

Lindfield Christian Care Home

Compton House Christian Nursing Home

Inspection report

40 Compton Road
Lindfield
Haywards Heath
West Sussex
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Tel: 01444482662

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 3 May 2018 and was unannounced.

Compton House Christian Nursing Home 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 home accommodates 27 people in one adapted building.

On the day of our inspection there were 19 people living in the home. The home provides accommodation for older people, some of whom require support with their nursing needs. The home is situated in Lindfield, Haywards Heath. It is a large property, spread over two floors. It has a communal lounge, dining room and well-maintained gardens for people to enjoy. The home had a registered manager. A registered manager is a '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 home is run.

People were at the heart of the providers' and registered manager's vision and values. These were fully embraced by staff and embedded in practice. People were supported to lead fulfilled, enriched and purposeful lives. People benefited from a forward-thinking and proactive provider and registered manager who strived for excellence and continual improvement.

There was outstanding oversight and constant efforts were made to further develop and improve an already 'Good' service. Opportunities were created to enhance partnership working. This encouraged learning and shared good practice and benefited people's lives. Feedback about the registered manager and the service that was provided, was overwhelmingly positive. Comments from people included, "My quality of life has improved for the better since living here. I am not lonely. I join in activities and the entertainers they bring in are excellent. Talking in the lounge helps pass the time". Another person told us, "I was not happy at the thought of coming here and leaving my own home but now 'It is my home'".

The registered manager's practice as well as that of the service people received, was held in high-regard. They were a key-driver in the continued and sustained outstanding practice. One person told us, "You would be hard pushed to find a manager and deputy so respected by everyone". Feedback from external healthcare professionals recognised this. The registered manager had been asked to take part in projects with the local authority, to act as a role model and share best practice. A healthcare professional told us, "The manager has always been open and approachable. She is open to new ideas and approaches and guides and supports her staff team sensitively. She is a great leader".

There was a whole team approach to providing excellent care. Staff were proud to work at the home and people's care and experiences were paramount. Without exception people told us that staff were kind and caring. People were actively involved in decisions about their care and in the running of the home. It was evident that their wishes and aspirations drove practice. Concerns and comments were listened to and

changes made as a result. Staff had an excellent understanding of people's needs and preferences. Creative ways of working and being open to new developments and opportunities, enabled the registered manager and staff team to ensure people had an exceptional quality of life.

People experienced a responsive service. Staff went the extra-mile to ensure people's needs, wishes and aspirations were at the forefront of everything they did. There was an extensive and varied range of social activities and opportunities. People's skills were recognised and they were encouraged to retain and develop these. Some people had enjoyed classes from an art teacher and had entered their work into a local competition. People took part in meaningful, interesting and fun activities that occupied their time and provided stimulation.

Systems and practices ensured people's safety. People had maximum choice and control over their lives. Sufficient numbers of well-trained and knowledgeable staff ensured that both the physical and social needs of people were met. People had access to healthcare services and medicines when required. People were protected from the spread of infection. People's safety was fundamental to their care and drove the overarching practices in place to assure their safety. There was a reflective culture and situations were used as opportunities to learn and develop practice.

People's needs were continually assessed to provide current and up-to-date support. A coordinated approach to people's health, with other healthcare professionals, ensured people received good healthcare. People were happy with the food. Innovative projects were used to encourage and improve people's hydration and nutrition. These had had a direct impact on people's access to fluids and people's health had improved.

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 home was consistently safe.

Sufficient numbers of skilled and experienced staff ensured people were safe and well-cared for. Staff knew the procedures to follow if there were concerns regarding a person's safety.

Risks were identified and monitored and there were assessments in place to ensure people's safety.

People had access to medicines when they required them. There were safe systems in place to manage, store, administer and dispose of medicines.

Is the service effective?

Good ●

The home was consistently effective.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who might lack capacity.

People were cared for by staff that had received training and had the skills to meet their needs.

Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

Is the service caring?

Outstanding ☆

The home was exceptionally caring.

People were supported by extremely kind and caring staff who knew their preferences and needs well and who went the extra-mile to offer both practical and emotional support.

People led dignified lives and were treated with respect. They could make their feelings and needs known and were able to make decisions about their care and treatment.

People were actively involved in their care and their independence was promoted and maintained.

Is the service responsive?

Outstanding 

The home was exceptionally responsive.

People received exceptionally responsive care. Their needs and preferences were at the forefront of staff's thoughts who consistently provided personalised care.

People were involved in the development of care plans as well as many opportunities to share their views and opinions.

People had access to a varied range of meaningful activities and events to ensure that they led fulfilled, purposeful lives.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Outstanding 

The home was exceptionally well-led.

There was a positive, person-centred culture. People were central to decisions that affected their lives and were at the heart of the service provided.

