Dunsfold Limited

Dunsfold Ltd

Inspection report

Dunsfold
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Date of inspection visit:
16 July 2018

Date of publication:
06 September 2018

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 16 July 2018 and was unannounced. At the previous inspection in July 2017 the overall rating was requires improvement. At that inspection we found a Breach of Regulation 12. This was because the provider had failed to provide safe care and treatment of people because the management of falls was not consistently safe and robust risk assessments and guidelines were not always in place. We also found improvements were required to the provider's quality assurance framework.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well led to at least good. This inspection found improvements had been made and the breaches of regulation met. However, the quality assurance systems whilst improved still needed to be developed to provide clear actions and outcomes.

Dunsfold is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support to a maximum of 18 people and 12 people were using the service at the time of our inspection.

Dunsfold is a residential care home that supports older people living with dementia and disabilities associated with old age such as limited mobility, physical frailty or health problems such as diabetes. Accommodation was arranged over two floors with stairs and a stair lift connecting each level.

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 undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan as stated in their provider information return (PIR), and confirm that the service now met legal requirements. We found improvements had been made in the required areas. The overall rating for Dunsfold has been changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service to ensure the improvements have been sustained.

Improvements had been made to the provider's quality assurance framework; however, these improvements were not yet embedded or sustained. The registered manager and provider were not always proactive in identifying how ongoing improvements could be sustained. Shortfalls in the provision of training had not always been identified by the provider's quality assurance framework. We have identified this as an area of practice that needs improvement.

Whilst risk assessments were undertaken they were not in a format that identified all risk factors considered,

evaluation of action taken or the review of the actions taken.

We have recommended that the provider accesses the Health and Safety Executive (HSE) website in respect of the five steps of risk assessment or the seven steps to patient safety (NPSA 2004.)

Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. However, there was some confusion over the need for staff to undertake practical practice fire evacuations. At this time staff had received fire training but not regular fire drills.

We have recommended that the provider seeks advice from the fire service in respect of fire training..

People were relaxed and comfortable with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire or emergency situation. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff received training in order to undertake their role. Formal personal development plans, including two monthly supervisions and annual appraisals were in place. People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected. DoLS applications had been when requested to ensure people were safe and the registered manager was waiting for a response from local authority.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People chose how to spend their day. Activities were mixed and people could choose either group activities or one to one. People were encouraged to stay in touch with their families and receive visitors. The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Dunsfold was safe.

Risk to people had been assessed. We have made a recommendation that advice was sought in respect of risk evaluation and monitoring. Accidents and incidents were recorded and action was taken to reduce the risk of a re-occurrence.

Robust recruitment procedures ensured only suitable staff worked at the home. There were enough staff working in the home to meet people's needs.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

Medicines were managed safely. Staff had attended relevant training, there were systems in place to ensure medicines were given as prescribed and records were accurate.

Is the service effective?

Good

Dunsfold remains effective.

People were supported to access healthcare support. People's individual needs were met by the adaptations made at the home and the design of the service.

Staff had the relevant skills and knowledge to deliver care and support to people they supported. Training was provided regularly. Consent to care and treatment was sought in line with legislation

People were supported to eat and drink enough to maintain a balanced diet.

Is the service caring?

Good

Dunsfold remains caring.

Staff provided the support people wanted, by respecting their

choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance discretely when it was needed.

People were enabled and supported to access the community and maintain relationships with families and friends.

Is the service responsive?

Good

Dunsfold was responsive.

Care plans provided staff with detailed information about people and their support needs.

People were involved in planning their own goals and identifying what support they needed to return to independent living.

Feedback from people was sought and their views were listened to and acted upon.

Is the service well-led?

Requires Improvement

Dunsfold was not consistently well-led.

Quality assurance and monitoring systems were used to identify areas to drive improvement. However, there were areas where further improvement was needed to ensure changes were part of day to day practice.

