Barchester Healthcare Homes Limited

Red Oaks

Inspection report

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Ratings

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

Overall summary

The inspection took place on 30 June 2015. Red Oaks was last inspected on 1 September 2014 and no concerns were identified. Red Oaks is located in Henfield, West Sussex. It is registered to support a maximum of 63 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia, and many who had complex health needs and required end of life care. The service is set over three floors. On the day of our inspection, there were 58 people living at the service.

There was no registered manager in post. The home has been without a registered manager for approximately two months. However, a manager had been appointed and was due to start in post in July 2015. They had started their process to register with the Care Quality Commission. 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.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here, no problem". When staff were recruited, their employment history was

Summary of findings

checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

People were being 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).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as caring for people with dementia, epilepsy, wound management, and palliative (end of life) care. Staff had received both one to one and group supervision meetings with their managers, and formal personal development plans, such as annual appraisals were in place.

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. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included gardening, exercises, films, arts and crafts and themed events, such as National Armed Forces Day. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are kind, I can't speak highly enough of them". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "I have complained about things. They are very quick to respond".

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 and senior staff were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good

Is the service effective?
The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Good

Is the service caring?
The service was caring.

People felt well cared for, the privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Good

Summary of findings

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Red Oaks

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 checked 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 30 June 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. 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. We spent time looking at records, including five people's care records, four staff files and other records relating to the management of the service, such as complaints, accident/incident recording and audit documentation. We also 'pathway tracked' several people living at Red Oaks. This is when we followed the care and support a person receives and what is documented about their needs 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. Several people had complex health needs and some were living with dementia. During our inspection, we spoke with nine people living at the service, one visiting relative, a visiting healthcare professional, a visiting hairdresser, three care staff, the administrator, a maintenance person, a registered nurse, the general manager and the operations manager.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I feel safe, I'm not worried about any of the staff or any of the other people who live here. If I thought someone was behaving badly I would say something". Another person said, "I feel very safe here. If I was worried about anyone, I could tell the staff. I have no concerns". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff transferring people from their wheelchair to armchair and assisting them to mobilise around the service. On the day of our inspection the weather was very hot and we saw that details regarding heatwave planning were displayed around the home. People were supported to sit outside and enjoy the sunshine safely. Staff ensured that people were appropriately dressed, that sun cream was applied and iced drinks were readily available.

We spoke with staff, the general manager and operations manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The general manager said, "A pre-assessment is carried out by the care manager before people come here to determine any risks. The staffing levels we have allow for people to take risks and we monitor people safely. For example, we risk assess for a resident to have access to the courtyard gardens, so that they can work on the garden".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The general manager told us, "I feel that through my observations there are enough staff. I always see staff interacting with the residents, for example sitting and reading with them. We have enough staff to provide that time for them. We can increase staff as needed in line with people's dependency, which is reviewed regularly. We have multi-skilled staff who can cover other roles". We were told that staff from other services in the Barchester Healthcare group could be used to cover if required. A member of staff told us, "I think we're alright with staffing. If someone phones in at late notice it places us under stress, but we can ask other Barchester homes in the area to provide staff if we can't cover the shifts from our own staff". Feedback from people also indicated they felt the service had enough staff and our own observations supported this. One person told us, "I would say there are enough staff". Another added, "I think there are enough staff. They come quickly if you need anything".

In respect to staffing levels and recruitment, the general manager added, "We recruit continually. We also seek resident's opinions on new staff member. We introduce potential staff to the environment and explain the role to them". Documentation we saw in staff files demonstrated that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

Good

Is the service safe?

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us, “I always get my medicine on time”. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met. One person told us, “The staff are never rude or bossy. They always ask permission”. Another person said, “They staff are very co-operative. You ask for things and they do it quickly”. A visitor added, “The staff are well drilled and know what they are doing”.

