Barchester Healthcare Homes Limited

Wadhurst Manor

Inspection report

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Date of inspection visit:
20 April 2016
24 April 2016

Date of publication:
15 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Wadhurst Manor provides nursing and personal care for up 65 people. Wadhurst Manor is owned by the organisation Barchester Healthcare Homes Limited. The service is purpose built and provides accommodation and facilities over three floors. The ground and second floor provides care for people whose main nursing needs are related to physical health needs. This includes people who have had a stroke or live with a chronic health condition like Multiple Sclerosis, Diabetes or Chronic Obstructive Airways Disease. The first floor provides nursing care for people who were living with a dementia and was called 'Memory Lane'. Wadhurst Manor is able to provide end of life care and used community specialists to support them in this care.

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

At the time of this inspection 61 people were living in the service with 27 people living on Memory Lane. This inspection took place on 20 and 25 April 2016 and was unannounced.

At the last inspection undertaken on the 10 and 16 December 2014 we asked the provider to make improvements in relation to care plans and risk assessments to ensure sufficient guidance was provided to staff to provide effective and responsive care. This included the care for people who had lost weight. In addition further documentation was needed to demonstrate the use of bed rails was consented to and only used in the person's best interest to keep them safe. The provider sent us an action plan stating they would have addressed all of these concerns by April 2015. At this inspection we found the provider was meeting these regulations.

The quality monitoring systems and organisational procedures need further development to ensure best practice in all areas. They need to ensure staff employed via agencies are fully competent in the roles they perform within the service and medicine records always supported best practice.

People were looked after by attentive staff who treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. All feedback received from people and their representatives were very positive about the care, the atmosphere in the service and the approach and openness of the staff and registered manager. Comments included, "It's like paradise here," "I have the freedom here to be independent, and "It's a care home AND a home. I don't feel programmed. I can always get someone if I need help."

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of

liberty and followed correct procedures to protect people's rights.

Staff employed by the organisation were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. The registered nurses employed directly by the organisation attended additional training to update and ensure their nursing competency.

All People and relatives expressed positive views about their experiences of the home during the inspection. People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure was readily available for people to use.

Staff monitored people's nutritional needs and responded to them. Preferences and specific diets were provided. People were supported to take part in a range of activities maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The management style fostered in the service was open and looked at ways of continually improve the service for people. Staff felt well supported and part of a team that was listened to.

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.

Medicines were stored, administered and disposed of safely. The environment and equipment was well maintained to ensure safety.

There were enough staff on duty to meet the needs of people. Appropriate checks where undertaken to ensure suitable staff were employed to work at the service

Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

People told us they were happy living in the home and relatives felt people were safe.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and how to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff were trained and supported to deliver care in a way that responded to people's needs.

Staff ensured people had access to external healthcare professionals, such as the GP, specialist nurses and community mental health team as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Relatives were made to feel welcome in the service.

Everyone was positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of person centred activity and staff supported them either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems and procedures did not always establish best practice or identify all areas for improvement.

The registered manager and senior staff in the service were seen as approachable and supportive.

Staff and people spoke positively of the management team's approach and availability.

Wadhurst Manor

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 20 and 25 April 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience in older people's care and dementia. 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 home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Before 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.

During the inspection we spoke with 13 people who lived on the ground and second floor and four people who lived on 'memory lane' who were able to share their views on the service and we engaged with most other people who lived on this floor.

We spoke with nine relatives and one visiting health care professional during the inspection. We spoke with various staff that included the registered manager, the regional manager, the quality manager, the activities co-ordinator, four registered nurses, one of which was the newly appointed clinical lead, six care staff, the head and second chef and two housekeeping staff.

After the inspection we spoke with three further health care professionals who monitored individual care

packages paid for by the NHS and a member of the community mental health team.

We observed care in communal areas to get a full view of care and support provided across all areas, and in individual rooms. We observed lunch in the communal dining rooms and in people's own rooms. The inspection team spent time observing people in areas throughout the home and in the garden and were able to see the interaction between people and staff. We attended a management meeting that was held each morning and listened to staff sharing information about people in the office areas.