Staff were aware of their roles and responsibilities and felt all of the staff worked well together as a team.

Feedback about the service provided was consistently sought from people, relatives and staff.

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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.

The inspection took place on the 16 July 2018 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection we checked the information that we held about the service and the provider. This included previous inspection reports and 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. We took into consideration the 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 any improvements they plan to make.

We spoke with eight people who lived at the service, the registered manager, provider (owner), one visitors, a chef and two care staff. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. After the inspection, we gained feedback from two relatives and three healthcare professionals. Their comments can be found in the body of the report.

We looked at five care plans and associated risk assessments, three staff files, medication administration record (MAR) sheets, incidents and accidents, policies and procedures and other records relating to the management of the service. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person has received and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We lasted inspected Dunsfold in June 2017 where we rated the service as 'Requires Improvement.'

Good

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found that improvements were needed to ensure that people received safe care and treatment.

At this inspection we found improvements had been made and that they now met the previous legal breach of regulation.

People who used the service and their relatives told us they felt safe. People told us, "I get my medication on time, almost like clockwork." Another person said, "I like living in the country here, yes I feel safe here. Medication always on time," and "I like it here, it is airy, I enjoy it here, I feel very safe living here. Yes usually medication on time."

Appropriate steps had been taken to ensure people were kept safe. Since the last inspection the management of falls had improved and the incidence of unwitnessed falls and skin tears had decreased. Individual risk assessments had been implemented, reviewed and updated to provide guidance for staff. Risk assessments for health-related needs were in place, such as skin integrity, nutrition, falls and dependency levels. However, the risk assessments in use were in a format that didn't give the opportunity for staff to reflect or monitor on deterioration or improvement. Risk assessments didn't identify all risk factors considered, evaluation of action taken or the review of the actions taken. This was discussed with the registered manager and provider.

It is recommended that the provider accesses the Health and Safety Executive (HSE) in respect of the five steps of risk assessment or the seven steps to patient safety (NPSA 2004).

Risks associated with the safety of the environment were identified and managed appropriately on a day to day basis. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. However, there was some confusion over the need for staff to undertake practical practice fire evacuations. At this time staff had received fire training but not regular fire drills.

We recommend that the provider seeks advice from the fire service or access advice from https://www.firesafe.org.uk/fire-precautions-in-residential-care-premises/.

Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. This was linked to continence care and highlighted the need to offer regular repositioning, and application of creams. Equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions were in place for those that required them and checked daily by staff to ensure they were on the correct setting for the individual. We found all were correct and working.

The provider had ensured the proper and safe use of medicines within the service. Medicine records showed

that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts are a document to record when people received their medicines. MAR charts indicated that medicines were administered appropriately and on time. Records confirmed medicines were received, disposed of, and administered correctly. People told us they received their medicines on time. Comments included, "Medication always on time and they tell what they are for."

There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol, and staff monitored for their effectiveness. People's medicines were securely stored in a clinical room and they were administered by senior care staff who had received appropriate training and competencies. We observed two separate medicine administration times and saw medicines were administrated safely and staff signed the medicine administration records after they were taken. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the registered manager had followed the guidance for the professional duty of candour. This meant it had been disclosed to the individual or their next of kin, an apology offered and an action plan discussed to prevent a reoccurrence. This ensured as far as possible lessons had been learnt.

People were supported to live an independent life-style as far as possible despite living with a wide range of illnesses such as dementia, Parkinson's and diabetes. The registered manager and staff understood the importance of risk enablement, this meant measuring and balancing risk. One staff member said, "We encourage people to stay mobile and one of us always remains in the communal areas to ensure they are safe." We observed people being supported to remain independently mobile, staff walked alongside people when they left the lounge to visit the garden and dining room. There was a lack of level floors throughout the communal areas. There was a steep ramp from the lounge area to the library, (quiet sitting area) and further small steps to the dining room to the front door and outside seating area. Hazard tape alerted people to the change of levels but we did see one person struggling with the ramps and steps. The provider said they had explored options for levelling and raising the floors to one level but these were not viable at this time. We were also told that if it became unsafe for any person, a referral would be made to the local authority with a view to moving the person to a more suitable service. Families were fully informed of the environmental restrictions when people came to live at Dunsfold.

