Bexhill Care Centre Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Bexhill Care Centre is located on the main road between Eastbourne and Bexhill with parking on site. The original building has been extended, made up of two units with communal areas and lifts to enable people to access all parts of the home. There are gardens to the front and rear which are accessible.

The home has accommodation for up to 41 people with nursing and personal care needs. There were 16 people living at the home at the time of the inspection. Some people had complex needs and required continual nursing care and support, including end of life care. Others needed support with personal care and assistance moving around the home due to physical frailty or medical conditions, and some were living with dementia.

A registered manager had not been in place since October 2016. A manager had been appointed and was applying to register at the time of the inspection. 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.'

This inspection took place on the 21 and 29 December 2016 and was unannounced.

At our inspection on 17 and 21December 2015 we found the provider was not meeting the regulations with regard to safeguarding service users from abuse and improper treatment, safe care and treatment, staffing, personal records and quality assessment and monitoring of the services provided. At this inspection we found improvements had been made and the provider had met the regulations.

Because of additional concerns we carried out a focused inspection on 5 February 2016 and looked specifically at the safe question We found the provider was not meeting the legal requirements in relation to safe care and treatment. We took appropriate action. At this inspection we found improvements had been made and the provider had met the warning notice.

We found that additional work was needed to ensure the improvements were embedded into practice. For example, the quality assurance and monitoring system had been reviewed and a number of audits had been completed. However, the system had not identified areas of concern that we found during the inspection. Such as gaps in the care plans and risk assessments.

There were systems in place for the management of medicines and we observed staff completing records as they administered medicines but, the guidance for staff to give out some medicines, such as those prescribed 'as required', was not clear.

Staff had attended safeguarding training and they demonstrated an understanding of abuse and said they would talk to the management if they had any concerns. They knew that referrals were made to the local

authority and how to make these. People said they were comfortable and relatives felt people were safe living at Bexhill Care Centre.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to healthcare professionals, including the GP, optician and chiropodist. Choices were available for meals; people were supported to have a healthy diet and, they were consulted about the menu. Relative and friends could visit at any time and they were made to feel very welcome.

The atmosphere in the home was calm and relaxed. Conversations between people, visitors and staff were friendly and staff respected people's choices and protected their dignity when providing personal care.

Complaints procedures were in place and any concerns had been addressed following the providers procedures. The provider and manager encouraged people, relatives and staff to be involved in decisions about how they service improved and, people and staff were very positive about the management of the home.

Satisfaction questionnaires were used to obtain feedback from people living in the home, their relatives and outside agencies. The responses expressed a high degree of satisfaction in staff attitudes and their willingness of staff to seek guidance and support where necessary and the quality of care provided.

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

The service was not consistently safe.

There were enough staff working in the home, but their allocation within the home affected the support and care provided.

Medicines were given out safely and records were up to date, however there was not enough guidance for staff about giving 'as required' medicines.

Risk to people had been assessed and managed as part of the care planning process, but records were not up to date.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Recruitment procedures ensured only suitable people worked at the home and there was on going advertisement and recruitment of staff.

Is the service effective?

Good

The service was consistently effective.

Relevant training was provided and records showed that staff had attended this and had an understanding of people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff ensured people had access to healthcare professionals when they needed it.

People were provided with food and drink which supported them to maintain a healthy diet.

Is the service caring?

Good

The service was consistently caring.

People were treated with respect and their dignity was

protected.

Staff encouraged people to make their own decisions about their care.

People were encouraged to maintain relationships with relatives and friends, and relatives were made to feel very welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The care planning system was not robust and did not reflect people's need or the support provided.

There was a list of activities, but these were provided for people to participate in only when activity staff were available.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance and monitoring systems were in place, but further work was needed to ensure they were embedded into practice.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives, visitors and staff were encouraged to provide feedback about the support and care provided.

Bexhill Care Centre Limited

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 the 21 and 29 December 2016. It was undertaken by two inspectors.

We reviewed the records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events with the service is required to send us by law. We also spoke to quality monitoring team and the commissioner of care from the local authority before the inspection. We asked the provider to complete a provider information return (PIR), which is a form that asks for key information about the service, what they do well and any improvements they plan to make. There were problems with the connection between CQC and the provider's system, they were unable to send the form in, but the nominated individual provided two reports based on their visits to the home.