We reviewed a variety of documents which included six care plans and associated risk and individual need assessments. This included 'pathway tracking' people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We read medicine records and observed two registered nurses administer medicines. We looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Wadhurst Manor and were confident if they needed any help or support this would be provided to them. One person said, "It is very comforting to be here. I feel safe and well looked after. There is always someone to call on if you need something." another said "It's nice to know I have my buzzer here for when I need support." Relatives felt people were safe and staff were available and willing to attend. One relative said, "I know my mum is safe and content in this home, I could not ask for more." Visiting health professionals were positive about the standard of care which ensured people were receiving safe care.

At the last inspection on 10 and 16 December 2014 we asked the provider to make improvements in relation to risk associated with unwitnessed falls and the availability of staff to monitor people. The provider sent us an action plan stating this would be addressed by April 2015. At this inspection we found the number of unwitnessed falls had been greatly reduced and people were not being left unattended for long periods of time. A recognised dependency tool was used to calculate the number of staff required. A dependency tool analyses the assessed needs of people and the number of people who require care and it can take into account other factors for example the environment. This information can be used to calculate how many staff were required to meet people's needs. People and relatives told us there were enough staff to respond quickly to their needs. Staff told us recent recruitment and the provision of an extra registered nurse on the morning shift along with a newly recruited clinical lead had improved the staffing arrangements and numbers.

In order to maintain the staffing numbers and skill mix the service relied on agency staff. As far as possible regular agency staff were used to ensure people were supported by people who were familiar to them and understood their individual needs. People told us they understood the need for agency staff but much preferred being looked after by 'Barchester staff'. They said, "Agency staff are willing but their heart is not in it." Another said "Sometimes I feel we have too many agency staff, especially on a Sunday. There is no consistency it depends on which staff are here." The registered manager was aware the use of agency staff was not 'ideal' and was working to minimise this use. It was clear that the service was actively recruiting staff and had made recent progress securing senior staff appointments. We found there was a commitment to sourcing and retaining staff for example accommodation had been provided for new staff within the local area.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. Staff files showed there was appropriate recruitment and appointment information. This included application forms and interview notes, confirmation of identity, references and police checks. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse. Records retained also confirmed that the registered manager had checked with the agencies providing staff that they had completed relevant recruitment checks. For agency staff employed as registered nurses confirmation that they were appropriately registered was also retained.

All staff within the service had received safeguarding training on a regular basis and it was clearly documented within the induction training undertaken. Staff had a good understanding of their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. If this was not appropriate they would report to the relevant external organisations. They told us they would always report concerns to make sure people were safe. One staff member said "Safeguarding is making sure people are safe, safety comes first, report and if no response I would take further to next management level." Discussion with the registered manager and senior registered nurses about safeguarding confirmed safeguarding issues had been dealt with appropriately in the past.

Wadhurst Manor was clean and was well decorated and maintained internally. One person said, "They clean my room every day staff hoover move my bed and polish." The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. Staff knew what to do in the event of a fire. Fire procedures were in place along with individual evacuation plans for each person living in the home. The provider had taken steps to ensure the safety of people from unsafe premises as maintenance issues were attended to quickly and appropriately.

There were systems in place to ensure the safe storage and administration of medicines with organisational medicine policies and procedures in place for staff to follow. People told us they received their medicines when they needed them. For example one person told us, "I have my pain killers at certain times, 6.30 in the morning and 6.30 in the evening, they are always on time."

All medicines were stored in locked cupboards with the keys held securely with people's individual medicines stored in locked cupboards in each person's room. Stock items and those requiring refrigeration were locked in an allocated fridge within the medicine rooms both having suitable temperature monitoring in place.

Medicines were administered by registered nurses and we observed practice followed best practice guidelines. For example they encouraged people to take their medicine at their own pace. Once staff had confirmed the medicine had been taken they signed the Medicines Administration Record (MAR) straight away. MAR charts were clear and accurate and reflected that medicines were administered in accordance with individual prescriptions. They contained individual information and photographs to support safe administration. Some people had health needs which required variable dose medicines these were well managed. For example some people required a change to the medicine dose related to specific test results. These were accurately reflected on the MAR chart. Staff were working with the community pharmacist to ensure records and practice ensured medicines were administered safely and effectively.