Staff had received training in caring for people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples needs, for example around pressure care, epilepsy and catheter care. The general manager told us, “New staff receive an in depth induction and have a three month probationary period. They spend the first few days with the trainer and shadow experience staff. They receive regular reviews of their progress and I sign off their induction when they are ready, or extend it if required”. They added, “There is lots of additional training opportunities, and staff are encouraged to carry out NVQ (National Vocational Qualification) training”. One member of staff told us, “I qualified three years ago in NVQ 2. I’m still on induction. We did training last week on best interests assessments and diabetes, being aware about the food choices of diabetics”. Another member of staff said, “I am thinking about doing NVQ 2. We get lots of refresher training and updates”.

Staff received support and professional development to assist them to develop in their roles, Feedback from the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. A member of staff told us, “I’ve had my first supervision. I also have a mentor. I feel really well supported”. A registered nurse added, “I get supervision bi-monthly. The care manager is a nurse and gives me clinical supervision”.

Staff told us they explained the person’s care to them and gained consent before carrying out care. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. DoLS applications were in place for all people at the service, and the general manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom. The meal was a restaurant style experience, where staff took people’s food orders for their starter and their main meal. Staff assisted people with their choices and explained what was on the menu. We saw that one person became confused with what they had ordered, and staff were respectful and reassured them they were going to receive what they had ordered. One person who had not ordered the starter now wanted one after they saw what it was, and a member of staff got this for them without fuss. Alcohol and soft drinks were offered with the meal and two people asked that their glasses of white wine be “filled to the very top”. People appeared happy with the food and we heard comments such as, “This is lovely”, “It’s beautiful isn’t it”, and “What lovely music and this is delicious”. People were encouraged to be independent throughout the meal and staff were available if people wanted support and extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

Good

Is the service effective?

People were on the whole complimentary about the meals served. One person told us, “The food is very good. I eat everything”. Another said, “The food is quite good. We get plenty and I get enough to drink”. A further person added, “I definitely get enough to eat. We get a choice of dishes”. We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request. On the day of our inspection the weather was very hot and staff ensured that people had iced drinks available at all times and that ice lollies were given to everybody in the afternoon”.

People’s weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The general manager said, “We manage the risks around malnutrition and dehydration. We put in place resident food and fluid charts where needed. We manage specialist diets and we liaise with speech and language therapists (SALT) and dieticians”.

Care records showed that when there had been a need identified, referrals had been made to appropriate health professionals. The general manager told us, “Care staff would be confident to recognise if somebody was poorly”. Staff confirmed they would recognise if somebody’s health had deteriorated and would raise any concerns with the appropriate professionals.

We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them. One person told us, “I have always had the doctor visit if I was unwell”. Another person said, “I’ve never needed the doctor, but I have no reason to think they wouldn’t get one if I needed it”. We saw two members of staff assisting a person to put sun cream on, as they were being supported to attend a dental appointment and would be exposed to the sun.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "Staff take you seriously and treat you well". Another person said, "The staff are very kind. I can't speak highly enough of them. It's a very comfortable home and I feel well cared for".

Staff demonstrated a strong commitment to providing compassionate care. From observing staff interactions, it was clear they each had a firm understanding of how best to provide support sensitively and appropriately, and that they knew people well. People were supported to have a pre-lunch drink and staff sensitively encouraged them to make their own way to the lounges if they wanted to. We heard one member of staff say, "You have a very pretty hairdo today. Are you coming round to the lounge for a sherry, or another little tipple?" We saw another member of staff supporting a person to walk to the lounge, when the person said, "It's too far". The member of staff replied, "Why don't you sit here on this sofa, and we can bring your sherry to you. It's a hot day, why walk so far". "That's nice, I'll have my sherry here then" the person responded.

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke with people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive during our inspection. Staff were seen to continually orientate people to time and place, by reminders of the day and time. We saw positive interactions with good eye contact and appropriate communication, and staff observed appeared to enjoy delivering care to people. We saw that during the pre-lunch drinks a person became agitated. A member of staff intervened and spoke softly and calmly to the person and quickly reassured them that everything was ok. The person sat down calmly and became relaxed and the member of staff sat with them and chatted about the music that was playing. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better.