During the inspection we spoke with12 people and four relatives. We spoke with 12 members of staff, which included housekeeping staff, maintenance staff, chef, care staff, registered nurses, the manager and provider.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. We spent time with people in their own rooms and in the lounge and, 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 observed care and support in the communal areas, meals, medicines being administered and activities, and we looked around the home

We looked at a range of documents. These included assessment records, care plans, medicine records, staff training, recruitment and supervision records, accidents and incidents, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our inspection on 17 and 21 December 2015 the provider was not meeting the legal requirements in relation to protecting people from harm. Staff had been unable to demonstrate an understanding of their responsibilities with regard to ensuring people were safe and how to raise concerns if they felt people were at risk of harm. The provider sent us an action plan stating improvements would be completed by 29 April 2016. At this inspection we found the provider was meeting the regulation in relation to protecting people from harm. At our focused inspection on 5 February 2016 the provider was not meeting the legal requirements in relation to safe care and treatment. There were not enough staff with a clear understanding of people's needs to provide the support they needed and risk assessments had not clearly identified people's needs to ensure their safety. We issued a warning notice and the provider sent us an action plan stating improvements would be completed by 29 April 2016.

At this inspection we found the provider had met the warning notice in relation to safe care and treatment. However, we identified other areas where improvements were needed.

People told us they were comfortable at Bexhill Care Centre and one said, "They keep us safe here." Relatives told us, "Yes I think they are safe. The staff know how to look after people." "My relative has lived here since it opened, they know her very well and I think they are all safe living here" and, "I think there are enough staff, there is always someone in the lounge to keep an eye on the residents." Staff said there were enough staff, but if more people moved into the home additional staff would be needed.

Four care staff and a nurse were working in the home during the inspection. While nurses were dealing with medicines, GP referrals and reviewing records, care staff provided care and support for people. Staff told us people needed two staff to assist them with personal care and move around the home safely and, a member of staff was also needed to ensure people who chose to sit in the lounge were safe. One said, "Some residents are at risk if they try to stand up and walk on their own, so there needs to be someone in the lounge." Activity staff had been allocated the role of remaining in the lounge and they spent time with people doing activities of their choice and writing their life story with them. However, most people preferred to remain in their rooms and activity staff had been unable to provide activities or support them on a one to one basis. We discussed the allocation of staff and the impact this can have on meeting people's needs with the manager. We have been told that since the inspection five care staff work on each shift, so that activity staff are available to support people in their own rooms, as well as the lounge.

The manager said they had been actively recruiting staff to ensure there were enough with the right skills and understanding of people's needs working in the home. Two nurses had recently been appointed and were working through their induction and the number of care staff would increase, "So that there are enough staff working here when we admit more people." Staff told us there were enough staff, "We have enough time to do things right and to spend time with the residents" and, "But we will need more staff if we admit anyone else." Staff had talked to the manager about the number of staff and we discussed the staffing levels and how they were linked to meeting people's needs with the management. The manager said they would wait until there was enough staff working in the home before admitting more people.

Risk assessments had been completed depending on people's individual needs. These included nutritional risk and risk of choking, skin integrity and pressure area care, mobility and moving and handling, such as which aid was needed to assist people to transfer around the home safely. Staff demonstrated an understanding of the risks to people and how people could be supported to remain independent and make choices. However, information in the 'care plan at a glance', which provided staff with details of people's individual needs, had not been updated when their needs had changed. For example, the Speech and Language Team (SaLT) had carried out an assessment and records showed the person's needs had changed, a pureed diet with one scoop of thickener for liquids was advised, but the care plan at a glance stated, 'Enjoy finger foods and can feed myself.' Staff said they knew about this person's dietary needs, but there was no evidence that agency staff were informed that they knew about people's specific support needs, The correct guidelines for staff were not in place and the person may have been at risk of having difficulties with swallowing. We discussed this with the manager and nurse as an area that needed to improve.