Robust and effective quality assurance processes ensured the delivery of care and drove improvement. The management team was forward-thinking and proactive and maintained links with other external organisations to share good practice and maintain their knowledge and skills.

People, relatives and staff were consistently complimentary about the leadership and management of the service.

Compton House Christian Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 3 May 2018 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held, as well as feedback we had received about the service. In addition, we looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection we asked the provider to complete a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the home, what the provider does well and any improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 13 people, two visitors, three relatives, five members of staff, the registered manager and a representative from the board of trustees. Following the inspection, we contacted three healthcare professionals for their feedback. We reviewed a range of records about people's care and how the service was managed. These included the individual care records as well as the medicine administration records (MAR) for three people, two staff records, quality assurance audits, incident reports and records relating to the management of the home.

The home was last inspected on 14 December 2015 and received a rating of 'Good'.

Is the service safe?

Our findings

Feedback from people, their visitors and relatives told us that people felt safe. Comments from people included, "Staff are always looking in and they also listen. You wouldn't have to tell them that something was unsafe because they make sure everything is alright. I have complete faith in them".

People were cared for by staff that the provider considered safe to work with them. Prior to staff starting work their identity was confirmed and their previous employment history gained. Security checks ensured that staff were suitable to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Documentation confirmed that nurses had current registrations with the Nursing and Midwifery Council (NMC).

People were safe and protected from harm. A safeguarding champion attended regular meetings with the local authority, enabling them to share good practice and learn from other sources of expertise. They had been chosen by the local authority to take part in a recorded interview to share the work that they had undertaken as part of their role. Some of the ideas had been incorporated into the local authority's safeguarding programme so that they could be shared with other services within the County. A safeguarding event had been held where staff had talked with people about what made them feel safe. Following this, staff had made pledges, based on people's feedback, to promote safeguarding. A healthcare professional told us, "I felt that the champion programme was much richer and successful having Compton House involved".

Staff had a good awareness of safeguarding. They had undertaken relevant training, could identify different types of abuse and knew what to do if they had any concerns about people's safety. There had been no safeguarding concerns since the last inspection. There was good oversight and a reflective culture to ensure that when certain situations occurred these were used as opportunities to improve practice. This ensured that lessons were learned and improvements in staff's knowledge, as well as the care people received, were made. People told us they felt comfortable around staff and were confident that if they had concerns they could raise these with staff or the management team. Regular reviews of people's care, meetings and communication with management, provided people with an opportunity to raise issues and discuss any concerns in relation to their safety.

People were treated fairly and equally and were protected from discrimination. The home is a Christian Nursing Home. However, the provider ensured that people who were not practising Christians and those with different faiths, were welcomed and treated equally. The registered manager spoke about the need to promote the Christian values of kindness and compassion and this was demonstrated in practice. One person, who was not a Christian, told us, "There is no discrimination against anyone here. I don't go to any of the Church services or meetings and no one bothers".

There were sufficient staff to ensure both the physical and social needs of people were met. When people required assistance, staff responded promptly. Consideration was made to the skills and experience of staff.

Rotas showed that staff with varied skills mixes worked on each shift and work was allocated in accordance with people's needs and staff's abilities. When people required assistance from staff they had access to electronic call bells. People told us and our observations confirmed that when people used these staff responded promptly. Staffing was flexible and enabled people to be supported appropriately should their needs change. For example, additional staff were available if people were at the end of their lives to ensure that people were not left on their own.

People were supported in a safe way. Staff had a good understanding of people's needs and supported people to safely use equipment to assist with their mobility and maintain their independence. Staff were aware of the importance of enabling people to continue to take risks. Risk assessments were regularly reviewed by people and staff to ensure they provided current guidance for staff. Accidents that had occurred had been recorded and monitored to identify patterns and trends and relevant action had been taken to reduce the risk of the accident occurring again. For example, risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe.

People were assisted to take their medicines by registered nurses who had their competence regularly assessed. People received their medicines safely, on time and in accordance with their needs. People told us that they were happy with the support that was provided. Staff asked people's consent before assisting them to take their medicines and people were supported to take their medicines in their preferred way. For example, one person preferred their medicine given to them on a spoon, whereas others could take their medicines independently. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. Regular medicine reviews, with external healthcare professionals, took place to ensure that people's medicines were appropriate for their needs. Appropriate documentation was in place so that information about people's medicines could be passed to relevant external healthcare professionals if required, such as when people had to attend hospital.