Health and safety checks had been undertaken to ensure safe management of utilities, hot water checks, legionella safety, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare.

People were safe from the risk of emergencies. Fire procedures included individual Personal Emergency Evacuation Plan (PEEP) for everyone who lived at Dunsfold this included people who were there for respite (short stay) visits. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. A business contingency plan addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures identified ensure people had continuity of the service in the event of adverse incidents.

People told us that their room was kept clean and safe for them. One person said, "Very nice and clean." Visitors told us, "Never smells, always smells clean." We noted some areas that needed attention but these were attended to during the inspection by the external cleaning company. Staff had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available and we saw staff used these when needed. Hand washing and hand sanitising facilities were available throughout the

home and staff used these. Laundry facilities were in place with appropriate equipment to clean soiled washing safely.

Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. This demonstrated that learning from incidents and accidents took place.

Staff had received training in safeguarding adults and records confirmed this. Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety, which included reporting incidents of potential harm or abuse. A staff member said, "I would report any issues or safeguarding concerns to the manager, provider or local authority." They also told us told us, "There are various kinds of abuse; physical, financial, emotional, sexual. If I come on shift and I am alerted to something I'd check the person to make sure they're ok and then do an incident report and tell the manager. I'd also inform CQC." Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistleblow. A whistleblower is a person who informs in confidence on a person or organisation seen to be engaging in an unlawful or immoral activity. A care staff member said, "I would use this if I needed to but I haven't had to."

We discussed with staff how they made sure people were not discriminated against and treated equally and without prejudice. A senior member of staff told us, "Everyone should be treated the same and be treated with dignity and respect. The same for the staff, we are all here to do a good job and personal differences and cultures don't change that." Staff were mindful of racism or sexism and respectful of people's differences. Staff had received training in equality and diversity.

Sufficient numbers of staff contributed to the safety of people who lived at the home. The rotas correctly displayed those staff on duty during the inspection process. The staff skill mix and the management and deployment within the service had been regularly reviewed along with the needs of the people they supported. The registered manager worked on the floor three days a week, this allowed her to accurately assess staffing levels and monitor how staff worked with people. People told us there were enough staff to respond to their needs although sometimes it was very busy. We were told, "Staff are very kind, always a smile, never too busy for a chat." A visitor said, "I think there are enough staff, we visit a lot and the staff team are great."

Staffing levels allowed for staff to support people and to take people into the garden for fresh air and to sit and chat. We also saw that staff sat with people in the communal areas chatting whilst other people started to join them. The communal areas were never left unattended, if staff were called away then the manager would take over.

Staff told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Dunsfold. One care staff member told us, "We can meet people's needs. There is no problem with staffing." The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call the registered manager out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were

deployed in the service at this time to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. People also approached staff for support throughout the inspection process and were always engaged with promptly.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

Good

Is the service effective?

Our findings

At the last inspection in July 2017, we rated this key question as Good. At this inspection, we found this key question remained good.

People told us that staff understood them and knew how to manage their health and social needs. One person told us, "They look after me very well and they get the doctor when I need one." Another person told us, "I see a doctor, and they keep an eye on me because I haven't been very well lately." One visitor told us, "My dad likes it here, it's small so more like a family and it's not too formal, I know he's happy here." A GP who visited the service regularly, told us, "The staff are very helpful."

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. Staff members told us they received training on the MCA and told us how they worked within the principles of the Act. One staff member told us, "We always gain consent from people and try and help them to make their own decision." People made decisions about all aspects of their day to day lives. For example, people decided where and how they spent their time, some chose to remain in their rooms and had their meals there, while others sat in the lounge or used the dining room. Staff understood the importance of ensuring people made decisions, they said they consistently asked people for their consent before they offered any assistance and we saw staff doing this.