There were systems in place to manage medicines, but these were not consistently safe and people may not have been given the medicines they needed. For example, the protocols for 'as required' medicines (PRN) had not included clear guidance for staff to follow when they assessed if people living with dementia were uncomfortable or in pain; such as changes in body posture or facial expressions. The nurse agreed this information was needed so that staff unfamiliar with people's needs, such as new or agency staff, had appropriate guidance to follow. The nurse had identified areas that needed to be reviewed and changes made and the manager said additional training and on going supervision had been arranged to support staff.

We looked at the medicine administration record (MAR) and observed the dispensing of medicines at different times. The MAR contained photographs of people for identification purposes, their GP and contact details as well as any allergies they had. Staff locked the medicine trolley when leaving it unattended and did not sign MAR until medicines had been taken by the person. There were no gaps in the MAR and staff were knowledgeable about the medicines they were giving.
Medicines were kept secure in a trolley and cupboards in a small locked room.

As far as possible people were protected from the risk of abuse or harm. Staff told us they had undertaken adult safeguarding training within the last year and were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "I would let my manager know if there was abuse going on." Another staff member said, "If I saw a staff member doing something they shouldn't with a resident, I would remove them and tell the manager. If they didn't act, I would let Social Services know. Relatives said that people living at Bexhill Care Centre were safe. They told us the staff were good, they knew how to provide the support their family members needed and had not seen anything that worried them.

Additional moving and handling training had been provided since the last inspection and this ensured people were supported to transfer and move around the home safely. Staff said the training had given them a better understanding of how to assess people's individual needs; if they were at risk of falls or were unable to stand and hoists were needed to support them. As well as the confidence to advise their colleagues, or intervene, if they had not followed relevant guidance. For example, one of the staff had their hand under a person's arm as they were supported to walk into the lounge using a walking aid. This was an unsafe method to support people and trained staff spoke quietly to the staff member and guided their hand to rest on the person's back, to provide the same level of support, without a risk of injury to the person or staff.

We looked at the accident and incident forms, completed in 2016. The majority were related to trips and falls suffered by residents at the home. We noted these incidents were subject to trend analyses in order to discover any common themes and action was taken to minimise the chance of a re-occurrence, such as positioning pressure mats to alert staff. The accident and incident records contained a clear description of the event and indicated whether it should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) (RIDDOR).

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references and evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Systems were in place to check nurses were registered with the Nursing and Midwifery Council (NMC) and therefore able to practice as a registered nurse. This meant they had the correct registration to provide nursing care.

There were effective infection control systems in place at Bexhill Care Centre. A head of housekeeping had been appointed to lead the housekeeping team, which included cleaners and laundry staff. They demonstrated a clear understanding of infection control procedures and there were systems in place to keep the home clean. Staff had attended infection control training and used gloves and aprons to reduce the risk of infection when appropriate.

There was evidence of on going maintenance and records showed that relevant checks had been completed. There was up to date compliant health and safety documentation for emergency lighting and call bell testing, waste disposal, gas and electrical certificates, water safety through legionella tests, the lift had been maintained and checked in line with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) to ensure it was safe to use and weekly carbon monoxide and window restrictor tests had been carried out.

The premises had been purpose built and the layout was such that it did not present significant difficulties in evacuating people in the event of an emergency. Each person had been risk assessed for their ability to be removed from the home in an emergency and had their own Personal Emergency Evacuation Plan (PEEP). In addition, there was an emergency Continuity Plan 2016 which included required actions and contacts for fire, flood, gas leak, adverse weather conditions, loss of heating, lift failure, loss of staff, power and alternative accommodation and transport requirements.

Good

Is the service effective?

Our findings

At our inspection on 17 and 21 December 2015 the provider was not meeting the legal requirements in relation to staff training and had not ensured there were sufficient suitably qualified, competent, skilled and experienced staff working in the home. The provider sent us an action plan stating improvements would be completed by 29 April 2016. At this inspection we found the provider was meeting the regulation in relation to staff training.

