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Highgrove House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on the 7 June 2016 and it was unannounced.

Highgrove House is a residential care home that is registered to provide accommodation and personal care for 20 people. At the time of our inspection 18 older people were living at the home some of whom had physical disabilities.

Highgrove House is situated in Worthing in close proximity to shops and the seafront. It is a spacious home, attractively decorated, maintained to a high standard and suitably designed to meet the needs of the people living there. The atmosphere was friendly and inviting. Pictures hung on the walls and ornaments placed in the communal areas added to a homely environment. Bedrooms are spread out over two floors and all have en-suite facilities. For people who do not have a shower or bath in their bedrooms there are easily accessible communal bathrooms available. Communal areas included a lounge area and a large dining room. The conservatory offers an additional space for people to sit or eat their meals if they so wish. The home also offers a well-kept garden which some people enjoyed using.

The home had a registered manager who had been in post since 2010. 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. The provider was also available throughout the inspection.

People told us and our observations confirmed that Highgrove House provided a safe service. Accidents and incidents were responded to by staff without delay and the appropriate medical professionals were contacted for advice and support when required. However we found one incident, where a medicine error had occurred had not been escalated and reported to the local safeguarding team for their review. We made a recommendation to the provider so that the appropriate action was taken to ensure all future incidents are reported to the local safeguarding authority and the Care Quality Commission about any incidents of potential abuse to people. All other aspects of medicines were managed safely.

There was sufficient staff that had been trained in how to recognise signs of potential abuse and protected people from harm. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

Staff were provided with regular training and supervision which enabled them to become skilled and knowledgeable and meet the needs of people living at the home. Staff told us they received consistent and continuous support from their managers.

Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. They also understood the associated legislation under Deprivation of Liberty Safeguards and

restrictions to people's freedom.

Additional drinks and snacks were observed being offered in between meals and staff knew people's preferences and choices of where and what they liked to eat.

Staff had developed meaningful relationships with people and demonstrated a caring approach.

People received personalised care. Care plans reflected information relevant to each individual and provided clear guidance to staff on how to meet people's needs. There was a complaints policy in place. All complaints were treated seriously and were managed in line with this policy.

People were provided with opportunities to give their views about the care they received from the home through various means such as care plan reviews and resident meetings. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service and where necessary support with the reviewing of the care plans alongside more senior staff.

Staff knew their role and their responsibilities including how people must be support. A range of quality audit processes overseen by the registered manager were in place to measure the overall quality of the service provided to people. The managers were committed to providing a high standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

One aspect of the service was not always safe.

One incident of potential abuse involving a medicine error was not reported to the local safeguarding team for their review. All other aspects of medicine care were managed safely.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient staff to meet people's needs.

People and their relatives said they felt safe and comfortable with the staff

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable and skilled staff team that were able to meet people's individual needs.

Supervisions, appraisals and training were routinely offered and attended by staff.

People were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The service had built positive links with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

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

People were given opportunities to be involved and supported to express their views on how they wished to be cared for.

Staff promoted people's dignity and respected their privacy.

Is the service responsive?

Good

Care records were personalised and individual to the person.

Choices were offered to people with regards to activities.

The staff team and the registered manager responded quickly to complaints and issues to improve the quality of the service.

People knew who to go to raise a concern and felt able to do so.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, positive and friendly. The staff team cared about the quality of the care they provided.

People and staff knew who the registered manager and provider were and felt confident in approaching them.

An overview of the quality of care provided was overseen by the registered manager.

Highgrove House Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2016 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of dementia care, and other care environments.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the Provider Information Return (PIR) and other information we held about the service. 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 to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care provided by staff to people. In addition we spoke with six people living in the home and two relatives who were visiting at the time of the inspection. We met separately with the deputy manager and one care staff member. We observed how staff shared information with each other at a handover meeting. We also spoke with the registered manager and the provider throughout the inspection.

We spent time looking at records including three care records, three staff files including training records. We

also looked at staff rotas, medication administration records (MAR), health and safety maintenance checks, compliments and complaints, accidents and incidents and other records relating to the management of the service.