During the inspection, staff were respectful when talking with people calling them by their preferred names. Staff were observed speaking with people discretely about their care needs, and knocking on people's doors and waiting before entering. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. One member of staff told us, "I promote people's dignity by closing doors during personal care and making sure people are covered with towels or wearing dressing gowns when they go to the bathroom". A person added, "It's a very comfortable home. I feel very cared for. They respect my modesty".

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed in colour co-ordinated clothes, well groomed and wore jewellery. People were consulted with and encouraged to make decisions about their care. We saw examples where people were given the choice of when to get up and go to bed and what to wear. One person told us, "The staff are very respectful. I get asked about what I would like to do and what I would like to wear". Another person said, "I get to choose what I would like to wear and what I do". A member of staff said, "We give people choices. We ask them what they would like to wear and if they don't want to get up, we don't force them". We saw that one person had an area of the home screened off for their use. A member of staff told us, "This is their area. They won't sleep in their own room. They prefer to sleep on the sofa in the lounge. We discussed this with the person's family, and they told us that they always used to sleep on the sofa at home. We have screened the area and it is treated as this person's space. It was their choice and preference. The general manager told us, "The staff interact well with the residents and are aware of their choices and what their preferences are".

Staff supported people and encouraged them, where they were able, to be as independent as possible. One person told us, "The staff help me to come and go as I please. I go to a club on a Tuesday in Henfield". The general manager told us, "We promote independence and have a resident who regularly walks to the shops with a carer". Consideration had also been given to providing people with tasks to help promote independence, feelings of identity and self-worth. The general manager added, "We have one resident who helps with the hoovering and others

Good

Is the service caring?

who assist with the washing up. This is to help maintain daily living tasks. We also promote people to walk to the dining areas for lunch and have choice about where they sit and who they talk to".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "I have complained about things. They are very quick to respond". Another person said, "I've never had reason to raise a concern, they do everything I need".

There was regular involvement in activities and the service employed specific activity co-ordinator. The general manager told us, "We have an activities co-ordinator, but all staff take charge of activities". Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia and complex health needs. We saw a varied range of activities on offer, which included gardening, exercises, films, arts and crafts and themed events, such as National Armed Forces Day. On the day of the inspection, we saw activities taking place for people. We saw staff reading newspapers to people and singing and dancing. People appeared to enjoy the stimulation and the activities enabled people to spark conversations with one another. One person told us, "We have activities. We have skittles and various people coming in with music. We have a man who comes in and sings and we had a prom on Sunday. It was organised with another organisation, with the proceeds going to the Scouts". A visiting relative added, "People are always doing things, for example I've seen people cooking. They had a big concert here on Sunday night, and people from the home do join in with a lot of things within the village".

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. The general manager told us, "Staff always visit people who stay in their rooms. They carry out one to one activities like manicures, pedicures, massage, or reading and chatting. The staff will really try and go into that resident's individual reality". Throughout the day we saw staff taking time to sit with people individually and either have a chat or read with them. The activities that people attended or liked were recorded and the service gained people's feedback, to assist with planning future activities that were relevant and popular.

The service supported people to maintain their hobbies and interests that were important in their life. For example, one person had a balcony in their room which was adorned with many potted plants. It was clear that this person had maintained the plants and enjoyed keeping them. We were told that another person used to be a farmer, and we saw that they regularly helped with maintaining the gardens at the service. The general manager told us, "There is a lot of interest in gardening and the residents' help maintain the courtyard, but there are lots of opportunities for resident's to get involved with interests like cooking and singing". We saw that people's cultural and religious beliefs were supported and that regular visits from local churches and holy communion took place.

Care plans demonstrated that people's needs were assessed and plans of care were developed to meet those needs. People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. One person confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Most people we spoke with could not recall contributing to their care plans, however evidence seen in care plans showed that people had been involved. Staff told us they knew people well and had a good understanding of their preferences and personal histories.