People said staff understood their needs and provided the support they wanted. One told us, "They are very good, they know what help I need and come quickly when I ask for help." Another said, "I'm not sure about the training they do, but they know what I need, and some are lovely and can't do enough." A relative told us, "They understand each resident's needs; everyone is different which means the care is, which is what they need." Staff said the training was very good and they were required to attend it. One said, "We have to do the training, which is only right, we have to understand what support people need and how we can look after them." People told us the food was good and staff assisted them with their meals when required.

Staff said they enjoyed working at Bexhill Care Centre. They told us they had the training and support from management to understand people's needs and provide the support and care they wanted. Staff files and the training plan showed that staff had accessed training in subjects relevant to the needs of people they supported. The provider had made training and updates mandatory for all staff in the following areas moving and handling, infection control, health and safety, fire awareness, first aid, food hygiene. Training had also been provided in dementia awareness, diabetes awareness, equality and diversity, records keeping and managing challenging behaviour and, specific training for nurses such as wound care, medicines management and venepuncture. Staff said the training was good, "There's quite a lot of training going on. I've done quite a bit already" and, "I really want to improve and be the best at this job I can be. The training helps and it's really good."

New staff were required to complete an induction programme, where they worked with more experienced staff until they had the skills and the confidence to support people. Staff told us, "It was very good. I did learn a lot and got to know the residents" and, "I was agency staff before I got a job here so I know the home. I did get an induction and it was good." The manager said to ensure all staff had the same standard of induction training they would be introducing the Care Certificate. The Care Certificate 'is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers'. Staff told us they had been encouraged to work towards vocational qualifications if they wanted to and three had completed NVQ level 2 and 3.

Formal supervision and appraisal systems were in place. Records were kept in staff files, they contained relevant information and had been completed in line with the provider's policy. Staff said they had received recent, formal supervision or a yearly appraisal. One said, "I do get supervision. It's fine." Another told us, "I haven't yet but I'm very new. The manager is very approachable." The manager said when the first wave of supervisions have been completed they would be delegating the responsibility for each group of staff to senior staff and, would oversee the process through the quality assurance process.

Staff had attended training in Mental Capacity Act (MCA) 2005. They demonstrated an understanding of capacity and explained the implications of Deprivation of Liberty Safeguards (DoLS) for the people they supported. The purpose of DoLS, which is part of the MCA, is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. The manager said they had sought the involvement of Independent Mental Capacity Assessor (IMCA) to assess people's capacity to make decisions as part of the MCA process. This meant people who did not have relatives, or if they were not involved in decisions about people capacity, had an independent person to represent them. Staff told us, "All of our residents can make decisions about something. Like if they want to get up or what they want to eat. But for some decisions, like hospital appointments or seeing the dentist residents may not be able to tell us and we have to discuss it with their relatives." "We know residents can do things for themselves unless they've been assessed as being unable to." Another staff member said, "It's about making sure we act in the resident's best interests and not restricting them because we think it is best."

People told us the food was good. One said, "The food is very good and I can have the big meals that I like." They were offered choices for each meal and they were provided at the correct consistency for each person, with pureed and soft food; as well as specific diets for people to meet their healthcare needs. Such as diabetic diet. People were supported to eat their meals where they chose, some sat in the lounge while others remained in their rooms, and at a time that suited them. Staff sat next to people if they needed assistance, they chatted amicably as they provided support and prompted other people who became distracted. If people were not eating staff asked quietly how they felt, if they liked the food and offered alternatives if people did not eat the meal. There was a sociable and relaxed atmosphere, people were not rushed, napkins and condiments were available and soft drinks were offered throughout the meals, with hot drinks at regular times throughout the day.

The chef said they had been reviewing the menu plan and had discussed this with people living in the home and their relatives and would be making some changes based on the feedback from these. The chef told us people had their own preferences and if they did not want one of the choices for meals they could have something else, "Residents can have what they like really. The main thing is that they eat a good diet and if they need extra calories we can add them to the meals with cream and cheese and fortified drinks." People's weights were regularly checked, monthly for most people and more regularly for people who were at risk of losing or putting on weight and recorded in the care plans. Staff told us if there were any concerns they would contact the GP for advice, a referral to the dietician or Speech and Language Team if there were issues with a person's ability to swallow. Such as when staff noticed one person was coughing when they assisted them with meals.