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 are called the Deprivation of Liberty Safeguards (DoLS). We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. Appropriate assessments had been completed in partnership with the local authority and any restriction on the person's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who lived in Dunsfold.

People received care from staff who had the knowledge, skills and experience to support them effectively. There was an induction for staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. They shadowed other staff to get to know people and the support they needed. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. During this time, staff received on-going training and competency assessments. This included moving and handling, safeguarding and mental capacity. One new member of staff said she had been supported by senior staff and felt the induction was a good introduction to the

home.

All staff completed a rolling programme of essential training and competency assessments. Regular audits were completed to ensure staff received the relevant training. However, we found that moving and handling training was out of date for most of the staff. At this time, the impact was minimal as no one required moving and handling support as they were mobile with walking aids. We saw staff encourage people to move from chairs by using their arms to push themselves up to a standing position and use their walking aid safely. We received confirmation following the inspection that training had been booked with the local authority as a priority.

Systems were in place to support staff to develop their skills and improve the way they cared for people. Staff were encouraged to pursue health and social care qualifications. Documentation confirmed that some staff were completing their NVQ level two, three and five.

Staff received regular supervision from the registered manager. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they felt supported by the registered manager and they would be happy to discuss concerns with any senior staff.
Staff had a good understanding of equality and diversity and there were policies in place for staff to refer to. Staff were confident people's equality, diversity and human rights were protected and they were aware that as employees they were also protected.

People's individual needs were met by the adaptation of the premises at this time. The service had followed an improvement plan which included personalising peoples' rooms, updating furniture and fixing wardrobes to walls in case people pulled on them. Communal rooms had dementia friendly wall signage to encourage stimulation and prompt people to engage with each other and staff. All communal areas were on the ground floor and were accessible to wheel chair users and people with walking aids. There were adapted bathrooms and toilets and hand rails in place to support people. There were visual aids in communal areas which fully supported and enabled the orientation of people with day to day living. The communal areas contained visual aids of day, month, season or weather. There were menus or pictures relating to food to prompt and stimulate people to eat or drink. The layout of the dining area enabled people to enjoy their meal with their friends and encourage a social event for them.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. On a daily basis people were asked what they would like from the menu. People were shown a photograph of the options available. There was always an additional choice of jacket potatoes, salads, and omelettes. People's allergies, cultural and personal likes and dislikes were taken into consideration when the menu was planned. Nutritional assessments were in place and identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. Information about people's dietary requirements were in their care and support plans and in the kitchen so staff were aware of any specific dietary requirements, such as pureed food, fork mashable and fortified. Fortified food was used for those people who had lost weight and contained high calories such as full cream. Where necessary people's food and fluid intake was recorded. The Environmental Health Organisation had visited in October 2017 and awarded the kitchen a rating of 4 with no advisories.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. This included the optician, dentist and chiropodist. People's health needs were supported by a local GP surgery and those who lived with diabetes were seen at the diabetic clinic and monitored by the GP and district nurses.

One person told us, "I have seen the nurse and the doctor regularly, nothings to much trouble." Another said, "Doctor is coming to see me today for my medication before I go home." Where required people were referred to external healthcare professionals, this included the dietician and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "Really good team of staff, they know their residents well."

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using an assessment tool. These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.

Good

Is the service caring?

Our findings

At the last inspection in July 2017, we rated this key question as Good. At this inspection, we found this key question remained good.

All the people and their relatives we spoke with told us that they liked the staff and described them as, "Very accommodating." "Helpful." "Kind and friendly" and, "Very caring. Comments also included, "Food is not too bad, I don't like the sweetcorn, but I get enough to eat and drink, they have cooked something else if I don't like the menu, I can see a Dr or Nurse if I need to" and, "Yes the staff know me; I am a very square peg in a round hole, the staff work around me, I go shopping most days and am independent; I can do as I wish. Food is lovely, not enough garlic though, enough to eat, always more if I need it, plenty of coffee, I can see a Doctor if I need to."