People were protected from the risk of infection. An infection control champion attended external training and meetings to enable them to pass on good practice guidance to staff. Staff had undertaken infection control training and infection control audits were carried out to ensure that standards were maintained and improvements made if required. There were safe systems to ensure that the environment was kept hygienically clean. Staff were observed undertaking safe infection control practices. Staff wore protective clothing and equipment, washed their hands and disposed of waste in appropriate clinical waste receptacles. Air filters, containing carbon filtration systems, had been purchased by the provider. These filters remove pathogens to reduce the risk of infection. A pathogen is a bacteria, virus or other microorganism that can cause disease and infection. These measures helped to ensure that infection control was maintained and cross-contamination minimised.

Is the service effective?

Our findings

People had faith in staff's skills and abilities and thought that they were well-trained and knowledgeable. One person told us, "My impression is that there are enough staff to look after us and they are well-trained".

The provider and registered manager demonstrated a strong commitment to learning and development from the outset of staff's employment. New staff were supported to undertake a thorough induction. They shadowed existing staff, familiarised themselves with the provider's policies and procedures and were made aware of the expectations of their role. New staff were supported to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. One member of staff told us, "It was the best induction I've had working in a care home. It was thorough and I spent a lot of time shadowing. I didn't start to work on my own until I was 100% comfortable". The provider continued to promote the use of champions for staff who had shown particular interest in certain topics. Champions played an essential role in keeping up-to-date with best practice, sharing this and acting as role models for staff. Staff had access to on-going learning and development to equip them with the necessary skills to support people effectively. There were links with external organisations to provide additional learning and development for staff, such as the local authority and local hospices. Some staff held diplomas in health and social care or were supported to work towards them. Registered nurses were provided with appropriate courses to maintain their competence and took part in regular clinical supervisions. Staff were suitably supported and had access to regular one-to-one meetings with their supervisors. These meetings provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs.

People's needs were assessed when they first moved into the home and they were involved in the planning of their care. Regular reviews ensured that the guidance provided to staff was current and met people's assessed needs and preferences. People's healthcare needs were met and they were supported to make and attend routine health care appointments to maintain their health. A relative told us, "I am impressed with the way people have access to a regular GP, they can also see an optician or a chiropodist as required". Staff monitored people's health and well-being and supported them to access or request referrals to external healthcare services. Staff were aware of best practice guidance and used this to inform their practice when supporting people to maintain their health. Good communication between staff and with external healthcare services ensured that there was a coordinated approach to people's healthcare. A joint event held with healthcare professionals within the local authority had taken place. A healthcare professional told us, "The manager attended to ensure that the homes views and ideas on how we could all support people to have a 'good' journey when transferring from hospital to home and their return home, were shared". People had weekly access to a GP to maintain their health, who could also be contacted outside of these times. People told us that this was important to them as they could continue to see a GP who was known to them and who was familiar with their needs. Records showed and people told us, that staff supported them according to the recommendations of external healthcare professionals. One person told us, "The Nurses and Carers are excellent here. You cannot fault them in any way".

People's diversity was acknowledged and they were treated equally. Adaptations had been made to the environment and the facilities available to enable people to remain independent. For example, wider door frames, ramps and lifts enabled people who used wheelchairs to comfortably navigate the building. People could spend time in their own rooms and had access to communal areas and gardens. Smaller spaces had been created for people to spend more private time with smaller groups of people or visitors. For example, spaces were available for people to watch films, television programmes, listen to music or take part in prayers. Consideration was made to people's preferences when providing equipment and adaptations made as a result. One person told us, "I have a new standing machine. I hate hoists. I am the only one to have one". People had been involved with the decoration of the home and had been asked to choose paint colours and soft furnishings.

People told us that they enjoyed the food and that they were provided with choice. Bi-annual meetings with the catering manager took place to enable people to be involved in decisions about menu options. These were also attended by the nutrition and hydration champions to help ensure people received good nutrition. People had a dignified and age appropriate meal time experience. For example, alcohol was available for people to enjoy with their meals. There was a pleasant dining environment. Dining tables were presented nicely and condiments were available for people to flavour and season their food in accordance with their tastes. Menus were displayed on each table informing people of the options available. People were supported to have a well-balanced diet and could choose different sized portions depending on their appetite and preferences. People's right to change their mind was respected and people were provided with alternative options. One person told us, "One person has something different every day". Aids and equipment were provided to people to enable them to maintain their independence. For example, plate guards enabled people to continue to eat without assistance from staff. Records provided guidance to staff if people required additional assistance to eat and drink. People were supported in accordance with these and in a dignified manner. Communication and interaction was encouraged and promoted. Staff sat at tables and enjoyed conversations with people. It was apparent that meal times provided a sociable experience for people. Drinks and snacks were available outside of meal times and staff were mindful of encouraging people to have access to regular drinks to maintain their hydration. Nutrition and hydration week had been celebrated and people had taken part in 'blind tasting' different kinds of fruits and guessing what they were.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider was working in accordance with the MCA and DoLS. People told us and our observations confirmed, that people were asked for their consent before being supported. One visitor told us, "Everyone asks for permission before attending to tasks". Staff had a good understanding of the importance of gaining people's consent in line with the MCA. People were involved in decisions about their care. For people who had a condition that might impair their cognitive abilities, mental capacity assessments in relation to specific decisions had taken place. Staff had involved relevant people in the decision-making process to ensure that any decisions made were in people's best interests. Where appropriate, DoLS applications had been made to the local authority.