People had access to healthcare professionals including community mental health team, continence nurse, opticians and dentists. GPs visited the home as required and when necessary people were supported to attend appointments. Visits were recorded in the care plans, with clear directions for staff to follow to ensure people received the support and care they needed.

Good

Is the service caring?

Our findings

Relatives said staff were, "Very kind, they look after residents really well and make us feel very welcome." "They understand that everyone has different needs, so the care is different and I can see this when I visit" and, "The staff know the residents so well, they have a joke and a laugh with them and they keep us involved in what is going on." Staff told us, "This is the resident's home and it is up to them how we look after them" and, "We get to know residents and their relatives really well and we are here to support them all."

Staff were respectful when they spoke with people; they responded quickly when people needed support and clearly knew them and their relatives very well. There was considerable laughter as staff joked and chatted with people as they provided support and, they included people in the conversations as they passed by when supporting other people. The atmosphere in the home was relaxed and comfortable; people were supported to make choices and staff talked to them about the Christmas activities that had been arranged; including the sing-a-long pantomime on the first day of the inspection.

Staff used people's preferred name, as they spoke to them they sat next to people to ensure they could see them and attracted their attention by talking quietly or holding their hand. People smiled as staff asked if they were comfortable or wanted a drink, and when they assisted them with their meals. Staff demonstrated a good understanding of people's likes and dislikes and how they wanted to spend their time but did not make assumptions. They said, "We always ask them where they want to sit, we don't assume because they usually sit in the lounge that they will want to do that every day." "We need to keep people safe but that doesn't mean they can't make decisions for themselves, even if they have dementia" and, "We have some people who can't remember things here but that doesn't mean they can't do things for themselves."

People's preferences were recorded in their care plans and activity staff had been spending time with people and their relatives to write the section 'My Life'. Activity staff said these offered a really good opportunity to encourage people to talk about their lives before they moved into Bexhill Care Centre, so that they could build up a picture of their lives and how they may like to spend their time in the home. They included details of the people that were important to them, their work history, hobbies and interests. Staff said relatives and friends were encouraged to visit people when they wanted to and relatives told us they could visit at any time and, we saw they were made to feel very welcome.

Staff protected people's privacy and dignity. Doors were kept closed when they assisted people to get washed and dressed and one person told us, "Yes they always knock before the come in my room." Staff discretely asked people if they needed to use the bathroom and quietly supported them to do this. They said, "We know this is their home. We try to treat people with respect all the time." "We are here to help residents to be comfortable and as independent as they can be." "Residents make decisions about all aspects of their lives, although they need support, we help them to do this" and, "We treat residents with kindness and respect, like I would want my relatives or myself to be treated. This is their home and although it is our job to make sure they are comfortable I really enjoy doing it."

Staff demonstrated an understanding of people's need to move around the home and responded

appropriately when people's mood changed. People were supported to mobilise independently, with support and guidance, if they were at risk of falls. Staff told us, "Residents should be able to walk around as much as they can, as long as they are safe we don't restrict them" and, "If residents try to stand up and they can't weight bear we try to distract them by talking to them, offering a drink or looking at magazines.

People's equality and diversity needs were respected and staff were aware of what was important to people. People were supported to dress as they wished, some used make up and several had had manicures and wore jewellery of their choice. Staff said that some of them were keyworkers for between two and three people, which meant they got to know people and their families really well. One told us, "We talk to them about anything they might need or want and if they can't tell us we check their clothes, toiletries and put forward suggestions to relatives, like arranging a visit from the hairdresser." Another said, "We know about people's support and care needs, but being their keyworker is a specific responsibility and means they shouldn't run out of anything."

End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in the care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed by people or their relatives.

Requires Improvement

Is the service responsive?

Our findings

At our inspection on 17 and 21 December 2015 the provider was not meeting the legal requirements in relation to accurate and complete personal records to guide staff when providing care and support. The provider sent us an action plan stating improvements would be completed by 29 April 2016. At this inspection we found the provider was meeting the regulation in relation to guiding staff to provide appropriate care and support. However, we identified other areas that needed to improve.