Risk assessments were in place for people, these were regularly reviewed. Risk assessments included mobility, falls and nutrition and provided information for staff on how to manage the identified risks. Assessments identified the risk and the plan contained information about how to minimise the risk whilst maintaining the person's independence. For example one person was encouraged and supported to wash independently whilst using breathing equipment as they preferred.

Good

Is the service effective?

Our findings

People and relatives had confidence in the skills and abilities of the staff employed at Wadhurst Manor. All but one person were positive about the care and support provided. This relative had discussed their concerns with the registered manager within a recent review of care with a review to improvement. One person said "The care is good and meets all I need and want." Feedback from visiting health care professionals was positive about the skills and competence of the staff looking after people in Wadhurst Manor. People were complimentary about the food provided and the amount of choice and variety.

At the last inspection on 10 and 16 December 2014 we asked the provider to make improvements in relation to the assessment, and consent for the use of bed rails along with evidence when necessary that their use was implemented in people's best interest. Also to improve documentation to clearly record action taken when people were identified to have lost weight. At this inspection we found suitable risk and capacity assessments had been completed for people who had bed rails in place. Consultation had taken place around people's safety and best interest with applications for DoLS being applied for when necessary. For people who had lost weight action taken in response to this was clearly recorded.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. There were relevant policies and procedures to provide staff with guidelines to follow. The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the principle of gaining consent before any care or support was provided. Staff were constantly asking people for their agreement and gave choices to people throughout the day. For example, staff showed people different meal choices at lunch time and in this way promoted individual preference and agreement to the meal provided.

Mental capacity assessments were completed on each person on admission as a baseline assessment. Senior staff confirmed that these would be completed again in relation to any individual decision. Records were also kept of who had been given rights to make decisions on behalf of people when they had capacity to do so. Staff were aware any decisions made for people who lacked capacity had to be in their best interests and would include appropriate representation for the person concerned and this was reflected within the care documentation. For example one person had a best interest meeting held in relation to a medicine review and change that they could not consent to.

The registered manager held a file containing the applications to the local authority for DoLS and was able to discuss each application to demonstrate why and when it had been applied for. These records confirmed that DoLS had been applied for as necessary and included those required for people who had bed rails. Contact with mental health team confirmed procedures were being followed correctly.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support

the needs of people living at Wadhurst Manor. New staff completed a thorough induction programme which included supernumerary time and a period of shadowing. New staff had an allocated mentor who inducted them into the routine of the service and organisation. A staff handbook was used to ensure staff were familiar with the organisations expectations of their performance throughout their employment. New staff were also commenced on the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. Recently recruited staff told us their experience of the induction programme was positive and equipped them well for working within the service and the organisation

All staff completed a rolling programme of essential training that was co-ordinated by the 'home trainer'. This training included safeguarding, health and safety, safe moving and handling, food safety, fire training and dementia awareness training. Records showed staff completed this training regularly. Staff told us training was well managed and was what they needed and were able to undertake additional training for career or role development. For example, care staff could undertake the diploma in health and social care and one registered nurse told us they were completing training on supervision in order to complete this for a staff group that they directly managed.

In addition staff received training specific to meeting the needs of people who lived at the service. For example, staff were being allocated specific leads within the service to facilitate learning and best practice. One registered nurse told us they were particularly interested in tissue viability and was taking this forward as a lead for the service with associated additional training. Staff received regular supervision this identified further training and development needs and individual performance plans were in place. The need for further clinical supervision had been identified and a registered nurse confirmed that this had been discussed at a recent staff meeting for progression following the appointment of a new clinical lead. The registered nurses were also being supported in maintaining their registration with the training they are required to undertake to maintain their registration with the Nursing and Midwifery Council (NMC), the registering authority.

People were complimentary about the food and drink and how it was served. One person said "The food is really yummy." Another said "I prefer eating on my own in my room however the food is very good, nice and hot." Relatives were also complimentary about the food and the way it was presented. One said "The dementia unit here is smaller and quieter compared to her previous nursing home. She won't eat well if it's too noisy. Her weight has now become much more stable."