Is the service caring?

Our findings

People, their relatives and visitors consistently told us that staff were kind, caring and compassionate. Without exception they commended the exceptional quality of care they received. Comments from people included, "The Carers and Nurses are excellent they are all loving and genuinely kind and caring" and "I love the Carers, they are very good to me". Staff's opinion of the caring nature and culture was demonstrated in one member of staff's comment. They told us, "I'd have my Mum here as I believe she would be well-cared for as we look out for everybody. We try to make it a home for them, make people feel comfortable and loved".

Staff were kind and exceptionally thoughtful whilst supporting a person who was bereaved. One person had lived at the home with their spouse, who had sadly passed away. Staff anticipated times of day, days of the week and special days that might be difficult for the person. They talked openly with the person to keep their memories alive. Although the person took comfort in this, staff had recognised that they continued to experience a difficult time. Staff knew the person and their spouse well, who always enjoyed having their nails painted. They had suggested that the person paint one of their fingernails with their spouse's favourite nail varnish. The person had done this and continued to do this since the day of their loved one's funeral. This provided comfort and they would touch and stroke their nail when thinking about their loved one.

The same person had also been encouraged to pursue a new hobby. They had attended a weekly art class and had found a love of art. Their pictures had been framed and displayed and regularly received positive comments from others. The person had found this a real comfort and distraction. Although they continued to experience sad days, they were more actively engaged in interests to occupy their time. The person had fed back to staff that they found it a pleasure and a significant comfort to be able to immerse themselves in painting.

One person had a love of reading. One of the providers who volunteered once a week, shared this interest. The person's needs had changed and they could no longer read books independently. Audio books had been provided, however, the person often lost track of the story or fell asleep. An agreement had been made whereby the provider would meet with the person and read to them on a weekly basis. Discussions about the book and its storyline would take place to actively engage the person in their passion. This demonstrated that staff cared about the person and what was important to them. The person continued to enjoy books and had been supported to find a new way of experiencing them.

Staff acknowledged that some people might find it difficult to open-up and communicate their thoughts and feelings. As part of their champion role a member of staff had been involved in the development of 'Fink' cards. These had been introduced to help prompt conversations and break down barriers. These had helped both people and staff feel more comfortable about speaking about certain issues that were specific to people. 'Fink' cards provide a series of prompts and questions to help start important, yet often difficult conversations. One card asked, 'What might you like to change about your night'? This had prompted one person to say that they often woke-up during the night and couldn't get back to sleep. They explained that when at home they used to take a flask of hot chocolate to bed. This had helped them to get back to sleep.

In response to this conversation, the person was now being given a drink of hot chocolate. This had improved the person's well-being as they now rarely woke during the night. Staff told us that the 'Fink' cards enabled people to share how they were feeling and what was important to them.

A recently introduced 'Happy to Share' document enabled people to share important information with staff about their lives, backgrounds, interests and hobbies. This provided staff with an insight into people's lives before they moved into the home. As a result, people were supported to continue with their interests and hobbies if they so wished. For example, records for one person informed staff that they used to play the piano. The person had been encouraged on numerous occasions to play the piano and entertain other people. This further demonstrated that staff cared about 'the person'. People were encouraged to maintain the skills they had and there was a strong emphasis on people's well-being and happiness. People 'mattered'.

Dignity champions had organised a 'dignity day' which included a talk on the meaning and importance of dignity. People had been asked how they would like to celebrate the day and had chosen to write examples of what dignity meant for them on cut-outs of small birds. These were then collated and pinned to a dignity tree which people had made. People were respected and treated with dignity. People were supported in a sensitive and discreet manner. One person told us, "I love the carers they are very good to me. They are very discreet when they wash me". Regular newsletters enabled people to be kept informed of news and important events. People had been made aware of the new General Data Protection Regulation (GDPR) and were advised of what was being done to ensure compliance. The home respected people's right to privacy and information held about people was kept confidential.

Staff fully embraced the providers' ethos and this was embedded in their practice. The ethos of 'Mutual respect and dignity, a homely and caring environment and embracing the uniqueness of each person' was evident. People's needs were anticipated and all staff ensured that people received respectful support and care. One member of staff told us, "It's like a family home. It is like they are your Aunts or Uncles. We care for them; all the staff do. We always look out for them, very much". This was also demonstrated at the end of handover meetings where staff would say, 'And that's the family'.