The home was last inspected on the 13 October 2013 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

People confirmed they felt safe in the home and we observed people looked at ease with the staff who were supporting them. One person received care from two staff to move safely and said, "I have two people to hoist me and they certainly do it very well and I'm not at all worried". A relative told us, "I don't go home ever worried. I know [named person] is safe and well looked after".

We read the accident and incident file. All accidents and incidents were reported appropriately to health professionals and relatives and documents showed the action that had been taken afterwards by the staff team and the registered manager to minimise further risks to people. However one record showed an incident which had occurred in January 2016. It described a medicine error which had not been picked up by the staff administering medicines for one week. The type of medicine is commonly used for high blood pressure. The person had been prescribed 40mg by their GP but in January 2016 an additional amount of 20mg was delivered by the pharmacy and signed in by the former care manager and was administered to the person by senior care staff. Therefore the person received 60mg instead of 40mg of their prescribed medicine for one week. Once highlighted the registered manager promptly removed the additional amount and sought medical advice from the person's GP. Observations recorded by staff concluded that there had been no harm caused to the person concerned. The registered manager told us the person's relatives were informed and due to the potential risk they dealt with the matter under the home's disciplinary procedures.

Even though the registered manager took immediate action to safeguard the person concerned they did not inform the local West Sussex safeguarding team. Informing the safeguarding team is good practice to ensure incidents of concern are reported appropriately and reviewed objectively. This showed, on this occasion, a lack of understanding with regard to what may constitute abuse or neglect and the potential impact for the person concerned. The registered manager has since agreed that this was an oversight. We recommend that the provider reviews its systems to ensure all potential incidents of abuse or neglect involving people are escalated to the local safeguarding team for their review.

All other aspects of medicine care were managed safely by the home and showed people received their medicines as prescribed. Only trained and competent staff were authorised to administer medicines to people. People's medicines were held in a locked facility. They were mainly stored in blister packs which were labelled and corresponded with a clear recording system. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. We observed the deputy manager administering medicines. The Medication Administration Record (MAR) was completed and signed on behalf of each person by the deputy manager each time someone was supported to take their medicine. They bent down next to each person and spoke discreetly to them about their medicines using a patient, calm and flexible approach. Guidance was also provided for staff when administering 'When required' (PRN) medicines. We observed the deputy manager offer one person pain relief medicine, "Do you want any paracetamol?" The person declined and the MAR reflected this decision. One person told us, "I have special shampoo on prescription and I just mention when I'm running out and they sort it out for me, so I never run out". The registered manager showed us a new dosage monitoring medicines system which they intended to introduce to the home within the next few months. -

Staff told us they understood the need to protect people they supported and said they had received regular safeguarding adults at risk training. The home had a safeguarding adults at risk policy which provided information and guidance on keeping people safe. The policy included contact information for staff on who to go to if they had any concerns.

Care records contained detailed risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details what reasonable measures and steps to take to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people with the food and fluids they required, leaving the home alone and how to support people to move safely. Risk assessments were updated and reviewed monthly and captured any changes to people's needs. For example, one person was able to self-administer some of their medicines and this was reflected in their risk assessment. The deputy manager said, "We carry out risk assessments everyday". They told us where people are at risk of falling, they minimised the risk by keeping walkways clear and offering people their walking aids when needed. We found risk assessments were clear and easy to follow and provided the necessary instructions to enable staff to support people safely.

Personal emergency evacuation plans had also been drawn up so that, in the event of an emergency, staff knew how to support people to be evacuated safely. Equipment used to support people, for example with moving safely, was checked in line with regulatory guidance.