We spent time observing lunchtime on the nursing floor and memory lane. Wadhurst Manor promoted and supported people to have a pleasant dining experience which encouraged people to eat well. Staff told us they did not administer medicines when people were eating as provider policy protected meal times. There were attractive areas for dining and snacking and this included a ground floor coffee bar. Meals were served in the dining rooms and were accompanied by a choice of drinks and condiments. People chose where they wanted to have their meal and where they wanted to sit. Interaction between people and staff was social with an emphasis on independent dining where possible. For example one person was helped to start their meal and then was able to continue unaided another had plate guards to promote independence. Appropriate discreet support was also provided when required and this included assistance at peoples own pace with lots of social dialogue and encouragement, tactile reassurance was used and to keep people's interest.

The provision of a varied diet that responded to people's preferences was given a high priority.
A four weekly menu provided a wide variety and choice to people with and without swallowing problems. Menus were displayed on a daily basis and choices given when the food was served. Staff told us if people

did not want the menu items they could request other alternatives and people could go to reception staff and make requests there also. Staff serving food 'showed and told' people what was on offer so people could make as informed choice as possible. When people chose to have two starters this was responded to and accommodated.

People had their nutritional needs and preferences assessed and regularly reviewed. The chef and catering staff were instrumental in responding to people's needs and preferences and were proactive on promoting meals that responded to people's needs. Nutritional assessments were shared with the catering staff and these were recorded within the kitchen. These were updated at review and when changes occurred. For example following a visit from a Speech and Language Therapist (SALT). For people wanting food at different times like during the night the chef told us additional snacks were available. A nutritional meeting was held once a month and a monthly review of each person included a full nutritional review that included the catering staff.

Where people were at risk of not eating or drinking enough safely or required their dietary intake to be monitored for health reasons we saw appropriate records were in place. Daily records of fluid and nutritional intake were maintained and people had their weights and BMI (Body Mass Index) monitored. When these identified a concern this was raised with the GP for review and referral to the Dietician as necessary. Records also showed us where staff had assessed people to have swallowing difficulties they were referred to the SALT and GP. Any recommendations were followed and fully documented. One person had shown difficulties in swallowing their medicines and staff had approached the GP for medicines to be provided in liquid form. We observed when one person was fed whilst in bed was positioned in an upright position for eating to prevent any potential choking and staff sat at their eye level to encourage safe swallowing.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted to and were supported in attending hospital appointments. One person said "A staff member came with me to all my hospital appointments" and a relative said "The GP does routine visits as well as responding to specific requests."

Records and discussion with staff confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. The staff worked hard to communicate effectively and co-ordinate a multi-disciplinary approach to care.

Specialist nurses were contacted and involved in planning and reviewing of care for people for example a Parkinson's nurse had recently attended to review an individual's medicine. Staff had liaised closely with them to monitor and review the changes made. Visiting health care professionals told us the working relationship with the staff was constructive and very positive. Staff demonstrated professionalism and a commitment to providing the best care possible working in conjunction with all additional health care professionals available.

Good

Is the service caring?

Our findings

People told us the staff were caring, they treated them with dignity and respect and they were looked after in the way they wished to be. One person said, "I love it here I can't fault it at all." Another said, "The staff are all very kind, very nice and helpful." And a third said, "My dignity is always maintained when helping me dress." Relatives and visiting professionals were also positive about the approach of staff who were described as 'very caring'. One relative told us "The staff are pretty amazing, they are tender and so lovely."

During our observations we heard and saw staff interact with people in a caring, pleasant and patient way. All staff demonstrated skills in listening and responding to people as individuals and showed a genuine caring approach. One person told us how one member of staff had supported her through a difficult time when she had to attend hospital for treatment. "He was truly wonderful and showed an understanding and interest in me."

