Care Quality Commission

Woodcote Care Ltd

Maplehurst Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

The inspection took place on the 1 July 2015 and was unannounced.

Maplehurst Nursing Home is registered to provide care and nursing for up to 38 older people and older people living with dementia. The service currently operates from 29 single rooms. On the day of our inspection there were 26 people using the service with a range of support and nursing needs. The home is a large detached property spread over three floors with a well maintained garden and patio.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This is the first inspection under the new provider of Maplehurst Nursing home who registered in October 2013.

The experiences of people were very positive. People told us they felt safe living at the service, staff were kind and compassionate and the care they received was good. One person told us "Oh I am absolutely safe here, I've no

Summary of findings

worries about speaking up about anything". We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff at the home they followed safe recruitment practices.

There was a strong emphasis on the importance of eating and drinking well for people living with dementia. People had sufficient to eat and drink throughout the day. The provider was innovative in looking at ways people were supported to eat and drink, sufficient to their needs. People's nutritional needs were met and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to activities in line with their individual interests and hobbies. These included light exercise, painting and arts and crafts.

The provider was passionate and creative to ensure staff were kept up to date with training and had links with external organisations that guide best practice. There were named champions in various areas such as infection control and moving and handling within the service who actively motivated and supported staff to ensure people were provided with a quality service.

The home considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments were detailed and reviewed regularly giving clear guidance for care staff to follow. Peoples healthcare needs were monitored and they had access to health care professionals when they needed.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it.

There were clear lines of accountability. The service had outstanding leadership and direction from the registered manager and provider. Staff felt fully supported to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs of the people living at the home.

Resident and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Staff and people told us they liked having regular meetings and felt them to be beneficial. The provider took action in response to feedback received. Feedback was also sought by the provider via surveys which were sent to people at the home and relatives. Surveys results were positive and any issues identified were acted upon. People and relatives were aware how to make a complaint and all felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

The provider and registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values.

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?

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Outstanding

The service was very effective. Staff had the specialist knowledge and skills required to meet people's needs. There was an innovative approach to ensure that staff put their learning into practice to deliver care that meets people's individual needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

The provider was creative in looking at ways people were supported to eat and drink, sufficient to their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Outstanding

The leadership and management of the service was outstanding.

Summary of findings

The provider and registered manager promoted strong values and a person centred inclusive culture. Staff were proud to work for the service and were supported in understanding the values. These were owned by all and underpinned every day practice.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Maplehurst Nursing 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.

The inspection took place on the 1 July 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist in nursing care 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. In this case the expert had experience in older people's services.

The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people and five relatives, two care staff, one activity coordinator, two nurses, the registered manager and the provider.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, three staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining area during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a nurse administering medicines.

After the inspection we spoke with one health care professional who worked with people at the service to gain feedback.

Good

Is the service safe?

Our findings

People we spoke with all said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person told us "Oh I am absolutely safe here, I've no worries about speaking up about anything". Another told us "You just know you can speak to anyone at any time". A relative told us "It's a huge relief to know my relative is safe and well cared for".

A healthcare professional told us "I am aware that when any resident experiences difficulties that could go on to affect their safety in any way the home is proactive in addressing any problems.

The home has a very good relationship with their local GP and will make good/timely referrals to them over any concerns or general reviews. They also use other services effectively i.e. living well with dementia team".

The provider stated in the PIR people and relatives felt safe as evidenced by average results of the 2015 residents and relatives feedback survey (safety/security 9.9/10) protection from bullying and harm. Records we saw confirmed this.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and we confirmed this from the staff training records. Staff had NVQs or higher level training in this area, 21 out of 23 care staff had NVQ level 2 or above in care. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider for staff to follow to ensure medication was managed and administered safely. Medicines were safely administered by a duty nurse. All medicines were stored securely in a locked clinical room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. We spoke with two nurses who described how they completed the medication administration records (MAR) and we observed this while the lunchtime medicines were being administered. The member of staff was polite and sensitive to people's needs whilst administering their medicines. For example the member of staff asked if they would like their medication and explained what the medication was for. People were assisted with drinks in order to take their medicine. Once administered the nurse completed the MAR sheets correctly. This ensured people received their medication safely. Weekly and monthly audits were undertaken by a nurse and the registered manager. These audits included stock levels, storage assessments and MAR sheets. Staff received medicine competency assessments. These were completed on the staff that administered medicines, to ensure understanding and best practice.