People told us and we observed there was enough staff to meet people's needs. Some people used call bells to alert staff when they needed assistance. These were linked to 'pagers' which staff carried whilst on duty. During our talks with staff when a pager alarm rang they quickly jumped up and responded to the alarm. One person said, "They do come quick. I had a fall once and pressed my caller and they were there immediately. They added, "Even at night it makes no difference". The home had recently increased care staff levels from three on each shift to include an additional staff member from 8am-11am and this was reflected in the rotas we read. Staff told us this was a positive decision and enabled them to carry out their roles more effectively, one staff member said, "It feels comfortable now". In addition to care staff each shift was supported by domestic and kitchen staff which meant care staff were able to focus on people's care needs. Two care staff were awake on duty at night time to meet people's needs. During our inspection we noted staff were flexible and stayed longer on duty than planned if a care need was highlighted.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Good

Is the service effective?

Our findings

People received effective care from staff who had the skills and knowledge they needed to carry out their roles and responsibilities. People and relatives we spoke to were complimentary about the staff. They told us of the confidence they had in the abilities of staff and said they knew how to meet their needs. One person told us, "They're not just kind but they are jolly good at what they do".

We checked staff records and spoke to care staff and the deputy manager about the induction, training and supervision the service provided to the staff team. Records showed and staff told us they had been taken through a thorough induction process and were given opportunities to shadow experienced staff. In addition to the service induction, the registered manager had introduced the Care Certificate (Skills for Care) for new and existing staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. At the time of our inspection two members of staff were in the process of completing the Care Certificate.

Newer staff were supported by the registered manager and senior staff using observations to assess their competency before performing their tasks independently. The mandatory training schedule covered core topic areas including moving and handling, dementia and safeguarding. A mixture of external training providers were used to train staff:- this included the use of online training, workbooks, DVDs and classroom based methods. In addition the registered manager had achieved a training qualification and was able to facilitate some of the training sessions to staff. These included safeguarding, dementia and infection control. Staff told us and records confirmed they were booked accordingly on training or for existing staff refresher training. One member of staff who had been working at Highgrove House for one year told us they had not been trained in how to administer medicines to people yet but they were now booked to attend. They also said, "There is always training". The deputy manager said, "We have lots of training". Seven staff were booked to attend additional dementia training in October 2016 to develop their skills further.

Most staff had completed a National Vocational Qualification (NVQ) or were working towards various levels of Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard. The registered manager had also supported one domestic staff to achieve a level 2 NVQ qualification so they could step in and support people with their care needs to cover staff absences. The management team had a range of qualifications which added to the knowledge and the skills of the staff team.

The registered manager had completed a coaching and mentoring course to encourage members of staff to develop their roles further. They were creative in their approach and used a system of supervision and appraisal and observations followed up with professional discussions to monitor staff skills and knowledge. Staff told us supervisions took place every two-three months and records confirmed this. Staff told us an 'open door' approach was encouraged by both the registered manager and provider but they also found all their colleagues supportive and helpful.

Staff meetings were held regularly and included items relevant to people's needs. We read minutes of staff meetings. One meeting in October 2015 discussed the Care Quality Commission's new inspection methodology. Another meeting in April 2016 discussed the changing needs of residents and how the 8am-11am shift was to be reinstated. This meant staff had opportunities to discuss their roles and responsibilities on an individual and a group basis. Supervision and staff meetings were seen by managers and the staff as additional learning sessions.

Consent to care and treatment was sought in line with legislation 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, mental capacity assessments had been completed on behalf of all people living at Highgrove House Residential Care Home. The registered manager told us, and care records confirmed that a standard authorisation DoLS application had been made for people who lacked capacity who lived at the home. So far, the home were waiting on the outcome to four DoLS applications and five DoLS had been approved; the process had included people's relatives and the appropriate health and social care professionals. Therefore people's rights had been protected in line with current legislation.

People complimented the food provided by the home. One person said, "I particularly like my peanut butter or marmite sandwiches". Another person said, "You just ask if you are hungry but I never am". People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. We saw people enjoying their lunch. People could choose where and what they ate. Most people chose to eat in the dining room. The dining area was attractively presented with tablecloths, fresh flowers and condiments. There were names related to place settings and people were supported politely to their seat. Even though people appeared happy with the seating arrangements, we discussed with the managers how people new to the home might feel with regard to choice about where they sat and what happened if a person changed their mind. We were assured people were happy with this arrangement and were involved in the decisions made. One person also told us, "Yes we have the same seats but if you have visitors and you want more privacy you can sit separately". The dining experience was calm and not rushed, people were asked if they were finished and if they had enough. One person slowed down and stopped eating; staff were very supportive in encouraging the person to have a little more by softly reminding them about their meal. Another person who had been coughing earlier on was checked on frequently throughout their meal to see if they were coping and asked whether they needed help. This was done sensitively without drawing unnecessary attention to the person.