When staff supported people they did so with patience and worked at the person's own pace. When staff assisted people with eating people were not rushed and were given plenty of time to eat and talk if wanted. Staff spoke to people when passing their rooms asking them if they wanted anything. Staff from all departments spent time to engage and chat with people, passing the time of day and exchanging pleasantries. One person told us despite only recently arriving at the service staff had given her a birthday cake. She appreciated staff taking the time and effort to celebrate her special day. The coffee bar on the ground floor was used by people to meet with other people, visitors and staff. Coffee, tea and other refreshments were available along with the daily newspaper as well as fresh cakes and cookies. Throughout the inspection, we saw people gathering in this area sitting with relatives, or sitting together, chatting drinking coffee or eating a cake.

People had information immediately outside their rooms which included details of their names. On memory lane each room had a memory box on their bedroom door which contained photographs of themselves and items of importance. This helped to orient people to their bedrooms. People's bedrooms varied in the personal items on display, with some rooms containing individual memorabilia and furniture to help people feel at home and comfortable in their surroundings. Most rooms had photographs of family and/or older photographers of themselves at a younger age. This gave staff a point of reference for conversation and gave people a sense of identity. It was also important for people to have familiar objects around them this gave people comfort. People living with dementia often use past experience to make sense of the present. One person told us, "'I was encouraged to bring my own items with me when I moved in. The staff are attentive to the kind of things I like." People's bedrooms were seen as their own personal area and reflected individual interests. Staff did not enter rooms without knocking and permission to do so. One person said "The staff want to help add personality to my room to help me feel more at ease." Throughout Memory Lane there were objects and areas to provide dementia friendly stimulation. Tactile objects and décor was used to enable engagement with people triggering memories of past skills hobbies or occupations. One area was decorated with a seaside theme to encourage past experiences to be remembered.

People were supported to maintain their personal and physical appearance and to make choices about how they spent their time. People were dressed in the clothes they preferred and in the way they wanted. A hairdresser visited on a weekly basis along with a manicurist. People commented they enjoyed getting their hair and nails done and there was a private room for this to take place.
One person said "Having a hair salon here is lovely. I look forward to getting my hair done." People were involved in decisions about their day to day care and support. People were able to spend their day as they chose. People spent time in the communal areas or in their bedrooms we saw staff checked on them regularly ensuring they did not require support or company. We saw staff asking people if they would like to take part in activities or sit outside in the garden. One person told us "They would help me more if I wanted them to, they are always asking."

All staff spoke kindly about the people they cared for. They demonstrated a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and empathetic approach to their role. Staff told us they enjoyed their work because the atmosphere in the home was very caring. Some staff had completed additional training on dignity. Dignity champions have been identified within the staffing team and had been allocated further responsibilities to embed and reinforce best practice when promoting dignity in care. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra.

The registered manager told us she responded to any feedback from people and visitors to ensure staff maintained the highest standards in their approach to people. During the inspection visits she received some negative feedback about an agency staff member. She responded immediately to this feedback spoke to the agency and ensured they were not given any more work at the service. In this way she made sure all the staff upheld the correct values needed for a caring environment.

The home encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. One person told us how a member of staff had helped with some computer problems to ensure they could keep in contact with their daughter. Visitors were attending the home regularly throughout the time of our inspection they came for short and longer visits and staff engaged with them positively during these times. Relatives told us they could visit at any time and they were always made to feel very welcome. One person told us "If I ever have visitors, I can always take them to the restaurant here for lunch."

Staff understood the importance of maintaining people's confidentiality. Records were kept securely within locked cabinets. Staff had signed a confidentiality agreement and any correspondence for people was delivered directly to them. The need for any assistance was assessed and provided as requested.

Good

Is the service responsive?

Our findings

People were confident that the care they received was focussed on their individual need and reflected their choices and preferences. Everyone was treated as an individual and all support was personalised to their needs and wishes. One person said, "I have the freedom here to be independent," and another said "I've not been here long but I feel relaxed now that I'm being looked after." People told us they enjoyed the entertainment and activity provided by the home and joined in what they wanted to.

At the last inspection on 10 and 16 December 2014 we asked the provider to make improvements in relation the care documentation which was found to be contradictory and did not provide clear guidance on the support needs of people or the level of care provided. At this inspection we found the care documentation was well completed and provided a clear record of the care needs of people and the care provided.