Staff were highly motivated to ensure that people received the highest standard of care. Warm, positive, caring and loving interactions were observed. People were happy in the presence of staff. Staff knew people well and adapted their support to ensure it was person-centred. For people who welcomed this type of support, staff were observed offering people hugs or gently holding people's hands. Some people were observed sharing jokes and laughter with staff and engaging in banter. There was a fun and welcoming atmosphere and culture.

People were actively involved in the running of the home and in decisions that affected their lives. There was a strong, visible person-centred culture. The provider's values were at the heart of the service provided and the provider, registered manager and staff cared about people. Facilities that were provided further demonstrated that the provider cared about people and wanted people, to not only have a comfortable life, but to have a good, high-quality life. For example, there was an extensive programme of entertainment, clubs and activities that people could participate in, as well as trips in the community. In addition, the registered manager worked hard to maintain links with external services and organisations. This further enhanced the experiences and service provided to people.

Staff told us how much they enjoyed their work and how much people meant to them. The registered manager had introduced a new initiative known as 'Magic moments'. These provided staff with additional opportunities to spend time with people, to develop, strengthen, and maintain relationships. Staff engaged

in conversations and interactions. Staff told us that they valued this as it meant that they felt they had the time and permission to spend meaningful, quality-time with people. A healthcare professional told us, "The atmosphere throughout the home was friendly, and open, there was lots of laughter from staff, people being supported and their families who all joined in the day. I can only describe it as feeling like one big family. Staff supported them through their laughter, conversation and compassionate touch".

Positive relationships had developed between people and observations showed people enjoying conversations with one another and showing kindness and compassion to each other. People could have visitors and relatives at any time and told us that their guests were made to feel welcome. One person told us, "My daughter visits regularly and they make her feel welcome". A relative told us, "They made us feel so supported at Christmas. It was my relative's first away from home. We came on Boxing day and had our traditional get together". Measures had been put into place to enable people to maintain contact with those that were important to them. Staff had acknowledged that people enjoyed writing letters to friends and loved ones. A post box had been sourced and installed in the hall so that people could post their letters which would then be collected each day and taken to the local post office to be sent. In addition, some people had computers that they could use to remain in contact with their loved ones.

Staff knew people extremely well and people and their relatives were fully involved in discussions about their care. People were encouraged to be independent. Aids and equipment were available for people to independently mobilise around the building. Some people enjoyed independent visits to the local shops and amenities. People could choose how they spent their time. One person told us, "They try to keep me as independent as possible by encouraging me to do things I am capable of doing, like they wash my back and I wash the parts I can reach". One person had expressed a wish to remain as independent as possible for as long as possible. Staff discussed the person's needs and wishes with them on a daily basis. This empowered them and actively involved them in their care. Due to the person's condition they sometimes required longer to eat their meals. Staff ensured that the person's table was served first and that they had appropriate aids and equipment to encourage independence. This enabled the person to enjoy their meal in a relaxed manner with minimal assistance from staff.

People could choose how much support they received and how they preferred to be supported. Regular reviews and meetings ensured that when people had raised issues these were listened to and acted upon. People and relatives confirmed that the registered manager and staff cared about their needs and wishes and were responsive. STaR meetings (Staff and resident meetings) were regularly held in the format of coffee mornings and observations showed that people enjoyed participating in them. The meeting was lively and inclusive and people were all encouraged to share their views and opinions. There was a strong sense that people ran the home and were central to any decisions that were made.

The provider recognised the importance of enabling people who might need additional support to have access to external services. They subscribed to Carewise. Carewise was set up by the local authority and is a financial advice scheme that offers independent information and advice about paying for care. The registered manager had organised a care planning surgery for people and their relatives. They had invited financial advisors that specialised in care, and who were part of Carewise, to explain financial planning. People and relatives felt that this was helpful.

Diversity for both people and staff, was recognised and celebrated. Although the home was a Christian Nursing home, people from different faiths were welcomed and able to live at the home. The registered manager explained that although the home was predominately set up for those with a Christian faith, it was soon recognised that this was not demonstrating the Christian values. In response, people who didn't share the Christian faith were welcomed into the home and they told us that their values were respected. The

registered manager and staff were asked about their inclusive values and if this extended to the LGBT community. (Lesbian, Gay, Bisexual and Transgender). They explained that the values that people shared and demonstrated would be accommodating and people would be welcomed.

People had recognised that some staff originated from other Countries and had wanted to learn more about staff's background and culture. People had discussed and agreed within a STaR meeting that it would be fun and informative to hold theme days. Countries celebrated had included Italy, Spain, India, Africa and Eastern Europe. People had enjoyed seeing staff in national dress and had enjoyed tasting different foods and partaking in different crafts.