Where necessary staff completed food and fluid charts on behalf of people to monitor what people were eating and drinking. Weights were recorded and monitored on a monthly basis. This ensured that changes to people's nutritional needs were regularly monitored for any changes.

People told us and records confirmed people living at the home had routine access to health care professionals. This included chiropodists, dentists, physiotherapists, district nurses, Speech and Language Therapists (SALT) and GPs. One person told us, "I mentioned about my ears so they organised for them to

be syringed and it's fine now". Another person told us, "I've got a bad back and they got the doctor to see me". Staff told us that they would tell the registered manager or provider if a person had any health issues immediately and they would then contact a nurse or a GP. Care records reflected how staff leading each shift were able to act on observations and call on the necessary health care professionals when needed.

Good

Is the service caring?

Our findings

People received support from staff who used a caring approach. Positive and meaningful relationships had been developed between staff and people. One person said, "If a job needs doing anyone will do it no matter who they are". Another person told us, "They always do their best to help you out". A third person said, "They are very sensitive to your needs and you can talk to them and they will understand, couldn't be better". One relative told us, "One day I arrived and happened to mention I had not had my breakfast. The next thing I know the chef had brought out two slices of toast and a drink". They added, "That's just typical of how thoughtful they are here".

We observed people could move freely around the home assisted and supported by staff to where they wanted to be. This was consistently carried out by staff in a kind manner, staff linked arms with people, held people's hands if they appeared a little unsteady to offer reassurances that there was somebody there to help. Staff used people's preferred names during conversations and asked their permission before undertaking tasks. During our inspection one person started coughing after a sip of tea. Once the person felt better a staff member was heard saying, "Shall we go for a little walk it might make you feel better?" Staff were heard chatting to people about general matters such as the weather and current national news. Staff also covered topics pertinent to the individual such as people's pets and updates on people's relatives. This meant staff had considered people's well-being when providing care. The deputy manager told us, "I love the people. They have so many good stories to tell". They also told us how the staff responded sensitively to one person living with dementia who often asks for their breakfast after they have had their supper. They said, "Whatever they want they can have, whenever they want it". Another member of staff said, "I come in knowing I will enjoy the day. The residents are lovely".

People were supported to express their views. Residents' meetings were organised and provided people with an opportunity to discuss general issues on the service they received from the home. People spoke enthusiastically about their involvement with the meetings. One person told us the meetings were held in the conservatory and said, "If we have any concerns or complaints it gets written down and then it's sorted out if it can be. I mentioned about tea being a bit early". A member of staff said, "They all (people) have a chance to speak, they are encouraged to share how they are feeling". Minutes from a meeting in May 2016 included requests about the home's menu. One person had requested for their salad garnish to be chopped finer. Another person requested, 'more curry'. The home acted on people's requests and provided changes to what food was offered and how it was served. A meeting in March 2016 recorded how people felt about the staff team and comments included, 'Happy with the staff, all beautiful, hardworking and caring'.

We observed staff supporting people to be as independent as possible with various aspects of their lives. The deputy manager said, "If they are capable of washing themselves, we encourage them." They described how two people enjoyed wearing make-up and how staff supported them to achieve this. They also explained how some people were able to go out independently, however they appreciated and preferred to go out with staff. A member of staff told us one person wanted to wear different jewellery every day and said, "[named person] has loads of boxes, and we take them to her and let her choose".