Relatives said they were pleased with the level or care and support provided and they told us staff had a good understanding of people's needs. One said, "The staff are always available if they are needed and they seem to know exactly how to look after all the residents." Staff said they would like to have more time to spend with people, "Just chatting rather than only when providing support" and one person told us, "They don't always have a lot of time to sit with us, but when they do they are very nice."

Three activity staff had been employed to develop a range of activities for people to participate in if they wished. These were provided throughout the week, including weekends, and a number had been planned for the Christmas period in addition to those usually available. One of the staff said they had been talking to people about what they wanted to do and they had been spending time with people offering different activities to see their response. "Particularly people with dementia who cannot tell me what they want to do. I plan to develop individual activities that any of the staff can do with them, like hand massages or reading the paper with them." People enjoyed the time they spent with activity staff. For example, one person was assisted to put their make up on and then they 'made up' the activity staff, there was considerable laughter and both clearly enjoyed the interaction. However, activities had not been provided if activity staff were on leave or not available. Care staff said they did not have the time to do this and some thought it was not their role to actually do activities, "As well as those we do when we are getting people washed and dressed, we talk to them all the time. We ask them how they feel where they want to sit and if they need anything."

The manager told us a holistic approach to care was not yet in place at Bexhill Care Centre. We observed staff provided the support and care people needed, although this was often task orientated and not person centred and, on occasion had not involved discussions with people living in the home. For example, the sing-a-long pantomime on the first day of the inspection included a buffet that had been provided by an external food company. There was a range of snacks that people on a soft or pureed diet were unable to eat and alternatives had not been provided. Staff agreed that a lot of people would not be able to join in with the buffet and some looked for ways to adapt the food provided; such as adding cream to one of the puddings to soften it up. Two staff said that people had had lunch earlier and would have supper so they may not have been hungry, but there was no way for them to know this and their response evidenced that people's views may not have been sought. The manager said there would be specific training and supervision to make staff roles more flexible, so that staff did not feel an aspect of care was not part of their job and, that any decisions about were based on people's individual needs. This is an area that needs to improve.

A pre admission assessment was completed by senior staff with the person, and their relatives if

appropriate. This was to ensure the support provided could meet their individual needs, before they were offered a place and, this information was used as the basis of the care plans. One person told us, "It was getting a bit difficult at home so I've come here until things are sorted out. Seems very nice, my TV is coming later today and I will be able to watch it in my room."

The care planning system was being reviewed and the manager wanted to involve the care staff much more in writing and updating them, rather than being the responsibility of nurses. Some changes had been made and these were being assessed by the manager at the time of the inspection. They said the care plan at a glance was to remain to give a short overview of people's needs to all staff working in the home and they found this very useful. Some of the records had not been completed, but staff demonstrated a good understanding of people's needs and how they provided the care and support people wanted. For example, one person was at risk of falling when they walked around using a walking aid. Staff were aware of this and explained the person needed one to one support or continual observation when they were in the lounge, "To keep them safe."

Staff told us the handover was a really good way for them to keep up to date with any changes in people's needs. The completed handover sheets included information about the person's medical history, moving and handling status and other relevant information, including pressure area care and the person's current physical or psychological state. We noted they were specific and tightly focused on people's individual needs. It was possible to 'see the person' in these documents and staff said they were very useful to refer to if they needed to remind themselves.

A complaints procedure was in place, it displayed in communal areas and people and relatives said they would talk to staff if they were not happy with anything. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. There had been three formal complaints made in the past year. The complaints had been resolved in a timely and satisfactory manner. The manager had written to the relevant parties with an action plan, where necessary, to prevent further issues. During the same period the provider had received three complimentary letters and numerous cards of thanks.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 17 and 21 December 2015 the provider was not meeting the legal requirements in relation to quality assurance and monitoring system and informing CQC of events that may affect people living in the home. The provider sent us an action plan stating improvements would be completed by 29 April 2016. At this inspection we found the provider was meeting the regulations in relation to quality assurance and monitoring the service and informing CQC of events that may affect people. However, whilst improvements had been made further time was needed to ensure the quality assurance process was embedded into practice.