Is the service responsive?

Our findings

People experienced a responsive service where staff went the extra-mile to ensure people's needs, wishes and aspirations were at the forefront of everything they did. People were provided with an exceptionally personalised service. One person told us, "My quality of life has improved for the better since living here. I am not lonely. I join in activities and the entertainers they bring in are excellent. Talking in the lounge helps pass the time".

An extensive, meaningful activities and entertainment programme provided people with fulfilled, stimulated lives. People were not at risk of social isolation and were able to plan and suggest new activities within the STaR meetings. People did not just exist, they had a purpose. People had been central to the decisions that were made in relation to activities, outings and events. People had held a summer fair and plant sale and enjoyed serving the local community on the stalls. In addition, there had been an open day so that people in the local community could come into the home. Local art groups had been invited to display some of their work for people to enjoy. People who enjoyed art had access to an art teacher and had been involved in local art projects. People who shared an interest in flower arranging and gardening had been involved with Haywards Heath in bloom. Staff were mindful of the different events and celebrations that took place and ensured that people were part of these to enable them to continue to be involved in life outside of the home. For example, a 'Big Garden Birdwatch' week had been celebrated by people. People had enjoyed bird watching, quizzes about different birds, listening to CDs (compact discs) to guess the different bird's songs and making 'fat balls' to hang in the garden for the birds to enjoy.

People had enjoyed visits from local nursery schools and were supported to take part in activities by younger people in the community. Interactions with the younger generation and those undertaking their Duke of Edinburgh awards, enabled people to share their life histories, experiences and interests. Other activities included visits from a petting Zoo, theatrical poetry reading, a Harpist and regular church services. People told us that they enjoyed the many, varied activities that were provided and that they also enjoyed many trips outside of the home too. Some people had commented on the larger proportion of females and in response a men's social club had been set up so that they could enjoy more male-focused activities. A healthcare professional told us, "From what I have seen their approach to person-centred care is excellent. The many activities they put on for people or support people to take part in, have been shared on twitter and the fun experienced by everyone is really lovely to see".

People received timely intervention and support to meet their hydration needs. Nutrition and hydration champions had been involved in an innovative project that had made direct improvements to people's access to hydration. People had been asked their opinions before it was introduced to ensure that they were happy with the proposal. This consisted of having different coloured cups which would indicate how much support people required. For example, a green coloured cup advised that the person did not require assistance from staff. Whereas a red coloured cup indicated that people required prompts, encouragement and support from staff. Consideration had been made about people's privacy and dignity in relation to this. However, people had seen the benefit of keeping well and had agreed that they would like to have the system introduced. There had been improvements in people's health because of the project. For example,

one person had been initially assessed as needing to use a red cup and therefore needed full support from staff. Their needs had been reassessed and they were now using an orange or green cup as they were more independent and at less of a risk of dehydration. Staff told us that this system assisted them in their roles to ensure that the right people got the support they needed. One member of staff told us, "Before I came here I had never come across this before. It's really good because if someone has a red cup with them and there isn't a member of staff already with them, you know they need you to assist. It means that you're looking out for the more vulnerable people here".

People were actively involved in discussions about their needs and preferences when they first moved into the home and on an on-going basis. People's healthcare needs were identified and met. Staff had a good awareness of people's needs. A relative told us, "I can discuss daily care with any member of staff and receive a good response". There was a strong emphasis on quality of life and people's social and emotional needs. Records captured people's needs and wishes and provided staff with guidance as to how to support people in accordance with these.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The provider and registered manager were constantly looking at ways to improve the service people received. New champion roles had been introduced to ensure that AIS was implemented in practice. A resource box was available for staff to use to promote effective communication. In addition, information about external services to support with communication were also available for people and staff to access. Innovative systems had been sourced to enable people to have interactive care plans. The registered manager had sampled various electronic systems. A system had been chosen to provide people with direct access to their care plans using an I-pad. This had a facility that was voice activated so that it could capture people's views and feelings. Therefore, enabling them to have direct input into the records about their care. Staff could also use the facilities, therefore minimising the time spent completing documents and instead enabling them to spend more time with people. Opportunities for shared learning were maximised. For example, there were plans to encourage the younger generation who visited to teach and advise on the use of I-pads.

Records advised staff of people's communication needs. For example, one person's care plan advised, 'I have poor vision without my spectacles. I wear glasses which help recognise faces as well as large print'. Observations showed staff were mindful of people's needs when communicating. One member of staff was observed explaining to the person where they were standing and who they were so that the person was aware of their presence before being supported. A hearing loop had been installed in the main communal lounge to support people who used hearing aids. A hearing loop is a special type of sound system for use by people with hearing aids. The hearing loop provides a magnetic, wireless signal that is picked up by the hearing aid when a certain setting is selected.

