Care UK Community Partnerships Ltd

Darlington Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Darlington Court is a nursing home providing residential and nursing care to 48 people with a range of health needs, including people living with dementia, at the time of the inspection. The home can support up to 61 people. Accommodation is provided over two floors, accessible by a lift and stairs. There is a dedicated unit on the ground floor for people living with dementia. All rooms have en-suite facilities.

People's experience of using this service and what we found
People told us they felt safe living at the home. They were protected from the risk of abuse and harm by staff who had been trained appropriately and knew what action to take if they had any concerns. Risks to people had been identified and assessed, with guidance for staff on how to support people, which was followed. Staffing levels were sufficient and had been assessed based on people's needs; new staff were recruited safely. Medicines were well managed. The home was clean and smelled fresh.

Before people came to live at the home, their needs were assessed, to ensure the home could provide the level of care and support they required. People's care and support needs were continually reviewed and assessed. People received care from suitably trained staff and were encouraged in making decisions relating to their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink in a healthy way and had a choice of menu; specialist diets were catered for. A relative commented, "Mum enjoys her food and often only eats soup and sandwiches which is her choice. The food is cooked to perfection and they always make her choice of sausage sandwiches for breakfast".

Staff were warm, kind and caring with people. People's diverse needs were identified and catered for, so that care was delivered in a personalised way that met people's preferences. People were treated with dignity and respect. People confirmed there were enough staff on duty.

Care plans were detailed and reviewed with people and their relatives. People and their relatives confirmed they had care plans and they were fully consulted about their needs. Activities were planned in line with people's preferences and what they were interested in. People's communication needs had been identified, so that staff communicated with them in a way that suited them. Complaints were managed in line with the provider's policy. If it was their wish, and their needs could be met, people could live out their lives at the home.

People were happy living at the home and their relatives spoke positively about the home, and of the registered manager and staff. Feedback was obtained through residents and relatives' meetings. People and their relatives could also post comments into a box near reception. A robust system of audits

monitored and measured the care provided and the service overall. The service worked in partnership with others to benefit people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 13 February 2019).
At this inspection we found improvements had been made. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

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 effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring 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.

Darlington Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by two inspectors.

Service and service type
Darlington Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 information we had received about the service since the last inspection. 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 used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and three relatives to obtain their feedback. We spoke with the interim regional director, the registered manager, the clinical lead, a registered nurse, three care staff

and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- One person said, "I feel safe because it's well secured and there is always staff about. I get a depressive feeling that I might not wake up in the morning. The nurse said she would come in every hour to check on me". A relative told us, "Mum is safe and there have never been any security worries. When I leave here and go home I have nothing to worry about. At night they check on Mum every hour".
- Staff had completed training in safeguarding and we checked their understanding in this area. One staff member told us they would report any concerns to their line manager. They told us they would find out the details of any allegation that was brought to their attention, would remain as objective as possible and ensure the safety of anyone affected. Another staff member said, "We are all trained in this. We record any incident or concern in the accident and incident reports". They were aware their line manager had responsibility for raising an alert to the local authority and to notify CQC.
- Notifications relating to any instances of abuse or allegation of abuse had been sent to CQC as required. The registered manager explained that if an incident occurred between two people, they would work closely with the team leaders to ensure they felt comfortable and competent with what they were doing and supported staff to recognise the signs of potential abuse.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed appropriately. Care plans included risk assessments for moving and handling, skin integrity, mobility, continence and diet and nutrition. For example, one person was identified as being at high risk of choking. According to a speech and language therapist, they did not require a modified diet, but had a delayed risk through the time they took to swallow food. We observed the person eating at lunchtime. They were extremely slow in eating their meal, and took time to chew each small mouthful of food before swallowing. Staff were nearby in the dining room and continually checked that the person was safe.
- If people sustained a fall, apart from being checked over for injuries, staff monitored the person for 72 hours and completed a form to record the checks that had been made. This ensured that any delayed reaction when a person had a fall could be picked up and appropriate treatment or action taken.
- People at risk of developing pressure areas had been assessed and appropriate pressure relieving equipment, such as mattresses, were obtained. Where assessed as needed, people were repositioned by staff to prevent pressure areas from developing; charts, completed daily, confirmed this occurred.
- Risk assessments were reviewed monthly or as needed. A relative told us that their mother had a few falls, but that staff monitored her closely when she was walking with a frame.
- Information relating to fire safety and actions required by staff in the event of an emergency was kept in a box next to the front door, so staff could access this promptly if needed. There was guidance for staff to

follow in relation to the evacuation of people living at the home.