People told us the management was very good. One said, "The manager asks how things are and is available if we need to talk to her." Relatives told us the manager was very approachable and responded very quickly if they had any queries. Staff said the management team was very supportive and encouraged them to put forward ideas and make suggestions about the support provided. One said, "It has been much better since (the consultant) started to manage the home, we have a much better idea of our role and what we are expected to do." Another told us, "The management has changed quite a bit and it has been for the better."

The nominated individual had reviewed and made changes to the quality assurance and monitoring system. A number of audits had been undertaken, including infection control, record keeping, medicines management, health and safety, food safety, nutrition and hydration and the environment, internal and external. The monthly internal audit fed into a quality monitoring matrix, which was based on the five domains used by CQC when inspecting services, and issues were identified they were dealt with by a nominated member of staff within a defined time frame. For example, carpets were cleaned promptly when required and first aid boxes were regularly checked and re-stocked when required. However, concerns identified during this inspection had not been identified. For example, the changes to the care planning system had not been monitored effectively. The information in two care plans was not up to date and a care plan at a glance had not been written for one person six days after they had been admitted to the home. Permanent staff were aware of this person's support needs, but the home had and were continuing to use agency staff. Sixteen shifts at night were covered by agency staff in December 2016 and there was no evidence that systems were in place to ensure they had a clear understanding of this person's needs, which may put the person at risk of harm. The care plans were discussed as an area where additional work was needed, including the provision of support for care staff that had been given the responsibility to write them.

The management structure at Bexhill Care Centre had changed since the last inspection. A registered manager was not in place at the time of this inspection. A manager had been appointed and had worked at the home for five weeks and, they told us they had applied to register with CQC as the registered manager. They were supported by an external consultant, who had registered with CQC as the nominated individual for the home and, an administrator had been appointed and started the same time as the manager. They explained their individual roles and responsibilities and the changes they had already made to the management of the service and administration, as well as those that were planned.

The manager discussed their philosophy and the aims of the home. Changes had been planned to the layout and these included the use of both sides of the building, Poppy and Lavender units. Currently Poppy unit is the only part of the home in use and the manager was concerned that there were people with different support and care needs using the same communal areas, which may impact on their day to day lives. They told us people would be transferred to Lavender unit while Poppy was being upgraded to ensure it was appropriate for people living with dementia. The changes would include a sensory room, a lounge on both floors rather than just the ground floor, and re-decoration of the current lounge to make it more user friendly. We discussed the need for two separate teams of staff, as the two units are on opposite sides of the entrance, and linked only by a corridor. The manager assured us that the two units would only be open when sufficient staff were employed in the home. The nominated individual advised that they would not use both units until there were enough staff working in the home.

Staff said they were clear about their own roles and responsibilities, but were aware that changes had been planned and these had been discussed during the team meetings or individually with staff. There were separate meetings for nurses and care staff. The minutes showed that they were able to discuss matters of importance to them and the people they cared for. The minutes contained an agenda, a review of the minutes of previous meetings and action plans for the current ones, which meant it was possible to ascertain whether issues raised previously had been resolved.

People living at the home and their families or representatives were asked for their views about their care and treatment in addition to the day by day discussions, through satisfaction questionnaires. 11 had been completed by people living in the home and their relatives in September 2016. All expressed a high degree of satisfaction with the home, particularly in the areas of staff attitudes and quality of care. A survey completed in May 2016, entitled 'You said, We did' outlined suggestions and complaints made by people and their representatives through an earlier questionnaire and stated what action had been taken as a result. For example, we noted the manager's office had been moved at the suggestion of people to make them more accessible and residents were given a photo of their keyworker to keep in their rooms.

Feedback was also sought from outside agencies who regularly visited the home. There were three returned questionnaires from three different agencies, two of whom were health professionals. They expressed a high degree of satisfaction with the home, particularly in staff attitudes and the willingness of staff to seek guidance and support where necessary

There were regular residents and relatives meetings and the minutes showed they had been able to discuss matters that were important to them or their family member. The meetings were well attended and contained an agenda, a review of previous minutes and action plans for the current ones, so that they were able to ascertain whether issues raised previously had been resolved.

The provider had informed us of important events that occurred in the home. For example, notifications had been sent in to let us know about issues with the nurse call system and the action they had taken to address them.