Controlled drugs (CD) were stored in an appropriate locked cupboard, records for monthly stock checks were completed and audited by the registered manager and recorded in the CD book. Stock levels of CD were checked and found to be correct. Daily temperature checks had been recorded for the clinical room and drug fridge.

A nurse confirmed that five people were receiving medicines covertly and none were self-administering any medicine. People receiving covert medicine had records completed with the decision making process and who was involved and method of covert administration. This included involvement of the registered manager, doctor, nurse, pharmacist and their relative.

It was a hot day and on a staff notice board there was a warning of a heat wave to remind staff to encourage plenty of drinks for people and themselves and provision of sun cream if required. Fans were in place in communal areas and people's rooms and additional bought that day to ensure that there were enough for every person.

The premises were safe and well maintained. The environment allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs. Contingency plans were in place to respond to any emergencies such as a fire. The

Good

Is the service safe?

provider had introduced a resident safety model which held information on each person and detailed their mobility and created a personalised plan for staff to follow in case of an emergency which included a map of escape.

On the day of inspection call bells were answered without any undue delay. Staff rotas showed staffing levels were consistent over time. Staff and relatives confirmed that they felt there was enough staff to meet people's needs. We spoke with the registered manager who told us that they did not use any agency staff only permanent staff which gave continuity of care for the people and staffing levels could be adjusted according to the needs of people. The provider stated in the PIR a three month staff forecast model was used and calibrated to ensure staffing levels did not fall below recommended ratios, based upon needs of people.

Recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and previous work references to assess their suitability for the role. A new member of staff confirmed this was the process they had undertaken before working at the home.

The provider stated in the PIR the service 'continuously strives to learn from near misses and review and update risk assessments and support guidelines accordingly. 'Records we saw confirmed this. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book, which were analysed on a monthly basis by management. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at the nurse handovers. One person who had a fall had been recorded and the local falls prevention team had been informed. A review had taken place with the person and an action plan to reduce any potential risk for the person. Their relative had also been informed.

Outstanding ☆

Is the service effective?

Our findings

Relatives and visitors felt that staff were very skilled in meeting the needs of people at the service and spoke highly about the care and support at the home. One relative told us "They are indeed well trained and good at their job. They really go the extra mile". Another told us "I think they are very competent and well trained and cope with everything they have to deal with very well".

There was a strong emphasis on the importance of eating and drinking well for people living with dementia. The provider had been innovative in this area by taking on an undergraduate work placement in 2014. The student studied nutrition at degree level and was set the project question "what role can food play in enhancing the quality of life for residents in a dementia focussed nursing home?" The work placement project and work flow chart highlighted the importance ascribed to this area. This included looking into areas of the role of food based activities, the role of food presentation and the role of interaction and the impact on consumption. As a result of this the chef and the registered manager met to review nutrition and discussed changes required for people on a regular basis. Improvements included how food was presented to people and portion sizes. For example people may have an improved appetite if they are presented with smaller portions to start with. People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. Records were accurately maintained to detail what people ate to inform staff if people had had adequate food and fluid during the day. They relied on care staff to ensure they had enough to eat and drink throughout the day. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. For example where a person had lost weight more frequent checks of their weight had been carried out and their diet reviewed and a fortified diet considered. This approach, along with actively catering for specific dietary preferences, ensured that people's dietary and fluid intake significantly improved their wellbeing. One person told us "I think there is enough choice and you get asked about what you would like"

We carried out an observation at lunchtime. Food was both nutritious and appetising. People could choose their meals from a daily menu and alternatives were available. To help with providing choices for people living with dementia the menu was also displayed on the wall in a pictorial format with details underneath. This helped people to understand what foods were available and some people recognised pictures rather than words. People ate in their rooms, some in the lounge and the dining area. There was one large dining table where some people sat and other people sat around a smaller circular table on the other side of the room, people were asked and encouraged to sit there to create a social environment at lunchtime. We saw positive interactions such as staff asking where people wanted to sit, people being given consistent one to one support, plate guards offered for people that required them and some people having clothing protectors. Special diets were catered for. The chef showed passion in his role to ensure people's nutritional needs were met. They told us when a new person arrived at the home they are made aware of the nutritional needs and ensured they were catered for. We were also told that when people changed their minds on what they had chosen to eat, that it was not an issue as there were always alternatives available. We were told of one person who liked to eat later than others and they had their lunch at their chosen time.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area and discussed during group supervisions. We saw evidence of this in training materials and group supervision minutes. The principles were also actively reinforced through a poster in the staff room and in people's care plans. Spot checks by the provider and the registered manager were introduced and embedded the knowledge. These included observations on staff interaction's with people and the care they provided. People were given choices in the way they wanted to be cared for. We saw staff offering choices in what people would like to do. For example a member of staff asked a person where they would like to have their tea and biscuits and the person chose the garden. The member of staff assisted the person to sit outside and spent time talking with them. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions, the registered manager involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers

Is the service effective?

both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. When people where in the communal areas members of staff were always present. Creative solutions had been employed to make sure that people were involved in decisions about their care. These had been approached on a case by case basis. A good example of this was a person with cognitive impairment combined with a physical condition that hampered their speech. The provider had designed a simple tick box questionnaire that the person was able to engage with to communicate their care wishes on a daily basis. As a result the provider was able to work with the person and their family along with relevant health care professionals to put in place care consistent with the persons wishes.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority, we found that the registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People and relatives told us they did not have problems accessing the healthcare they needed. People were supported to maintain good health and had on going healthcare support. Records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, behaviour therapists and a speech and language therapists (SALT). A GP visited the service weekly and the nurse told us how they could always access a GP by telephone for support when needed. We saw daily records detailed how people were feeling and any changes to their health were noted and acted on. One person who was not mobile on admission, had an exercise chart so staff could record when input and exercise from Physiotherapists where under taken. The nurse told us the person's mobility had increased since living at the service. One person told us "The Doctors are freely available. I needed one once and they sorted it quickly. We all feel very secure about that". Another person told us "They got a GP for me and it's my local doctor who knows me very well".

Care plans showed people's current health needs and care records were reviewed and updated to ensure people's most up-to-date care needs were met. For example when a person's needs had changed, the care plan detailed this. It also detailed how much assistance the care staff needed to offer the person as well as information about the daily tasks they were able to undertake.

The provider stated in information provided prior to the inspection, resident's needs were met by staff that have the right competencies and skills. As evidenced by the number of care staff with level 2 or higher in a health and social care diploma. The provider was creative in keeping the staff up to date with their training and had links with external organisations that guide best practice. Such as local colleges, registered nursing home association and the nursing and midwifery council. Staff records showed they were up to date with their essential training in topics such as moving and handling and infection control. The training plan documented when training had been completed and when it would expire. The provider and registered manager were focused on ensuring staff were up to date and skilled in their role. The provider offered a vocational qualification in care to its staff. One member of staff told us "We get lots of training and updates. If we would like more we can just ask". A relative told us "I think the staff are very competent and well trained and cope with everything they have to deal with very well". This showed the provider continually drove improvement and staff were up to date with best practice to deliver effective care for people.

There were named champions in various areas such as infection control and moving and handling who actively supported staff to ensure people were cared for in a way that promoted their wellbeing. An example of this, the provider had been creative and hands on in supporting the staff to develop their skills in moving and handling. In order to deliver continuous training and improvement in this area the provider had completed a moving and handling instructor's course himself. This ensured that staff were kept up to date with best practice and enabled on the spot training and skills development to take place within the home.

Outstanding ☆

Is the service effective?

The registered manager told us how they were taking a proactive approach and working with the provider on introducing the new Skills for Care care certificate for staff and incorporating it into their induction and training. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care.

The service had implemented an inspirational approach to ensure that staff put their learning into practice to deliver care that meets people's individual needs. This was around consistent mind-sets and behaviours. On an annual basis each staff member was asked to provide quantitative feedback on each of their peers on five criteria's. These five criteria's were aligned to the CQC's five key questions. The provider collated the responses and was then able to give constructive feedback to staff around what they did well and any areas for development. This approach drives improvements within the service and encouraged staff to perform to a high level. The provider told us the innovation was highly praised by senior healthcare professionals and academics and was a key component in the home receiving the award to runner up care home of the year at the 2014 West Sussex Excellence in Care Awards. This is one of several areas where the provider has contributed to the development of best practice.

Staff had regular meetings with their manager and group supervisions which were planned over a twelve month period and an annual appraisal. Group supervisions gave staff an opportunity to discuss how they felt they were getting on and any development needs required. Minutes from a recent meeting showed areas discussed included training, ensuring people had enough fluids and encouragement for staff to sit down with people and have meaningful conversations with them. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. The registered manager held clinical supervisions with nursing staff and worked closely with them to ensure best practice.

Good

Is the service caring?