Staffing and recruitment
● There were sufficient staff to meet people's needs. Staffing levels were based on people's nursing care and support needs. On the day of inspection, three new staff were shadowing experienced staff as part of their induction.
● A relative said, "We are topped up with agency staff, but I think most homes have to use agency at some time or another. I've never been here and felt there wasn't enough staff around".
● We asked staff about levels of staffing. One staff member felt there had been a high use of agency staff at night and added, "We have enough most of the time, but we can be pushed such as when we get people up and washed, as this can take longer. We have to be flexible and the residents know this as well". One staff member expressed dissatisfaction with staffing levels at weekends and felt that occasionally there was not enough time to spend and chat with people. When asked, people and their relatives expressed no concerns about staffing levels.
● The clinical lead said, "On Thursday [named registered manager] and myself look at clinical risks and use the dependency tracker to give staffing numbers. We also take account of other factors and can always discuss this, we have no issues in getting extra hours".
● New staff were recruited safely. Staff files showed that all appropriate checks had been made before staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories were verified. PIN numbers for registered nurses on the files we checked were up to date. PIN numbers are provided by the Nursing and Midwifery Council to validate nursing staff to ensure they are legally permitted to carry out clinical procedures.

Using medicines safely
● Medicines were managed safely.
● We observed a registered nurse administering medicines to people at lunchtime and this was satisfactory.

● Competencies were completed for nursing staff to show they continued to be skilled in the safe administration of medicines.
● People told us they received their medicines as required. Medicines to be taken as required (PRN) were administered according to the provider's protocol.
● Medicines were ordered, stored, administered and disposed of safely.

Preventing and controlling infection
● People were protected in the prevention and control of infection by staff who had received appropriate training.
● The home was very clean and smelled fresh. Staff wore personal protective equipment such as disposable aprons and gloves, when delivering personal care or serving food.
● A relative told us, "The home is always spotlessly clean".

Learning lessons when things go wrong
● Lessons were learned when things went wrong.
● The registered manager told us of one person who was admitted to the home following assessment. When this person came to live at the home, their behaviours changed and they became a threat to other people. The registered manager enlisted the help of the dementia crisis team and community psychiatric nurses; the person was reassessed and moved to a setting where their mental health needs could be met. The registered manager said, "We look at the person's needs and how they would fit in with others in that

part of the home. We always ensure everything is in place before people move in, as it should be". The registered manager had not been provided with full information about the person's mental health needs when they completed their assessment. Before assessments were completed now, the registered manager told us they always checked to make sure they had up-to-date and detailed information about new people.

● Incidents were discussed at team meetings. As part of the revalidation of PINs for nursing staff, reflective practice was used.

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection in February 2019, mental capacity assessments completed for people did not relate to specific decisions. At this inspection, improvements had been made. For example, a best interests decision was made on behalf of one person in relation to them living at the home. The decision was taken because the person had been assessed as lacking capacity with regard to where they should live.
- Consent to care and treatment was gained lawfully. Some relatives had lasting power of attorney over their loved ones' affairs and the appropriate documents were copied and placed in people's care records.
- Applications for DoLS were completed as required and submitted to the local authority.
- Staff completed training on MCA and DoLS. One staff member explained their understanding and said, "It's to treat people as having full capacity, unless assessed otherwise. To offer choices and to emphasise what people can do rather than what they can't. It's about treating people with respect". Another staff member told us, "It's assessing their capacity to see if they can make decisions for themselves or if it is in their best interests to make it for them".

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

- People's care and support needs were assessed before they came to live at the home.
- The registered manager explained the process of assessment and the need to ensure that people's care and support could be met by staff at the home.
- In one person's care plan, their pre-assessment provided information about their mobility, moving and handling, personal care needs, physical and mental health needs.

● People's care and support needs were continuously monitored and assessed and their care plans reviewed and updated as needed.
● Daily handover meetings at staff changeover were opportunities for staff to discuss people's care, their health and emotional needs and any additional support people required from staff.
● One staff member said, "Everyone is given choices. We aim to provide kind, friendly care that everyone can feel comfortable with, for residents, visitors and staff. It's a nice environment and a great team. Everyone puts their all into it".

