. People said they were listened to and could talk to the registered manager or staff about anything. One person told us how the registered manager had listened to her and acted on her wishes. "I didn't like the big tree outside my window because it spoilt my view and made scary shadows on the wall at night. The manager had it cut immediately." People liked the relaxed and friendly atmosphere in the home and said they had excellent relationships with the staff and management. A visiting professional was also positive about the management of the home saying the staff had good leadership and were well organised.

There was a clear management structure at Alfriston Court Luxury Care Home. Staff were aware of the line of accountability and who to contact in the event of any emergency or any concerns. Staff said they felt well supported within their roles and said they could talk to the registered manager at any time. The registered manager was approachable and staff told us she had an open door to them and anyone wanting to talk. She also took an active role in the day to day running of the home and often covered a shift to gain an insight on the direct care provided. People appeared very comfortable and relaxed with her and approached her freely. There was an on call arrangement to ensure advice and guidance was available every day and at night if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to.

Staff were very positive about working at Alfriston Court Luxury Care Home and told us how much they enjoyed their work and they felt supported and encouraged in their roles. Staff also talked about how they were respected and treated correctly by the management. Comments included "There is nothing I do not like about this place everything is really good" "The manager is very approachable" and "If we have problems we can discuss them with the management she is very fair. If time off is required adjustments are made with consideration"

People, their relatives and the staff were involved in developing and improving the service. People were asked to complete satisfaction surveys each year and we were told these were discussed at management meetings held at organisational level. We also found satisfaction and concern forms were displayed in the front entrance for people to provide feedback. Regular staff and resident meeting were held documented and were used to review and change practice. For example gravy was now being provided in gravy boats so people could pour their own. Water jugs were now being changed twice a day to ensure people were provided with fresh water on a regular basis. This demonstrated that the service responded to feedback in a positive way.

There were various systems in place to monitor or analyse the quality of the service provided. These included internal audits for health and safety and infection control and an external audit by another manager within the organisation. However these did not include a clear analysis of information gained and a corresponding action plan. The management had recognised the need for more effective quality assurance measures and had employed a consultant to provide further systems for quality review. A report provided had identified some areas for improvement which the manager was progressing. For example concerns about the supply of medicines were addressed.

The provider completed a PIR and this recorded a number of ways that the service was working to improve. The registered manager used this as an audit tool and completed an action plan to address areas for further improvement. This demonstrated the registered manager and provider were continually working to improve and develop the service for the benefit of people who lived at Alfriston Court Luxury Care Home.

Information on the aims and objectives of the service care and people's rights were recorded within the 'resident's guide' which was available to people, staff and visitors. The mission statement of the home is "We care about caring " Staff were well aware of the mission statement and the aims of the service and worked with these in mind. One staff member said, "We work hard to treat people as individuals, I always treat people as I would want to be treated." The registered manager told us they used the recruitment process as a key to getting the right sort of people to work in the home. Staff views were also taken into account to ensure new staff had the right approach to working with people. The culture in the home was open and both staff and people could say openly what they thought about services and care provided.

Good

Is the service well-led?

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The provider was aware of the need to establish system to respond appropriately to notifiable safety incidents that may occur in the service and had a draft procedure in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements.** Regulation 11(1)(3)(4)