Before people moved into the service a senior staff member carried out an assessment to make sure staff could provide them with the care and support they needed. Where people were less able to express themselves verbally people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. The assessment took account of people's beliefs and cultural choices this included wishes surrounding people's death. Care plans were written following admission and fully reviewed using the input from all the staff working in the service on a monthly basis. One day a month was allocated to one person and all disciplines within the service met with them to review care and service provided. One person told us they enjoyed having this review and said "I enjoy being the 'Resident of the Day'. When my room number is the same as the day of the month, then I am the Resident of the Day. My room is spring-cleaned; I am weighed and have my care-plan reviewed. My on-going goals are reviewed. The chef comes to speak with me about the food." In addition six monthly reviews were undertaken with the person and their representatives. A relative confirmed that they had been involved in a recent review where they were given the opportunity with their mother to discuss all aspects of care. Relatives all told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want.

Care plans gave guidelines to staff on how to meet people's needs while promoting an individual approach, these demonstrated staff were responsive to people's needs. Care plans were well documented and were in a format that enabled staff to use them. Specific individual preferences were recorded for example one person chose not to wear slippers or shoes and this was documented along with a preference. Some people had complex care needs in relation to their health and behaviours that needed specific support. We found staff had a good understanding of these people's specific care needs and responded to them appropriately. For example, staff knew extra care and support required for people at risk of developing skin damage. The care was fully recorded and evaluated, daily checks on any equipment used ensured it was correctly set for optimum therapeutic effect. Care plans had specific guidelines to care for people who were at risk from weight loss confirming action taken in response.

During the management meeting staff discussed changing needs of people and updated the team on any planned movement of one person from one area of the home to another and contact with health care

professionals. For example discussion took place around end of life care for two people with referrals being made to the hospice team.

A range of activities were provided throughout Wadhurst Manor which was found to be active and vibrant with communal areas being well used with regular interaction being promoted. The registered manager confirmed that meaningful activities were recognised as a priority within the service. Two full time activity co-ordinators were employed to organise and facilitate activities, entertainment and the opportunity for social engagement that met people's individual need.

The activity co-ordinator spoken with told us they had been supported to undertake training to provide them with additional skills for their designated roles. This included specific training for staff working with people living with dementia. They were seen as vital team member working alongside the care staff and the management team to promote people's general and emotional well-being. They knew people very well and could describe how they tailored individual activity to motivate people irrespective of any disability. For example one person had an interest in a specific form of singing and time was spent with them watching this on the computer. The activity programme was varied and people were provided with a copy to inform their individual choice. Life story documents were used to explore people's individual preferences and hobbies and activity and staff responded to these in a proactive way. For example one person played the piano and another enjoyed listening so staff facilitated time together for them to enjoy a shared interest.

People and their relatives were very positive about the activity entertainment and social interaction promoted within Wadhurst Manor. One relative said "The activities are very impressive." They felt the atmosphere in the service promoted social interaction and had become part of the community with local organisations using the facilities. One person said "Over the four years that I've lived here, it feels like the home is becoming more part of the community in Wadhurst. The group 'University of the 3rd Age' often meet here and the residents are encouraged to join them." Others comments included "There are staff here to take me outside if ever I want to go. I enjoy the activities," "Now the weather's getting nicer, we get taken out to the Sainsbury's Café or a garden centre," and "I know what activities there are I have a sheet with it right next to me and it's very clear."

There was a complaints procedure in place and people and their representatives told us they knew how to access and use this. People also told us they could bring up any concerns and issues at the residents meeting. People and relatives felt they would be listened to and would usually approach the registered manager directly as she was available and approachable. One person told us they had raised an issue about noise and this had been addressed. We saw evidence that complaints which had occurred had been recorded and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy living at Wadhurst Manor and felt the home was well managed with senior staff and managers readily available to talk with. People said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere. People's comments included, "We see the manager at residents meetings," "I feel the manager knows me. We have a nice relationship," and "I have received overwhelming support from the manager regarding help dealing with social services and my finances." This positive reflection was supported by feedback received from relatives who were confident that the registered manager was available and listened to them.