Staff support: induction, training, skills and experience
● Staff completed a range of training, including e-learning, that was relevant to their role and specific to people's needs.
● A relative said, "I think staff are well-trained and they do that bit extra. One person used to be in housekeeping and then transferred to being a carer and she is brilliant". One person told us, "Staff are definitely well-trained and they are like family".
● New staff completed an induction programme and vocational training, if they had not previously worked in a care setting.
● One staff member described their role in organising and providing induction training for new staff which they enjoyed. They added they could ask for any additional resources if required to support new staff. Another staff member told us their induction included shadowing experienced staff and training opportunities. They explained they did not feel fully prepared for their role when they completed their induction, so this was extended for another week to support them. The staff member described the management team as 'supportive' during the induction.
● Staff were encouraged to study for qualifications in health and social care.
● Staff were up to date with their training and had completed all training that was considered to be mandatory by the provider and essential to undertake their roles and responsibilities.
● Staff received regular supervisions with their line managers and an annual appraisal; records confirmed this. One staff member said they had supervision every three months and an annual appraisal. A second staff member told us, "Yes, I get supervision and feel supported and valued. Support is always available and the management is approachable". The clinical lead told us they undertook night-time spot checks on staff which were unannounced.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough to meet their needs.
● We observed people having their lunch in two parts of the home. People were assisted by staff when needed, either in one of the dining areas or in their rooms.
● There was a choice of food and meals were plated-up and shown to people, so they could see what appealed to them and then choose. Some people chose different meals from the two options and staff phoned these orders through to the kitchen staff. The meal looked appetising. Gravy was placed in jugs on tables and served in little jugs for people who had lunch in their room. Staff checked with people if they needed anything else and a few people had second helpings.
● Staff were attentive to people's needs and we observed positive interactions. People also chatted with each other and lunchtime was a sociable experience. One person said, "The food is lovely and I'm such a fussy cow. Today I enjoyed roast pork and roast potatoes. If I wanted soup or sandwiches or omelette I can ask for that". Another person told us they enjoyed their food and liked small portions.
● We saw one person needed assistance to eat. A staff member sat next to them, talked with them and made good eye contact while helping them to eat, resulting in a positive experience for the person.
● The chef had a good knowledge of people's dietary needs and showed us the three week rolling menu plan. The chef explained the type of food consistency required for people who had difficulty with

swallowing. The chef said, "[Named registered manager] is brilliant. She's made changes which are improvements and she lets me get on with the job". When asked about the way food was prepared and provided for people, the chef said, "I prepare it the same way as I would for any relative, like your mother, aunt or uncle would want to be treated".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People had access to a range of healthcare professionals and services.

● A GP made a weekly visit to the home and people who needed to see them were referred by care staff.

● A relative told us that staff were prompt in calling for an ambulance when their family member had a fall and sustained a head injury. They said, "Staff were great and they gave Mum a scan in hospital to make sure everything was okay".

● Care records showed that people had access to chiropodists, opticians and hospital specialists. One person confirmed they regularly saw their GP and were waiting for a referral to a local hospice.

● Another person confirmed they had just had their eyes tested and had regular check-ups with their dentist. People's oral and dental health were assessed and recorded in their care plans. If they required support from staff with their oral care, this was provided.

● One staff member said they had a good knowledge of oral health care and had a role in assessing people; part of their role was to ensure people were registered with a dentist, if this was their wish.

Adapting service, design, decoration to meet people's needs

● The home provided an accessible environment for people, with a lift to the first floor and gardens that were easy to reach.

● People told us they were happy with their rooms and we were invited to look at these. Rooms were comfortable, personalised and provided en-suite facilities.

● Signage was used to good effect and helped people to find their way around the home. Corridors were wide enough for wheelchair users and handrails supported people to mobilise independently.

Good

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.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. 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

- People were supported by staff who knew them well.
- We observed numerous occasions which demonstrated the kindness and warmth of staff towards people. We saw two staff with people in the first floor dining room. One person had a teddy bear which they kept with them. One staff member used the teddy to talk with the person. The staff member was skilled in interacting with warmth and love and smiled at the person throughout.
- People were positive in their feedback about staff. One person said, "They've looked after me really well" and another person described staff as, "very nice". A relative told us that staff were always welcoming and promoted a homely atmosphere.
- Staff treated people equally respecting their diverse needs. The registered manager explained how they gave people privacy when their partners visited and care plans provided information for staff about how people might wish to express their sexuality.
- Clergy visited the home and organised a secular service which people could attend if they wished.
- A senior member of staff described the interview process which included checks on the caring nature of candidates. The staff member said their own values were always reflected in their work and that they emphasised to staff the importance of working in a person-centred way and not always being task focussed.