People's feedback in relation to having access to information had been welcomed and listened to. Some people had fed back that they sometimes struggled to see staff's name badges. Consultations on the design had taken place and people had decided on the style. New larger print badges had been purchased and people were happy with the result.

People's feedback was welcomed and encouraged. The registered manager had made changes to the feedback form in response to research that had been conducted by Healthwatch. Healthwatch is the independent national champion for people who use health and social care services. The research had found that people did not like to complain in care homes because of fear of reprisals. In response, an anonymous feedback form had been devised so that people felt comfortable to raise concerns or comments of any kind.

People spoke freely within the STaR meetings and were made to feel comfortable discussing their feelings and opinions. People told us that when they raised suggestions these were listened to and acted upon and our observations confirmed this. Minor concerns and complaints that had been made had been dealt with appropriately and in a timely manner.

People received good end of life care and were supported at the end of their lives by caring staff that respected people's wishes and maintained their comfort and dignity. Staff were competent and had received training and advice from local hospices to ensure their knowledge and skills were current. People were given the opportunity to discuss their end of life care. People's preferences regarding this were respected and their wishes were planned and documented in their care plans. Records for one person showed that their expressed wishes had been respected and honoured, their relatives had been involved and they had received the end of life care they had chosen. The provider took precautions to ensure that they were prepared for people's conditions deteriorating. Advice had been sought from external healthcare professionals, equipment hired if needed and anticipatory medicines had been prescribed and were stored at the home should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life. Relatives were welcome to spend time with people at the end of their lives.

Is the service well-led?

Our findings

People benefited from a forward-thinking and proactive provider and registered manager who put people at the centre of everything they did. They worked hard to ensure that the service people received continually improved and they strived for excellence. Without exception, feedback about the leadership and management of the home was overwhelmingly positive. Comments from people included, "They work as a team even the trustees and admin get involved. That is why they are successful" and "We were attracted to Compton House, their local reputation and community involvement brought us here". When asked what the home did well a member of staff told us, "It's a higher standard here".

The home was established in 1992 by members of three local churches as a non-profit making charity. The management team consists of a board of trustees, the registered manager and a deputy manager. A registered manager is a '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 home is run. The registered manager was enthusiastic and committed and encouraged the staff team to have a 'whole team approach' to promote people's well-being and experiences. There was a strong emphasis on continuous improvement and growth. The provider and registered manager strived for excellence and as a result the service people received continued to evolve and develop. The registered manager was a key-driver in the continual success of the home. The culture and service people received was distinctive and exceptional. A healthcare professional told us, "The manager has always been open and approachable. She is open to new ideas and approaches and guides and supports her staff team sensitively. She is a great leader".

An effective and rigorous quality assurance system had been developed and implemented. At the last inspection, although effective, the registered manager had further plans to improve and develop the quality assurance programme to align with the CQC's key lines of enquiry (KLOE). This had been developed, implemented and embedded in practice. This enabled the registered manager to have a greater oversight to ensure that the service provided met people's needs and complied with regulations. Quality assurance was a shared vision with responsibilities given to staff in different roles. This prompted a strong sense of ownership and responsibility. There was a clear reporting structure and accountability. Regular audits were conducted and action plans were devised following the audits that provided the registered manager and staff with clear actions to complete to ensure that the quality of service was to the appropriate standard. The registered manager regularly monitored the quality audits that took place and fed back their results to the provider. Plans were made to further develop the service to ensure that it did not remain static and to ensure continual improvement.

People had been instrumental in the development of the provider's values and continuous efforts were made to ensure that the provider remained true to their values. Regular STaR meetings and an open culture ensured that people could contribute their ideas and suggestions and challenge practice to ensure they received a service they had a right to expect. The provider and registered manager were open to feedback and whole-heartedly encouraged people to voice their opinions and concerns. Person-centred practice was at the heart of the service. It was embedded in the culture of the home and in the practice of staff. People

were supported to lead fulfilling, engaging and meaningful lives.

People, their relatives and visitors as well as staff, offered high-praise regarding the efforts and practice of the management team. Comments from people included, "You would be hard pushed to find a manager and deputy so respected by everyone" and "They are always about and come to talk to us at lunchtime". There were high levels of staff satisfaction. Staff were passionate, enthusiastic and proud to work at the home. Staff told us that they were fully involved in decisions that affected their work and the care people received. That they felt valued and appreciated. One member of staff told us, "We have care team meetings, STaR meetings, activity meetings. When you come up with ideas you're free to suggest these and they take it seriously. We all manage to have a say, they'll listen and change things".

Equality and diversity was respected for both people and staff and innovative efforts had been made to enable people to learn about staff's cultures and backgrounds. People told us that this was something that they enjoyed as it provided them with different experiences and understanding.