At the last inspection on 10 and 16 December 2014 we asked the provider to make improvements in relation the documentation regarding staffing deployment in the service. At this inspection we found the staffing rotas reflected clearly the staff rostered and working in the home.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. We found the Organisational policies and procedures and supporting audit systems did not ensure safe and best practice was followed in all areas. For example, although agency were said to have completed an induction checklist systems did not effectively record when this was completed. There was also no system in place to ensure agency staff working had the required competencies and skills that met the standards required by the organisation. For example half the registered nurses working in the service were agency staff. There was no evidence that their competency when administering medicines within the service had been assessed. The provider could not be assured that the agency registered nurses who administered medicines were fully competent to do so safely. We also found 'as required' (PRN) medicine guidelines for medicines were not in place for all people. PRN medicines are only taken if they are needed, for example if they were experiencing pain PRN guidelines provide staff with guidance about why the person may require the medicine and when it should be given. This meant that the provider could not demonstrate that medicines were always delivered in a consistent and safe way. These areas were identified as requiring improvement and raised with the registered manager.

Despite the above areas identified for improvement systems were in place to identify, assess and monitor the quality of care and service and manage risks to the health, safety and welfare of the people. These systems were used to improve outcomes for people and included a number of audits and clinical governance systems. For example audits were completed on health and safety and care documentation and clinical governance analysis was used for wounds and any accident and incident in the service.

In addition quality reviews were undertaken by the regional manager and a clinical nurse working within the organisation. These reviews were shared with the provider and registered manager to make on-going improvements to the home. During the inspection a new quality manager was reviewing the dementia care provision within the service looking to develop best practice further. It was clear that the registered manager and regional manager were working to continually improve the service provision at Wadhurst Manor. They responded positively to findings and advice given by external resources. For example they had sought out and used specialists from the community mental health team and the community pharmacists.

There was a clear management structure in place at Wadhurst Manor and this included head of departments that supported the registered manager who had an overview of the service. The structure had recently been strengthened with the recruitment of a senior registered nurse taking on the role of clinical lead. Staff were aware of the line of accountability and who to contact in the event of any emergency. There was on call arrangements to ensure advice and guidance was available every day and night if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to.

The service has struggled with recruitment and securing suitable and stable staff to work in the service. In order to maintain appropriate staffing levels agency staff had been used and at the time of the inspection 50% of the registered nurses working to maintain numbers over the service were agency. The registered manager told us she worked closely with the three supplying agencies to provide a consistent supply whenever possible. She recognised that a reliance on agency staff caused problems including dissatisfaction from people. One person said, "I don't like the agency staff they are not so friendly. There are quite a lot, too many in fact." However she and the regional manager had consistently endeavoured to recruit suitable staff to work in the home, exploring different approaches and incentives. This has included sourcing staff from overseas and providing clear career development within the organisation.

Staff said they felt well supported within their roles by their team members and said they could always talk to the registered manager and spoke highly of the new clinical lead who they also found approachable and willing to listen. The registered manager fostered an open, relaxed rapport at all levels, she had an 'open door policy' that staff and people appreciated. Staff and people appeared very comfortable and relaxed with her and approached her freely. One staff member told us recent training had highlighted the need for "honesty, openness and transparency", in relation to safeguarding people. This meant a positive and open culture was promoted within the service.

Staff had the opportunity to share their views and discuss issues through the supervision and appraisal programme. Regular staff meetings were also held these were minuted and demonstrated that staff were communicated with and listened to. Within these meetings staff were reminded of their roles and responsibilities and what the organisation expected of them.

Systems for communication for management purposes were well established and included a daily meeting with head of departments. Each floor also had a handover meeting so staff changing shifts shared information about each person. A handover sheet given to staff facilitated this process with key aspects of care being recorded. The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them communicated with them and ensured advice and guidance was acted on by all staff.

The provider sought feedback from people and those who mattered to them in order to enhance their service. This was facilitated through regular meetings satisfaction surveys and regular contact with people and their relatives. Meetings with people were used to update them on events and works completed in the home and any changes including changes in staff. People also used these meetings to talk about their views including the quality of the food and activities in the home.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.