Our findings

People gave very positive feedback regarding the caring nature of the staff. One told us "I have been in lots of homes when my husband used to visit them for me and I was really worried about coming here and thought I would be walking out but this is marvellous, really wonderful. The other homes didn't treat people as equals but they do here. I love its homeliness and It's like a second home, not what I expected at all, you're an individual." Another person told us "My brother came in to see our relative recently and said "I've noticed it's full of love" which I thought was quite something for him to say. That's the sort of place it is, they try to keep everybody happy".

One visitor we spoke with told us they had lost their relative a few months ago and they still came to visit people they had got close to, they said "I love it here and I have been in at all times of the day and night. It's one of the best homes I've ever known". It is so well run and there's a culture of anyone doing anything for you"

We observed the staff being engaging with people, getting down to people's level, giving eye contact, listening and responding accordingly, smiling, being polite with terms of endearment too.

At one point the maintenance man came in and chatted to lots of people as he went about his work. He asked them how they were and engaged with one person in an appropriate manner which made them smile and engage with eye contact. Conversations were not just task orientated. Staff took time to speak with people engaging in talking about the weather, activities and relatives that were coming to visit them.

People told us that staff treated them with respect and dignity when providing personal care. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could come into their room to speak to them. One person told us "They always knock on my door and close the door if I want them to". Another told us "They don't just do things they always ask you first". A relative told us "They are very good and if the doctor comes in the resident is taken to their room to talk privately. They don't do all that here in the lounge". A member of staff explained to us the importance of maintaining privacy and dignity and said "You have to respect people's privacy. I always knock on someone's door before entering. It is their private room".

We observed staff speaking to people in a warm and caring manner, and spending time to chat with people about issues they were interested in. One member of staff was discussing relatives that were coming to see the person that afternoon. There was a calm and friendly atmosphere at the home. Staff interactions between people and staff were caring and professional and people's independence encouraged. We observed staff assisting a person from a hoist to a chair. They relaxed the person and talked them through all the stages of the movement, comments included "Can we put you in your chair. Ok going up, let's mind your head. Ok we're going down now, are you ok?" We observed one person needing repositioning in their chair and called out "Oh my lovely girls can you help me" they were attended to quickly with a member of staff recognising the person was uncomfortable and needed a cushion.

Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then their job was to ensure that happened. One described how they would help a person to choose what they wanted to wear that day and assist them to get dressed if they needed it.

People's preferences, likes and dislikes were recorded in care plans and respected. Although some people were not able to be involved fully in their care planning because of their dementia care needs, relatives were invited to contribute. Staff encouraged people to express their views and involve them in decisions in their care.

We saw that people's differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted.

Good

Is the service responsive?

Our findings

People had access to a range of activities and could choose what they wanted to do. One person told us "We have music and games which is good fun". Another told us "I enjoy doing anything that's going".

The provider stated in the PIR people and relatives felt the service was responsive as evidenced by average results of the 2015 residents and relative's feedback survey. All respondents apart from one allocated a mark of 10 out of 10, with the remaining person allocating 9 out of 10.

In the lounge a display board showed activities planned for each day. There was a large clock which was easy for people to read from all around the room. Background music was being played at appropriate volume and changed to different styles throughout the day. There were wall displays of art work done and photos of the visiting PAT dog (pet as therapy) Oscar.

Activities were observed taking place and appeared to be person centred and specific to the resident. We observed the activities coordinator spending time with people who were in the lounge chatting to them and engaging some people in a reminiscence art session. During this activity one person was telling us about the memories that the colours of the paint evoked "I've put black paint on next and it was always a given that my children polished their own school shoes so it reminds me of the polish they used". This person was clearly enjoying the memories and discussions this activity promoted. People and relatives spoke positively around the activities. One told us "We had a lovely barbeque last Saturday it was super with entertainment as well". A relative told us ""There's a good cross section of things going on. Music is very popular and they have harps, choirs, guitars allsorts and residents who need help with song sheets are given it, they are aware of who needs help". People also spoke highly of Oscar the homes PAT dog that came to visit regularly. Oscar is the family pet of the provider. When it was noticed that many of the residents formed a close bond with his dog the provider trained and put Oscar through the PAT registration process. He is now a much loved regular feature in the home.

We spoke with the activities coordinator who told us they had recently been using a computer tablet with people looking at items and places which identified areas of interest, also using interactive apps. They found 1-1 interactions more productive than group work but did group activities for music, art and gentle exercise. They were working on widening music choices available and replacing pictures in communal areas with images more meaningful to people in the home.