Positive caring relationships were developed between people and staff. A person told us, "I like them [staff] very much and they have got used to me and I've got used to them." We observed staff addressing people respectfully and with kindness throughout our inspection. A member of care staff told us, "Because we are a small home, we do know everyone very well, it's like a family."

Some people were able to tell us they were aware of their care plan and that their care needs had been discussed with them. One person said, "I do know I have a care plan because they have asked me questions and if there is anything I need." A visitor said, "I think they are good actually, I got informed of everything, and they always got the GP in quickly if there is a problem."

People were treated with kindness and respect and as individuals. It was clear from our observations that staff knew people well. Staff made eye to eye contact as they spoke quietly with people; they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying, "Good morning (name) are you ready to get up." We also saw staff prompt people whilst in the communal areas to visit the bathroom in a quiet and respectful way.

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. When staff assisted people in communal areas they ensured it was done respectfully. Staff told them what was happening and explained what they were doing. One person said, "The staff help me, they are very kind." Staff told us, "Some of our residents need a lot of support with their personal care and we keep in mind at all times that some things are very private." This showed staff understood the importance of privacy and dignity when providing support and care.

Staff promoted people's independence and encouraged them to make choices. We saw that those people who liked to move around independently were supported discretely by staff. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Would you like to go out to the garden before lunch." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We want people to

remain independent ?can be. We give them space and respect their independence" and, "We let people to make their own decisions if they can. For example, if someone doesn't want to do something we make sure we go back later." One person had decided they had not wanted to get dressed that morning, we saw that staff regularly sat with the person and offered assistance but did not insist, they left the decision with the person. Some people were able to confirm that staff involved them in making decisions on a daily basis. One person said, "The staff always let me make my own decisions, I get up and go to bed when I want."

The registered manager had worked hard to ensure the environment was homely and had introduced signage to assist people in making decisions. For example in the lounge there was a hydration station with pictures of drinks and words to encourage people to ask for a drink. The registered manager said that this had encouraged people to drink and allowed them to choose a drink of their choice.

People were supported to maintain their personal relationships and relatives and friends said they were welcome to visit at any time. Visitors told us, "We visit quite regularly and are always most welcome. We have tea and can sit and chat for as long as we like." "They let us know if there have been any changes, like they need to see the doctor" and, "They know the residents very well and know how much support residents need." Staff chatted to visitors as they arrived, drinks were offered and people and visitors were clearly on friendly terms with staff.

Confidentiality procedures were in place and staff said they were very careful to discuss people's needs in privacy. Records were kept secure and staff were aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. This is looked at in more detail in well led.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found that improvements were needed to improve outcomes for people and provide meaningful activities to prevent social isolation.

This inspection found that improvements had continued. People told us, "I would talk to my brother or friends if I was not happy here, I can shower whenever I want." "I have got my crosswords, radio and help in the kitchen, I don't do activities, but that is my choice," and "I enjoy the pampering and the garden is lovely to sit out in." We were also told, "I would find somebody to talk to if I was not happy, I don't have any visitors," and "Never had to complain, I think I would go to the staff." "I don't want a shower every day, I don't need to ring a bell for anything," and "Yes I enjoy the activities, all of them really."

The management team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people at Dunsfold. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us of pictorial methods used in surveys to gain feedback from the people they supported. For those who had a visual impairment staff used large print and said they could if necessary provide information on tape so people listen to the information. We observed very good and appropriate visual aids around the home to include the menu, activities, staff photos and care needs boards.