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

- People were supported to be involved in all aspects of their care.
- One person said, "Staff come and talk to me about my care and my care plan". A relative told us they were fully involved when their family member's care was discussed.
- In one person's care plan, we read that their capacity to make decisions could fluctuate because of their dementia. At times they were unable to make decisions independently, so staff would assist them to communicate their wishes; staff were familiar with this person's preferences, so could anticipate their needs.
- Staff continually checked with people with regard to day-to-day decisions. For example, people were asked where they would like to sit in the dining room at lunch time.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and encouraged to be as independent as possible.
- Staff introduced the inspectors to people and we chatted with several people in their rooms. After a conversation with one person where drinks were offered, a staff member apologised for not bringing in biscuits. The staff member explained it would not have been fair to offer us biscuits, as the person we were

visiting could not have them due to their special dietary needs and it would not have been fair on them to see us eating biscuits.

● Staff explained how they would respect people's privacy when providing personal care, such as closing the door and drawing curtains. One staff member said, "It's about treating people like a favourite aunt or uncle. This is important, as some people don't have family. I treat people with dignity and respect and always ask for their consent". Another staff member told us they would be happy for any relative of theirs to live at the home and had recommended the service to others, adding, "We really look after people here".

● Care plans included information for staff on how much people could do for themselves and what they might need support with. For example, one person could wash and dress independently, but needed help from staff when taking a shower. We saw staff encouraging a person in the dining room who was having lunch. The staff member had cut this person's food up, then placed a fork in their hand, gently moving the person's hand to pick up the food and guiding their hand towards their mouth. It was a slow process, but the staff member was patient and kind in their approach and the person was able to eat their meal as independently as possible.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and care plans were written in a person-centred way. Staff followed the guidance contained within the care plans to ensure people received the support they required in line with their preferences and wishes.
- One person enjoyed smoking cigarettes and told us they would often fancy a cigarette during the night, so staff would take them downstairs and outside so they could smoke.
- A relative told us that when they brought in new clothes for their family member, the housekeeper would take the bag of clothes and affix labels. The relative added how helpful this member of housekeeping staff was and that they always chatted to people while working.
- We asked staff about people's care planning. One staff member said, "Full assessments are carried out by the nurses. I completed care plan training last year. The care plans are on a template and show when and how people like to get washed and dressed, whether they want a male or female care staff and so on. They are personal to the individual and updated every month. We have handover meetings in the morning, afternoon and from the night staff, so we know how needs change. This is recorded on the handover sheets".
- Another staff member told us, "I use the care plans when I need to find out about a new resident, what they like. We find out about any changes to residents' needs at handover meetings. There are good communication channels here so we can raise concerns when care might need to be adjusted".
- Care plans provided detailed information about people. For example, about people's eating and drinking, elimination, maintaining a safe environment, mobility and personal hygiene. Each person had a 'My Life Story' in their bedroom which was useful for staff to consult and understand about people's lives before they came to live at the home. For example, one person used to be a pharmacy assistant and would tear prescriptions in half, retaining one half for the pharmacy and handing the other half back to the person. This person enjoyed going to the office to tear prescriptions and this brought back good memories about their working life.

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.

- People's communication needs were met. Each person had a communication care plan which included how staff should communicate with them, according to their needs and preferences.
- One person's communication care plan stated that English was their first and preferred language, that

they wore glasses and had no issues with their hearing. This person enjoyed reading a daily newssheet which included information about historical events and encouraged reminiscence. We saw the person reading this newssheet, that they wore their glasses and sat with staff who were encouraging them to discuss the various articles printed.

● Another person was partially sighted so information was provided for them in a large print.

● Where people had limited communication, for example because of their dementia, staff could read their body language as people communicated with signs, smiles and gestures.

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

● Activities were planned according to people's interests and what they would like to do.

● Activities co-ordinators and volunteers provided a range of events and activities. A relative told us that outings were organised but their family member chose not to go out any more. The relative added, "During the week there is a full programme of things going on, like arts and crafts and quizzes. Mum likes Bingo. People come in to entertain them. We have some quite good singers and Yogi, the hairdresser's dog is very popular with people".

● We observed people engaged with an arts activity in the dining room. In addition to arranged activities, people had access to magazines, newspapers, puzzles and games. A reminder of activities organised that day was written on a flipchart in the communal area. One person told us they were looking forward to the quiz which was due to take place later that day. Since they had been a publican they told us they used to organize pub quizzes, so often got all the answers right.

● Another person said, "Well I go sometimes and play Bingo, but I'm happy watching television in my room. I enjoy going out with staff to Sainsbury's or Aldi's though".

● Where people stayed in their rooms, activities were provided on a 1:1 basis. Some people enjoyed having their nails painted or a hand massage.