The provider had worked with the activities staff on developing a recording system that showed individual involvement in activities, and rates apparent outcomes, i.e. how engaged and satisfied people appeared to be. These records were actively used to identify if individuals were receiving too little attention, or if activities needed adjusting to achieve more positive outcomes. One example given was "If X gets the share of attention she needs, she is much calmer, so we can see if we need to increase what is provided for her." One member of staff told us "I feel the home is successful because we are interested in the whole of a person's life, we need to know what's special to them and treat them as individuals. The activities staff are wonderful, they are different every day and they can see what people want and what they need ".

The care records were easy to access, clear and gave descriptions of people's needs and the support staff should give. Individual assessments were carried out for each person before admission. This was completed by the registered manager and covered a comprehensive assessment. On admission a 14 day short care plan was created so that people could be assessed appropriately. The care plan detailed for assessments including mobility, personal care, nutritional needs, skin care, emotional and psychological behaviour and special nursing needs. In one care plan we saw a person required a medication patch and observed a change of the patch. The person was approached by two nurses in a gentle manner with light touching on the arm, the person was given time to consent to having the patch changed.

Care plans had a comprehensive life book/ social profile which had been completed with assistance of relatives and gave a full picture of each person's life and preferences. People were allocated to a nurse with each nurse having 6-7 people who held detailed records of a monthly review checklist on their care. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed using a hoist to safely move a person from chair to chair and how staff should encourage

Good

Is the service responsive?

the person to aid their mobility. In another person's care plan their nutrition and fluid was being monitored and detailed that food should be pureed to help with their food intake. When we observed lunchtime we saw this person had assistance with their pureed food.

Staff knew people well and staff we spoke with told us how they knew everyone at the home and ensured they met everyone's needs. One told us "We really get to know everyone and their needs. Communication is key to ensure we meet their needs". Another told us "Today I knew a person had visitors this morning, so I asked them who it was and what they had talked about. We do get time to communicate and it's important always to communicate, even if they can't reply verbally".

We observed a staff handover meeting which was conducted by a nurse, with three care staff and a senior carer coming on duty. The nurse discussed every person in some detail, physical care/nursing issues and how they had been emotionally, what they had been doing and whether they had any visitors. One member of staff had just returned from holiday, the nurse informed him there was now a walking chart in place for one resident after input from a physiotherapist. The nurse also commented on a particular person's involvement in activities that morning.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and also displayed in the main hallway. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. Records of compliments were also kept one read "A pleasure to visit. Always welcomed and the best we have seen".

Outstanding ☆

Is the service well-led?

Our findings

People and relatives spoke highly of the registered manager and provider. Comments included "That manager there, he's a nice chap. There's nothing to complain about" and "The manager is very approachable, very open to suggestions and the owner is too". Relatives spoke positively of the registered manager welcoming them at the door and giving feedback on a regular basis. One member of staff described the provider and registered manager as very interested and involved and felt the home was definitely well managed.

A healthcare professional told us "The home is open to change, new ideas and best practice. The provider and registered manager have developed their own life story paperwork for people and the use of Kitwoods flower (This was devised by a specialist who was a pioneer in the field of dementia care and suggested that people with dementia, have six psychological needs) to assess a residents need for comfort, attachment, occupation, Identity, Inclusion and love. As in all homes the home can find some residents behaviour more challenging but I believe the one to one work we are carrying out with the staff is beginning to help them feel more confident and able to support these residents".

The registered manager and provider had developed an open and inclusive culture by meeting and working with people's relatives, staff and external health and social care professionals. A healthcare professional told us "I am aware that there is good direct communication within the home which I believe is partly due to the provider being very hands on owner, knowing all of his residents and engaging with them and understanding his staff's strengths. He will frequently talk about his staff's positive qualities and is skilled at recognising their particular talents. The registered manager has a very similar approach and there is a very good relationship between the both of them. In my experience the staff genuinely seem to feel they can approach both about any concerns they may have about their residents or to improve their own practice".

We observed throughout the day the registered manager taking the time to speak with every person he met. People looked pleased to see him and there was great rapport between them. The registered manager took the time to speak to every relative that came to visit. The registered manager told us "My office is next to the front door I like to welcome all visitors and relatives and ask how things are and If I can help with anything".