Whilst there was no allocated activities co-ordinator, staff offered quizzes, bingo, music, baking, arts and crafts, games and cards. Hairdressing and Chiropody was available. During the morning, people chose to listen to music rather than watch television and several ladies had their nails painted and enjoyed foot spas, men were offered a foot spa but two declined. People were asked if they would like to go out in the garden, five people chose to go out and enjoyed their time in the garden. In the afternoon a John Wayne film was showing, which all but two people attended. One person remained on bedrest and staff had set up wall art and left music playing softly. Dunsfold had always encouraged people to bring their pets with them when they moved in. Sadly a resident's cat which had lived at the home for years had recently died and was missed by people. The provider had recently brought two kittens which had provided enjoyment and stimulation for the residents. One person who lived at Dunsfold helped out in the kitchen preparing vegetables and enjoyed being active. People were supported to go out independently if it was safe for them to do so. One person said, "I go out shopping or for a wander, staff check with me when I go and make sure I'm good to go."

Senior staff met with people before they moved in to ensure they could meet their needs. We looked at the most recent arrival's care plan. On the whole the admission was well recorded and evidenced that the person was involved in the process. The care plan contained a good level of information that guided staff to deliver the care the person needed and in a way the person wanted. People felt the care provided was individual and focused on their needs. Comments included, "Not a single thing is missed by staff, they know what I want, and they always ask me first." One person confirmed their choices were met, "I go to bed when I

want, go downstairs if I feel like it, and offered choices about food."

Some people said they were aware of their care plan and that their care needs had been discussed with them. One person said, "I came here, my family chose it with me. I have been thoroughly spoilt here, they attend to everything. If I ring the bell they come quickly. I am not worried whether it is a male or female carer." Another person said, "Shower every Monday or whenever I ask for one, I choose my clothes. I go out with family and use my walker."

Each person had a care plan in place. Care records were detailed and evidenced that staff knew people well. Levels of need were clear, for example, where someone had very complex needs they had been assessed as 'very high dependency needs'. Night routines were clear, describing all care that needed to be given to support them. Other care records detailed their interests and gave staff information that they could use to engage with them. Staff had a good understanding of people's needs and could describe care needs well. They received updates about each person during the daily shift handover. We joined one handover session which showed that staff discussed everybody and how they were and identified those that needed encouragement with food and fluids. Staff said they felt the handovers were beneficial especially if they had been off duty for a few days.

The provider and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. Staff could discuss how to manage the medicines with the assistance of the district nurses. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the person's permission, discussions had been held with family and those closest to them. We looked at the care plan for one person who was approaching end of life care. The documentation had reflected that care had been adjusted for this stage of their life. It emphasised the need for bedrest, monitoring of discomfort and of ensuring that food and fluids were to be offered regularly in small amounts. It also identified the importance of positioning and application of cream to prevent their skin becoming sore. The registered manager discussed that they would be enrolling on the gold standard framework for end of life care in the near future.

A complaints procedure was in place that was readily available to people and relatives. The procedure was displayed in the entrance of the home and was also given to people when they moved into the home. We looked at the complaints file and saw that complaints managed in accordance with the provider's policy. We read the details of a recent complaint and the actions required had been checked and followed up by the registered provider. The people we spoke with had not had a reason to make a complaint, but felt confident they could do so if needed. Comments included, "I would ask to the see the person in charge, I have no complaints." A visitor said, "We would see the manageress or get the number of the owner if we were worried." We looked at recent complaints. These had been investigated (records maintained) and the complainants had received a written response.

Requires Improvement

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found improvements but these improvements had not been sustained or embedded and the provider's quality assurance framework was not consistently identifying shortfalls.

At this inspection we found improvements continued but some areas needed to be further developed to ensure that the provider's quality assurance framework was consistently identifying shortfalls.

People spoke highly of the service. One person said, "It's the best." Another person told us, "They all have smiles on their faces and are very kind." One person said, "The manager is very good, she knows what she is doing." Another person told us, "I like the staff, very patient." Staff told us they felt well supported by the registered manager and the management team. They said they were quite able to approach the registered manager or the deputy manager at any time and that there was always someone available to talk to. One staff member told us, "I love working here."