We observed numerous occasions of how staff promoted and respected people's privacy and dignity whilst providing care and support. For example, one member of staff moved a person's walking frame and was heard saying, "Can I just put your walker over here whilst you have your dinner. Is that ok with you, can you see it?" Another example was when a staff member gave a letter to a person and said, "Here's a letter for you, shall I pop it into your handbag?" One staff member described how they knocked on bedroom doors before entering and why they felt this was important. The deputy manager told us, "Some people want you to come back later" referring to how personal care was provided. A poster displayed on the notice board in the staff room aimed at staff read, 'All staff are dignity champions'-this reinforced the home's caring values.

Good

Is the service responsive?

Our findings

People received personalised care from staff who responded to their needs. People told us they were happy with the care they received, they liked the home and spoke positively about their bedrooms. One person said, "I so love my room. I have the sun in the afternoon and I insist on having my window open which they do for me because they know it's what I like". People were able to bring their own furniture if they wished. Bedrooms were decorated with photographs of friends and family members and other personal memorabilia. One bedroom door displayed a sign asking staff to 'knock loudly' this was so the person was not startled as staff entered. Other bedroom doors were decorated to add a 'personal touch' including photographs and other pictures to assist people to orientate themselves back to their bedrooms.

Each person had a care record which included a detailed care plan. Care plans reflected how the home put the person at the centre of all care decisions made. People told us they were involved in their own care plans and the subsequent review of them. One person said, "Yes I only had my care plan reviewed with me recently, yes I was involved and I'm happy with it". A relative told us, "I checked [named person's] care plan and one thing was wrong so that's been updated". The home used a combination of both paper and a computerised system to maintain care records. Staff demonstrated they found the systems easy to use and were able to show us how to find relevant information on people. Care plans were reviewed by the registered manager and care manager every six months or sooner if people's needs changed. They included information on a person's history to their present day needs. Care plans provided staff with detailed guidance on how to manage people's physical and mental health care needs. This included guidance on areas such as skin integrity, mobility and continence care.

One care plan described how the person enjoyed being inside rather than outside in the summer as they 'preferred colder weather'. It highlighted how they 'liked listening to music on their radio' and 'enjoyed eating mango chutney'. Another care plan made reference to how a person valued visits by two friends and described how staff should support them with this. People's preferences and consent to their care was captured. Care plans showed how people were made to feel involved in all aspects of their care and where that was not possible the involvement of family members was used. The registered manager had recently developed an additional document to be included within all care plans which expanded on which social activities people enjoyed participating in and so far five had been completed.

Daily records were completed about people by staff during and at the end of their shift. They included information on how a person had spent their day, what kind of mood they were in and any other health monitoring information. We observed staff on the morning shift handing over information about each person to the staff on duty in the afternoon. This meant any changes to people's daily care needs were effectively communicated and shared across the day.

We observed all staff on duty meeting people's needs. However on each person's wardrobe doors was a poster which displayed a staff name and saying they were a key worker for whoever the bedroom belonged to. People we spoke to during our inspection did not appear to know who their key worker was. One person said, "I don't know what that is, everybody just looks after everybody". Another person said, "On my

wardrobe it says my keyworker is [named staff] but they don't do anything in particular for me". We fed back the comments to the registered manager and provider who were going to discuss it further with people and staff.

Highgrove House displayed the main activities on offer on a large board in the conservatory. This included a range of group activities which people could choose to attend or not depending on their personal preferences. The list included:- quizzes, crafts, poetry sessions, singers and arm chair exercises. During our inspection we observed people enjoy a craft activity. The groups were facilitated by a mixture of professional entertainers or members of staff. People told us how much they enjoyed using the garden and during the inspection we observed two people sat chatting in garden chairs in the afternoon. People also told us they looked forward to shopping trips and outings with staff however these were not routinely offered. The registered manager told us they were in the process of organising regular trips to a beach hut owned by the provider and wanted to organise more group outings. Generally people told us they enjoyed taking part in what was offered however one person told us, "Sometimes there's nothing for me to do I like to tidy things up a bit and I wish I could help out more". We fed back this comment to both managers for their review about this person's experience.