Care plans showed people's preferences and histories. The staff demonstrated a good awareness of people and also how living with chronic conditions or dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people, including those living with dementia could still live a happy and active life. Care plans incorporated information about people's past's, hobbies, activities and their personality traits which enabled staff to provide person centred care and engage with people about their history.

Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, emotional support, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual.

Good

Is the service responsive?

For example, one person's care plan explained how they liked to have breakfast in bed, but also guided staff on how to recognise if this person was in pain through observing their mannerisms and facial expressions.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a complaint changes a person's electric fan was replaced, an apology issued and a reminder was given to staff in respect to maintaining standards of care. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered. There were also systems and processes in place to consult with people, relatives, staff and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the management with a mechanism for monitoring people's satisfaction with the service provided.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the service, felt that it was well-led and they had involvement in how the service was run. Staff commented they felt supported and could approach the management with any concerns or questions. A relative told us, "This is a really good home. Nothing is too much trouble. There are good staff and it's well run".

There was no registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The home had been without a registered manager for approximately two months. The service had recruited the general manager, but they were not yet formally in post. However, the general manager had been in day to day charge of the service, was assisted by the operations manager, and had begun their application to become the registered manager. The operations manager told us, "We have some management cover every day and staff also have access to an on-call manager".

Consistent management cover had been in place whilst the new manager was not in post, and people and staff fed back that the lack of registered manager had not impacted on the service. One person told us, "I know there's no manager at the minute. We would like one, but the present people are doing a good job". A member of staff said, "We can get on with things even though there isn't a registered manager at the moment. The care manager and the nurses are really approachable and the operations manager and general manager visit regularly". A further member of staff told us, "We have a manager ready to start. If we have any issues we can approach the operations manager or regional manager. I think we are managing without a manager, we are able to provide care for people. A visitor added, "The lack of a manager hasn't had an impact on people's care. The staff have coped remarkably well".

We discussed the culture and ethos of the service with the general manager and staff. They told us, "We want to deliver a really unique service. A whole team approach involving all the staff, relatives and the community". A member of staff said, "The values are to maintain people's independence as much as possible". Another member of staff said, "The ethos is to maintain a high standard of care for the residents, to respect their rights, and to respect their privacy and dignity". A visitor added, "This is one of the nicer homes, the culture is very caring".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The general manager told us, "Staff feel comfortable raising concerns and issues". A member of staff said, "Management are approachable, I feel very well supported here, there is really good teamwork". Another said, "There is a really supportive team here".

People were involved with the running of the service and their input helped to make improvements. For example, people chose the décor in rooms, and through people's feedback, staff did not wear uniforms. A registered nurse told us, "We had a consultation with the residents about staff wearing uniforms. They said they preferred staff to wear ordinary clothes". We saw that there was involvement with the local community. For example, a proms in the park had just taken place in the gardens of the service, which was a public event organised by the Parish Council. The service also regularly opened its gardens and grounds for events for the local community, and there were visits to the service from local schools and churches.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. One member of staff told us, "I would feel comfortable reporting poor practice. I could phone the operations manager, or the Barchester reporting line". We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, staff were given guidance on how to safely mobilise a person. This also generated a review of this person's falls risk assessment.

Good

Is the service well-led?

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, training, medication and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, from a recent quality assurance audit carried out in June 2015, the outcome of which resulted in the service making changes to the way that minutes of meetings are recorded, to include the details of everybody who attended the meeting. The operations manager told us, "We have high level audits and a centralised action plan for all departments. This contains checks to make sure things are done correctly right up the chain".

The general manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. The general manager added, "We receive weekly bulletins to give us details to discuss with staff around new developments in the sector. There is a local manager's meeting to discuss any developments with West Sussex County Council and we have access to local knowledge groups". Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, skin care, and updates from the Nursing and Midwifery Council. The service also aimed to improve quality through membership of improvement bodies such as NAPA (National Activity Providers Association), which is a charity to improve the quality of activities for older people. They also gained feedback about the service via a web based ratings website, which included recommendations from friends or relatives of people.