● Relatives told us they were always welcomed by staff when they came to visit and they could come into the home at any time. People were supported to stay in touch with those who mattered to them. One person's son was due to get married overseas and staff hoped to arrange a video link or similar so the person could witness the ceremony.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy.

● People knew how to make a complaint. One person said they had put in a complaint about the rudeness of a staff member from an agency. They had spoken with the registered manager and felt their complaint had been listened to and sorted out.

● A relative told us they had never had to make a complaint and added, "But if I did, I would talk to [named senior staff member]. She was the lady who showed me around the home in the first place, so I would go to her. I could go to the manager too".

● One complaint had been logged recently about a person's laundry going missing. The complaint was acknowledged and responded to satisfactorily.

End of life care and support

● If it was their wish, and their needs could be met, people could live out their lives at the home.

● At the time of inspection, no-one was receiving end of life care.

● One person told us they had discussed their end of life care with staff and expressed that they wished to die at Darlington Court and not go into hospital.

● People and their relatives were involved in planning for end of life care and their wishes were recorded within their care plans.

● Where it had been assessed that in certain situations or when people had expressed their wishes, 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) forms had been completed for some people.
● The registered manager told us they worked closely with staff from the local hospice and said, "The hospice is very, very good". Every member of care staff had completed e-learning on palliative care. Two nursing staff had embarked on an end of life training programme, but had been unable to complete this as the course was no longer available.

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection in February 2019, quality assurance systems were not always effective. This related to repositioning records and the application of topical crams to document the support people received. Another area in need of improvement related to the completion of mental capacity assessments for specific decisions related to people's care.
- At this inspection, improvements had been made. A system of audits measured and monitored the quality of care and the service overall. Any areas in need of improvement were recorded and actions taken. The registered manager told us they had worked hard with the staff to address all the shortfalls found at the last inspection. Records relating to people's skin integrity, repositioning, and mental capacity assessments had been implemented.
- Audits were completed in areas such as medicines management, care plan documentation and health and safety. Accidents and incidents were recorded and analysed for any patterns or trends, so actions could be taken.
- The registered manager and clinical lead undertook unannounced night-time visits to the home so they were aware of people's night-time routines and could monitor night-time staff at work.
- Relatives and friends could record their comments about the care and post them at the home or complete feedback online.
- One relative had written, 'May I express my sincere thanks to all the team who looked after the care of [named person] during his stay with you. Great pleasure was provided to us by the efforts made to welcome us into a friendly environment from day one onwards'.
- The registered manager understood regulatory requirements and notifications which were required to be sent to CQC by law had been completed. The rating achieved at the last inspection was on display at the home and on the provider's website.

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

- People received personalised care from staff who encouraged their independence. Staff supported people in ways that suited them.
- The registered manager and staff understood the concept of person-centred care and had created a culture that enabled staff to deliver care in this way. One staff member said, "We ensure people feel at home. It's their home and we are part of their family. We look after them like a family member. We know

people and their relatives really well".
● The registered manager demonstrated a good understanding of their responsibilities under duty of candour. They told us that if something went wrong, it was important to apologise and to be open and honest with people and their relatives. The registered manager added, "We need to learn from anything that occurs and will always write to people afterwards to explain what actions we have taken".
● People and their relatives were positive in their comments about the home. A relative said, "I think it's excellent, I can't fault it. The day Mum walked through the door she was relaxed and she is so much happier here. The atmosphere is unrushed and peaceful here".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Feedback was obtained from people and their relatives on how they felt about the home. Results were positive.
● Residents and relatives' meetings took place. At the last meeting staffing levels were discussed, menus, housekeeping, activities and updates about the home. Meetings took place on alternate months and the minutes were shared with people and their relatives.
● Staff were encouraged to raise any concerns. One staff member commented, "Yes, we have the opportunity to do this. We push it with new staff that it is important to raise any concerns and these are discussed at staff meetings or we can go to [named registered manager] at any time. They are really good about this and listen to us". Another staff member told us, "All care staff know how to raise concerns. If I'm worried about something, I work with [named registered manager] to sort it out. We share concerns and Care UK always listen and act". The chef told us they attended 'heads of' meetings where organisational concerns and plans were discussed. They gave an example of concerns about the state of the kitchen and how this had recently been refurbished.

Working in partnership with others
● Effective working partnerships had been developed.
● The registered manager had links with the local hospice and attended nursing home forums in Worthing.
● Links had been made with Dementia Alliance and Stroke Awareness who gave presentations for people, their relatives and staff.
● The registered manager attended monthly regional meetings and training sessions organised by the provider, Care UK.