Outstanding practice was demonstrated throughout the culture of the service and was driven by a strong leader who worked to develop and maintain their skills as well as those of others. The registered manager was proactive and placed emphasis on the importance of partnership working. This helped to develop and strengthen the service provided as well as share the best practice that was implemented with others. The registered manager's good practice, regarding safeguarding, had been recognised by the local authority. They had asked the registered manager to be part of the local authority's safeguarding subcommittee engagement group as well as the safeguarding task and finish group. Involvement in these groups had led to improved understanding and practices. Safeguarding was fundamental to staff's practice and people were more aware of the importance of talking about any concerns and being open. A healthcare professional told us, "The manager was very supportive of the programme and it was evident that she fully engaged with her team to ensure that the innovative ideas put forward from her team were implemented with her full support and guidance".

Although feedback from people about the quality and quantity of food was positive. It was recognised that nutrition was an important factor in people's wellbeing and health. Efforts had been made to develop this even further and a professional chef had been employed to work alongside the catering team to further improve the planning, preparation, cooking and serving of meals. New skills had been gained and the importance of a balanced, nutritionally-based menu had been reinforced. In addition, there was more emphasis on the presentation of food and how this could encourage people who were sometimes reluctant to eat or lacking in appetite. Menu planning had become more adventurous and spontaneous whilst considering people's dietary needs and preferences. This was due to the continual dialogue between people and staff.

People's socialisation during mealtimes was held in high-regard and the registered manager had asked the activities coordinator to prepare the dining room from a social aspect. For example, prompt cards were placed on the tables to encourage conversation and enhance the social interaction. In addition, a mealtime coordinator was responsible for allocating staff to each table to enjoy conversations with people whilst they had their meals. Observations showed people and staff engaging in conversation and it was apparent that the mealtime was a sociable experience.

At the previous inspection on 14 December 2015 people told us and our observations confirmed, that the activities and opportunities provided to people were good. The provision of these had continued to improve and people led fulfilling and enriched lives. The registered manager wanted to develop and improve this even further and had reviewed and further developed the activities provision. They had recognised that

some people's needs had changed and were becoming more complex. As a result, they had wanted to increase the one-to-one interaction and had further encouraged staff's involvement in providing people with stimulation. Regular meetings with people, solely focusing on activities, had been introduced. People and staff told us that these had enhanced the activities provided. Additional activity resources had been purchased in response to feedback within the meetings. Staff were provided with dedicated time to engage with people and saw the value in the opportunity to sit and talk with people and enjoy cups of tea with them. As a result, staff told us that there was more laughter in the home.

The efforts made to further improve aspects of a service that was good, demonstrated that although the service people received was meeting their needs and they were happy, that the provider, registered manager and staff strived for excellence and outstanding practice. Outstanding practice and improvements were sustained over time by the registered manager working towards and achieving recognised quality accreditation schemes. They attended regular meetings with the provider to monitor the service provided as well as with external organisations and forums to develop their own knowledge and share good practice. There were memberships with various external organisations such as the National Activity Providers Association (NAPA) which enabled people to continue to receive person-centred and meaningful activities and stimulation. They were members of the Association of Directors of Adult Social Care Services (ADASS) and the West Sussex Partners in Care (WSPiC) which held regular forums with other home managers and partnership working with the local authority and clinical commissioning groups (CCG) to promote best practice. In addition, the registered manager worked closely with the local authority and other home managers. The provider had signed up to the Social Care Commitment. The Social Care Commitment was an agreement about improving workforce quality and providing high quality services in adult social care.

The registered manager had engaged the support of the local authority's Care and Business Support Team (CaBS). CaBS support services to deliver safe and high-quality care and to develop and grow. They had encouraged the provider to engage with social media. This had been used as a platform to share and celebrate the good work undertaken. Staff told us that people were fascinated by the possibilities of the internet and had actively engaged with it. The registered manager told us, "They [people] had enjoyed reading about the home through social media and the staff have appreciated the positive feedback we have received which is very motivating. We have also found our presence on social media has attracted interest for volunteering. Following other organisations through social media also gives us an insight into current themes and other organisation's work both locally and nationally". These accreditations and joint-working helped to ensure seamless experiences for people. The importance of a coordinated approach, consultation and reflective practice was recognised and strengthened through partnership working. These were used as opportunities to learn and further develop practice.

The registered manager demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. Records showed that people had been informed within regular meetings of changes that were occurring as well as being involved in planning and contributing to any changes that were going to occur. Other records showed that people and their relatives or representatives, if appropriate, were informed if people's health needs or condition had changed. The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

A comment made by one person summed up how they felt. They told us, "I was not happy at the thought of coming here and leaving my own home but now 'It is my home'".