The provider and registered manager showed passion and drive in their approach to improving the service. Over the past 18 months the service had gone through six cycles of continuous improvement. This included provider compliance self-assessments, analysis of CQC reports for similar homes, full mock inspections and detailed audits against the regulations. The result of this had been the implementation of many improvements to the service. The provider stated "We are always looking for ways to improve and will look to the CQC inspection to help guide us". The robust records we saw confirmed this and showed both the provider and registered manager were committed to ensuring the service continually improved.

We were told of one person who spoke Creole rather than English. The language difficulty for staff, when combined with their poor eyesight and living with dementia meant that there was the potential for distress to be caused. There were a number of Creole speakers and they all worked together to ensure that person was well cared for. The registered manager and staff had gone out of their way to meet this person's needs, it was recognised at a local awards ceremony and they were awarded runner up in Ancillary Workers of the Year at the West Sussex Care Awards at the end of 2014. Staff we spoke with felt proud to work at the service and also felt that the provider and registered manager were approachable and supportive. One told us "We have an excellent manager who is so helpful and cannot do enough for the staff and people".

The provider told us they had identified and planned on continuing to build the capabilities of key staff members as champions in specific areas of importance for example manual handling,

Infection control, dementia care and medicines management. Staff had been booked on specific courses through the local authorities learning and development gateway. These staff members would continue to raise standards in an embedded day to day way.

There was an inclusive culture which was evident in how people were involved in the running of the service. An example of this was their involvement in the selection process of two activity coordinators. As part of the final

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round interview process, shortlisted candidates were required to spend time with service users, whose views were then sought. People and relatives told us how they felt the activities had improved. One person told us “She’s a lovely lady (referring to the activity coordinator) she includes us in decorating the place and knows I love gardening so she’ll come and do it with me”. One of the activity coordinators told us how the provider had just given them an information pack about environmental needs for people living with dementia, and had asked activities staff to be actively involved in décor choices for the front lounge and elsewhere around the service. They also told us of the on going support they had from the registered manager and provider. They had recently joined the local authority’s activities coordinators’ forum and recently attended a meeting. They were able to make links with people in similar roles with other providers and were encouraged to continue attending these meetings, sharing best practice and bringing ideas back to the service. The provider had installed a computer for people which enabled them to access the internet and we were told how one person used it to Skype (video call) their relatives who lived abroad.

There was a clear vision and set of values. The vision of the home was clearly outlined under the 'Philosophy of Care' section of their statement of purpose and is also contained within the residents and relatives user guide. There was a positive culture that was person centred. Positivity was emphasised and formed part of the 360 degree staff appraisal system that was in place. This is a system or process in which employees receive confidential, anonymous feedback from the people who work around them. This could include the employee's manager and peers. Staff then had the confidence to question and improve practice and enhance their moral.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to the CQC, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to any specific incidents.

Feedback from people and relatives had been sought via surveys. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. Surveys were sent to people at the home, staff, and relatives. Comments from a recent survey suggested improvements around facilities. The provider had started to address this by converting some of the bathrooms into wet rooms which would assist people to access them more easily. A comment from a relative read “The kindness, patience and care shown to my relative is wonderful. The team is led by a truly marvellous manager whose standards are the highest possible”. Everyone we spoke with on the inspection had no hesitation in recommending the home and were very happy with the care provided.

We spoke with the registered manager who told us they were consistently looking to drive improvement with the support of the provider. Both the staff and provider were proud of the awards that had been won by the service and staff which included West Sussex Excellence in Care Awards 2014 Runner Up 'Nursing Home of the Year', West Sussex Excellence in Care Awards 2014 Winner 'Young Learner of the Year' and West Sussex Excellence in Care Awards 2014 runner Up 'Ancillary Work. The registered manager actively encouraged staff development and he was also undertaking a masters in healthcare management to develop his own skills.

The provider strived for excellence and improving the lives of people who lived at the home through involvement with organisations. As provider told us in the PIR the service had worked in close partnership with other health and social care organisations and had actively worked with and learned from those carrying out leading edge research. This included participation in Brighton University flu vaccination study. Participation in Kings College London dementia and hallucination study. Management also attended external courses which included the Sussex Care Managers Forum for learning and development and sharing best practice among other managers.

A strong emphasis on continuous improvement was evident. Over the past months the service had revised and updated a number of systems and processes, including policies and procedures in conjunction with the RNHA (Registered Nursing Home Association) excellence in care programme, training records, redesign of the clinic room. This was managed via a continuous improvement board in

Outstanding ☆

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the office where improvement opportunities were recorded and tracked until implemented. On-going learning and development by the provider, registered manager and staff meant that people who lived at the home would benefit from new and innovative practice.