

CSN Care Group Limited

# Carewatch (Bentley Grange)

## Inspection report

Bentley Grange

Binder Lane

Hailsham

East Sussex

BN27 1FA

Tel: 01323406189

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10 March 2020

12 March 2020

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03 April 2020

## 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 ●

# Summary of findings

## Overall summary

Carewatch (Bentley Grange) is a domiciliary care service situated in Hailsham, East Sussex. They provide personal care for people living in extra care housing in a purpose-built block of flats that could accommodate up to 84 people. Extra care housing is designed for people who need some help to look after themselves, but not at the level provided by a residential care home. People living in extra care housing have their own accommodation and have care staff that are available when needed. The people supported by the service had a wide range of needs including decreased mobility, general frailty, dementia, care needs related to age and people who live with a learning disability. There were 31 people being supported by Carewatch at this time.

People's experience of using this service and what we found

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. There were areas of peoples' documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. Some care plans lacked the guidance for a new care need and changes to care needs were not clearly defined. The care plans were immediately updated with the necessary changes to needs with guidance for staff to follow. These shortfalls had not impacted on good outcomes for people due to the knowledge of the staff.

People received safe care and support by sufficient numbers of staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person told us they "Totally trust the staff here, I feel safe with the care staff." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We saw that people were supported to be as independent as possible with their personal care and mobility. Medicines were given safely to people by trained and knowledgeable staff, who had been assessed as competent.

Staff received essential training to meet people's needs. All new staff completed an induction programme where they got to know people and their needs well. One staff member said, "We have regular training and we get support to complete training." Where there was an assessed need, people were supported to eat and drink enough to maintain a balanced diet. Referrals and advice was sought from relevant health care professionals to ensure people remained as healthy as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were asked for their consent prior to any care or support tasks being completed. The registered manager had taken the necessary steps to ensure that people only received lawful care that was in line with legislation.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One person said, "Very kind and polite staff." People were relaxed, comfortable and happy in the company of staff. People's independence was considered important by all staff and their privacy and dignity was promoted.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes.

There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. People were encouraged to go out and form relationships with family and members of the community.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

People that were supported by Carewatch, their relatives and members of staff were actively engaged in developing the service. The registered manager and the staff team actively worked in partnership with other agencies to support the development of joined-up care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 September 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

This service was registered with us on 17/04/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Carewatch (Bentley Grange)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector.

#### The service type

This domiciliary care service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

#### During the inspection

We visited Bentley Grange and the Carewatch office and met with people who lived there and the staff that supported them. We met or spoke with 11 people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, area manager, deputy managers and five members of staff.

We reviewed the care records of four people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four visitors who visited the service and two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Very safe," and "I'm in my own home, I feel very safe here because I get the help I need," and "Staff look out for me and know when I'm not well."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We get training, we all do our best to keep people safe, if someone is at risk, I would report it."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. Staff knew people very well and knew about risks to their wellbeing.
- Risks to people's health and welfare had been consistently assessed. For example, people who lived with diabetes had a care plan with a risk assessment in place. This guided staff in recognising the signs and symptoms of low blood sugar or high blood sugar levels and what actions they should take if they found the person unwell on their visit.
- People who were unable to communicate their needs had clear guidance for staff to follow in respect of recognising pain, discomfort or unhappiness. Moving and handling care plans and risk assessments contained clear guidance for staff to follow to ensure people were moved safely. When people had assistance from staff and from their partners, training had been provided so as to ensure safe practices, and this was clearly reflected in their risk assessments.
- Health and safety checks were undertaken to ensure people's homes, utilities and equipment were safe and in good working order. Staff knew to report any environmental concerns. Lone working policy and procedures were discussed and there was a procedure in place for nights which detailed on-call and emergency procedures.

- People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff had received fire training and were aware of the exits in people's flats and emergency procedures to follow in the event of a fire.
- 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. In the event of the building needing to be evacuated, a place of safety had been nominated. There was an on-call out of hours management rota for staff to call if there was an emergency situation.

### Staffing and recruitment

- People were kept safe by sufficient numbers of staff and there was adequate cover for sickness and unforeseen events. Carewatch (Bentley Grange) supported 31 people with personal care and medicines at this time. The staffing numbers changed throughout the day as they reflected the people's support needs and contracts. A staff member at night responded to calls and people told us that they were confident of getting immediate support. One person said, "Pretty good overall, we all think two staff at night would be better, We have discussed this at meetings."
- At this time there was no-one that required booked night calls or two staff for moving and handling after 10 pm and before 7am. Staff told us they worked flexibly as a team to meet people's needs so people were supported by staff they knew. People we spoke with confirmed this. One person said, "Staff let me know who to expect and it's always someone I know."
- Four people told us their visits were never missed and they were notified if staff were running behind schedule. People had information supplied weekly about the staff who would be visiting so they knew which staff to expect on particular days. This information was available in large formats for people with sight difficulty.
- Late calls were monitored by the management team. One person told us, "I would ring the office if my carer didn't arrive, but I have not needed to."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the management team during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

### Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines.
- All staff who administered medicines had relevant training and competency checks that ensured medicines were handled safely. Training included explanation of medicine administration record (MAR) sheets, practical observation of administration, watching films about medicine administration and practical teaching sessions, for example how to give eye drops. Staff competency was checked through shadowing, observation, knowledge tests and scenarios.
- Staff confirmed they understood the importance of safe administration and management of medicines.
- We viewed people's MAR records and saw that they had been given their medicines as prescribed. Some people had 'as required' medicines (PRN,) such as painkillers. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice. Records were in place in relation to specific medications, for example body maps were used for topical creams.

### Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained, with good practices in infection control.
- People were regularly encouraged by staff to wash their hands, wear protective equipment and keep the house clean. There was easy read documentation throughout the home for effective hand washing.
- Personal Protective Equipment (PPE) such as gloves and aprons were available in all areas of the home. We observed staff and people using them as required during the inspection, particularly when cooking or using cleaning equipment.
- Staff had all received infection control training which was reviewed regularly. Infection control audits were completed monthly by the registered manager or deputy manager. This included observations of staff practice.

#### Learning lessons when things go wrong

- The registered manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring. For example, there had been some medicine omissions due to medicines running out. The registered manager had fully investigated the reasons and introduced a system to ensure medicines were ordered in time.
- Incidents were reviewed monthly by the registered manager and any themes or trends were identified. Actions were then taken to reduce risks and improve people's wellbeing.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff skills, knowledge and experience

- The provider had ensured that staff had the skills, knowledge and experience to deliver effective care and support. The organisation had their own training department to support staff training. The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- Some people's care needs had changed, and the registered manager was in the process of sourcing training to ensure staff could meet these changed needs. This included catheter and dementia training.
- Staff told us that the training programme was 'interesting', and 'helpful.' They also said, "We need some training in catheters, but that is being arranged."
- Staff received support and supervision in different formats which included face to face supervisions, spot checks and observations with a line manager in line with the organisation's policy. These meetings provided opportunities for staff to give and receive feedback about their role and working practices. Where applicable staff received an annual appraisal with their line manager.
- The registered manager was aware of staff's family commitments and health restrictions and supported them as necessary. One staff member said, "The support from the management team is good."

### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them receiving support. These initial assessments considered the person's wishes for their care, as well as looking at their past life history and current care needs. These assessments show people had been involved in this process.
- People's protected characteristics under the Equality Act 2010, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred into the care plan. There were equality and diversity policies in place for staff to follow, and staff received training in this subject as part of their induction.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff told us of courses they had attended and of further training they would like to do. For example, one staff member said, "Some people are now becoming forgetful and have dementia so training would be very helpful, I know the manager is arranging training."

### Supporting people to live healthier lives, access healthcare services and support;

- The provider told us, on occasion, they had accessed emergency healthcare for people. This had included calling emergency services where people required immediate support and contacting the GP for an urgent appointment.

- Although most people currently receiving support had help from friends and family to access more routine healthcare services, the provider indicated that they would support people with this where needed. One person said, "Staff are wonderful, when I was poorly, they stayed with me until the ambulance came and checked up on me whilst I was in hospital." Another said, "Staff came with to my hospital appointment."

Supporting people to eat and drink enough with choice in a balanced diet

- Where required, people were supported to maintain a balanced diet. Each person completed a 'dietary needs questionnaire' during the initial assessment, this contained information about people's specific dietary requirements and their likes and dislikes.
- People who received support to eat and drink were happy with how staff supported them. One person said, "Staff do help me with meals if I need it, I do try myself but if I'm in a rush or I can't do it, they will help me."
- Where people had specific dietary requirements, these were clearly recorded in people's care records, alongside details of their preferred food and drinks. Staff spoken with knew people's dietary needs and how these should be met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff always sought their consent prior to supporting them. Staff demonstrated an understanding of the MCA and the importance of obtaining consent. One staff member explained, "I always ask people, if they refuse that's their choice, I will ask again, but if (person) don't want it, I do not force it, but write the reasons in the daily log."
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA. Staff understood the concept of capacity and understood the relevance of that impacting on personal care decisions. People told us they were asked for their consent prior to any personal care being undertaken or assisting them with their medicines. This was confirmed by staff and by reading care documentation.
- The provider had up to date policies and procedures in relation to the MCA and staff were provided with information on how to apply the principles when providing care to people who lived at Bentley Grange.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people described staff as kind and caring. Comments included, "Staff are great here, kind and fun," and "Everyone is kind, they treat me very well."
- The kindness of the staff was commented on by relatives who told us, "Very welcoming when we visit, my relative gets the care they need," and "I know my parent is safe and cared for, it relieves my worries and allows them to live independently, which is what they wanted."
- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful when discussing their care and the staff that supported them.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. Comments included, "I talk to staff about my care, and I see my GP regularly and I get to talk about any problems I have."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews. Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff explained that it was really important to encourage people to be involved and make as many decisions as possible about their care and life. One staff member said, "We ask residents first what they want and support them if needed, we really want people to live as they want to."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us it was important to people, respecting their choices and upholding people's dignity when providing personal care. One staff member said, "Sometimes people can be resistant, but we know how to prompt and encourage them to accept support. We leave them and then go back and offer again." They were able to give examples of how they ensured people's clothing was clean and their dignity was maintained at all times.
- We observed staff knocking/ringing on people's doors to seek consent before entering. Discussions about

people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.

- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them.
- Staff told us they always promoted people's independence when they were supporting them.
- People's care plans recorded details about which personal care tasks they were able to do and noted that staff should be encouraging them to do these themselves. Each person kept copies of their care plan and medication records in their own home.
- Confidential information was held securely in locked in a lockable office . People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities within their community, if this was part of their care and support needs. Staff told us that they supported people to the communal areas for lunch and for activities and meetings. Records showed that people were supported to maintain their religious beliefs, by accessing their place of worship or attending services within their community. They were also supported to have coffee out in the local community and to go out in the gardens.
- People were encouraged to maintain relationships with their loved ones, as well as build new ones. One person said, "I've recently lost my husband, but I have lots of friends here, which helps me." Another person said, "I meet friends for lunch everyday, and then staff take me back to my flat, I don't get lonely."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines. People were supported by staff who knew them well and understood their likes, dislikes and preferences with regards to their care.
- People's care plans included information such as, medical and life history, communication, emotional needs, preferred morning and evening routine including information about their wishes and preferences in relation to these areas. This information guided staff to deliver the care the person needed and in a way the person wanted.
- People's care plans were reviewed with them on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs. People could be assured that they would be offered person-centred care, which put themselves and their wishes at the centre of everything they needed care and support with.
- People confirmed that they had discussed their care delivery and people told us that staff were accommodating and would make changes to care provisions where needed. For example, changing visit times to suit people's specific plans for the day. One person told us they were going out with family and so needed an earlier visit and this was agreed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people and their communication needs well. Communal areas had hearing loop systems to assist those with hearing impairments.
- Large print documentation was available for those with a sight impairment and staff were aware of the need to ensure furniture and belongings were always placed in the same place to avoid accidents.
- People had detailed communication plans that informed staff of their preferred communication, reading and writing skills and understanding of official documents. For people that could not express their emotions verbally, there was information about things they would do or say which would indicate how they were feeling.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they had never had any reason to complain but knew the process to follow if they needed to. One person said, "I would go to one of the staff or the registered manager if I had a complaint. I've never had to though."
- Where complaints had been made, a record had been kept of this alongside details of actions taken in response to this. These showed complaints made had been investigated, resolved and the outcome shared with people.
- When compliments and thank you cards had been received these were shared with staff at meetings which showed staff they were appreciated.
- Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people's families and staff. The actions to be taken were also shared. For example, call times and late or missed calls.

#### End of life care and support

- No-one was receiving end of life care at the time of inspection. However, staff had previously supported people at the end of their lives and did this in a kind, dignified and personalised way.
- The registered manager had recognised that end of life was a subject that required further exploring with people. They said, "We wanted to talk to people about this but in a way that was sensitive and didn't upset them."
- The registered manager had started developing personalised end of life plans with people. Some people did not want to talk about end of life at that time. This was respected and a review of this planned for a later date.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had worked hard to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place.
- Some care plans had not been updated to identify to staff that there was new care need. For example, two people now had catheters. There was no information or guidance for staff to follow in caring for the catheter safely. Staff were managing the catheters but admitted they would like written guidance and training to ensure that all staff followed the guidance consistently.
- The registered manager immediately amended and updated the care plans to ensure there was guidance for staff to follow.
- The above issues had not impacted on the care delivery at this time due to the knowledge of the registered manager and staff team.
- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "I think the management and staff are really good here." It was also highlighted by the visitor that, "The Manager is always available."
- Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
- The management team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together and this showed in the caring attitude of staff to people, visitors and each other.
- Staff said that they felt valued and supported to be involved in decisions in the home. One staff member said, "I really enjoy working here, we all work as a team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest where things had gone wrong. Complaints made were appropriately discussed with staff and people who use the service, and where needed, notifications of incidents had been

shared with the local authority and CQC.

- The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to people, relatives and professionals yearly. These were collated and actions taken to comments received. The actions were then shared with people, visitors and staff.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- A member of the management team joined in the resident and relative meetings that were held regularly, by Sussex Weald. The feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. Suggestions in respect of security of the building had been taken forward.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos was to provide each person with safe care and the means to live life to the full extent, with privacy and dignity, whilst promoting independence.
- The management structure allowed an open-door policy, the registered manager's office was sign posted so people, visitors and staff knew where to go to discuss any issues. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences. All staff had received training in human rights.
- People and their relatives had regular contact with the management team and staff regularly telephoned or visited people to obtain their views about the service and ensure they were happy and satisfied with how they were supported. Staff also asked people to complete regular satisfaction surveys.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, Carewatch meetings and forums. They valued the opportunity to meet other managers to share ideas and discuss concerns.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and

contacted them for advice when needed.

- The management team also worked with other health and social care professionals in order to increase their learning and provide coordinated care. This included liaison with social workers and professionals at the local hospital who were working on ensuring people received timely coordinated discharge from hospital.