A governance framework was in place and the registered manager and provider had access to a range of tools to help them monitor, review and assess the quality of the service. These included satisfaction surveys; annual management reviews, care plan audits, medication audits, maintenance programme and provider visits. The quality and depth of the audits had improved but needed to be developed to evidence actions taken and the outcome expected with a date to achieve the actions. For example, there were areas of the home such as communal toilets and bathrooms that needed attention as they were tatty. These had been identified by the registered manager but no date set for completion by the provider. Some flooring needed to be renewed or replaced and again there was no date for completion. Further audits for checking the cleanliness and the condition of fixtures and fittings needed to be developed to ensure that the environment remained clean and safe for people who lived at Dunsfold. The registered manager had identified gaps in training but these had not been taken forward in a timely manner and we found that staff had not received moving and handling training. Risk to people was low at this time as everybody was mobile. We discussed with the registered manager and provider that regular fire drills were required and recommended that they sought advice from the fire safety service. This was an area that required improvement.

People, staff and visitors were regularly asked for their feedback about the service. This happened informally throughout each day when staff spoke with people whilst supporting them. People were also involved in meetings with families where they were able to discuss their experiences at the service and highlight areas, which could be improved. Staff attended regular staff meetings to discuss the service, people and training needs. Feedback from staff had identified to the registered manager that staff would like more face to face training. Actions to rectify this were taken by the management team. Staff were signed up for face to face training with East Sussex County council, staff said this had a positive impact as they felt they learnt and retained a lot more information from face to face training. The provider had arranged for staff to attend train the trainer courses in medicine management. The registered manager and deputy manager have had training to be medicine assessors and this had ensured good medicine practices and competencies. The registered manager wanted to develop staff to become champions in infection control, safeguarding and

nutrition.

We asked the registered manager to tell us what they were proud of. She told us, "That we are a friendly small service who really know our residents." It was acknowledged that environment presented challenges but had worked really hard to decorate rooms to peoples' personalities and make the home comfortable.

There was a positive, open and person centred culture at the service. The registered manager was visible and worked at the service five days a week. She had a good understanding of people and their individual support needs. She regularly worked on the floor with staff and had a good knowledge of people. There was evidence of close working between the registered manager and provider to improve and develop the service. The registered manager told us that they had an open door policy, which has really supported the home to be able to rectify any concerns before they become bigger issues and offer support in any areas where it may be needed. The registered manager believed that this had allowed peoples' voice to be heard and that people knew their opinion really mattered to the service and that, "We have listened to what they had said and acted on it."

Staff told us they enjoyed working at the service. They said there was good teamwork and the management team and their colleagues were supportive. One staff member said, "There's communication between all of us staff, this really helps to give a good safe service." There was evidence of good communication at the daily meetings where staff demonstrated a good understanding of people's needs and their roles and responsibilities. There was on-going communication across the team and staff were regularly updated about people's needs at handover and staff meetings.

Staff were involved in the development of the service. The registered manager told us they had worked with staff to develop the ethos and values for Dunsfold. The values were discussed as being open, kind, respectful, engagement and involvement with people, improvement and development. Throughout the inspection, we saw these values were becoming embedded into staff practice. We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we contacted did not express any concerns at the time of our inspection. External health care professionals such as the GP and dietician contacted informed us that staff were kind and followed their guidance.

From April 2015 it was a legal requirement for providers to display their CQC rating. The provider was displaying their rating correctly.

The provider had notified CQC of significant events which had occurred in line with their legal obligations. The registered manager was aware of their responsibilities under Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. Staff told us they were open about all aspects of the support provided and they contacted relatives or their representatives, with people's permission, to inform them of any concerns they might have. For example, if a person's health needs had changed and their GP had been contacted.

The registered manager had an understanding of General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Staff said they were currently reviewing their record keeping and had sought advice on how to best make the changes required under this legislation. We saw that people's personal information was protected.