We observed and care records confirmed people were routinely offered choices about how they would like care delivered to them. People told us their likes and dislikes were respected. However both managers told us people had a prearranged 'bath night' but could have support for additional baths whenever they wished. When we talked to people about this they understood they could be supported to have a bath or shower once a week. One person said, "I have my bath once a week which is not as I'd like it to be but I 'm not at home now". Another person told us, "I have a bath once a week. I don't think it's possible to have more". We fed back these comments to the managers who wanted to discuss it with people at the next residents' meeting to ensure they all knew they had choices in relation to the frequency of support with a bath.

People and their relatives told us they knew who to go to with any concerns or complaints. The home had an accessible complaints policy in place and encouraged people and their relatives to approach them with any concerns they had. One person said, "I would tell [named manager] with no hesitation". Another person told us, "This doesn't happen often but say if you went to one of the communal toilets and it's been left a bit untidy you only have to mention it and its gets cleaned straight away". The registered manager took pride in the fact they did not receive many complaints and said, "Residents and the staff are contented. We have very few complaints". At the time of our inspection there were no outstanding complaints.

Good

Is the service well-led?

Our findings

People liked living at Highgrove House. One person said, "I'm very happy here and definitely made the right decision to come here". Another person told us, "We are treated like people not objects. I'd recommend it to anybody". A third person said, "I feel really lucky to be cared for so well and kept so comfortable". A fourth person told us, "When I was in hospital I couldn't wait to get home, home is here, that's how it feels. Everyone was so kind and pleased to see me home".

People enjoyed the relaxed and open culture the home offered. One person said, "It's a friendly cosy home just like a family". Another person commented, "We all live in harmony here". Both managers demonstrated effective leadership and management during our inspection. They worked alongside other staff guiding them where necessary. At the beginning of our inspection we were greeted by the provider. They were keen to share why they felt the service they offered met people's needs. The provider introduced us to people who lived in the home and it was evident they knew people well. This approach was filtered down to care staff who had adopted this personalised approach.

Both the registered manager and provider supported both Highgrove House and a sister service which was also in Worthing. Although separately registered homes the staff teams came together for training sessions. This meant staff had access to additional learning opportunities and an extended support network. Staff complimented the registered manager and the support they were offered. The deputy manager had worked at the home for four years and had recently achieved their promotion they told us, "[named manager] is a good manager. She is very approachable; she keeps on top of things". Another member of staff told us why they thought the home was well-led and said it was because, "Communication is good". They felt the residents meetings made a positive contribution to the running of the home and said, "Everybody gets involved".

In addition to residents' meetings the registered manager sought the views of people and their relatives annually to ascertain how they viewed the care the home provided. In May 2016 a summary was collated of people's views of the care provided. Sixteen people living at Highgrove House completed the survey. The majority of responses on the accommodation provided were either rated as 'excellent', 'very good' or 'good'. Questions were also asked such as 'Do we respect your privacy?' 14 people answered with 'Always'. People were also encouraged to make general requests on the surveys. One was, 'Would like more interesting talks from people who have done exciting things' another person requested a 'snooker table'. The home may not have been able to accommodate all requests however these were discussed.

All the staff within the team were encouraged to become 'champions' in one area or more within the home. For example the home had a, 'dementia champion' and a 'safeguarding champion'. This meant they had received additional training and took the lead on this area. The registered manager was keen to increase this level of learning across the staff team.

The registered manager and provider were actively involved with the local community. For example, they provided a 'work experience' opportunity for students at a local school and college. They worked alongside

health and social care professionals including the dementia team. They both also attended sessions and meetings run by West Sussex County Council to create links with other professionals and managers. This showed a commitment to develop their own skills and to improve on the quality of care delivered to people.

The quality of the care service delivery the home provided was assessed throughout the year using a range of robust checks overseen by the registered manager. This included audits on activities, care plans, cleaning, falls analysis and infection control. Monthly management reports were completed to ensure all aspects of care were meeting the needs of people living at Highgrove House.

The registered manager and provider were open and approachable throughout our inspection. The registered manager told us they had a "Lovely staff team" and said they were pleased with the recent positive feedback from people in the survey responses. They told us, "Most referrals of potential residents come from people living here and their families".