

Autumn Lodge Ltd

Autumn Lodge - Bognor Regis

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 25 and 30 August 2016 and was an unannounced inspection.

Autumn Lodge - Bognor Regis provides care and support for up to 19 older residents. The home is located in a residential area of Bognor Regis, close to local amenities. At the time of our visit there were 18 people living at the home, one of whom was on a respite stay.

The service has a registered manager. 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.

People spoke very highly of the home. They told us that the staff were kind and that they enjoyed living there. Relatives had confidence in the care provided and said that the home was welcoming. One relative told us, "We are now recommending Autumn Lodge to other friends".

People had developed good relationships with staff and had confidence in their skills and abilities. They told us that staff were kind and that they treated them respectfully. There was an established team of staff at the home, which offered continuity of care for people. Staff had received training and were supported by the management through supervision and appraisal. Staff were able to pursue additional training which helped them to improve the care they provided to people.

Staff responded quickly to changes in people's needs and adapted care and support to suit them. Where appropriate, referrals were made to healthcare professionals, such as the GP or dietician, and advice followed.

People were involved in planning their care and in making suggestions on how the service was run. Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People felt safe at the service and there were enough staff to respond to their needs. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People received their medicines safely.

People enjoyed the meals at the service and were offered choice and flexibility in the menu. A variety of activities were provided, both in the form of group and individual interests. The premises provided a variety of areas for people to relax and socialise, including a well-tended garden.

There was strong leadership within the home. The registered manager and deputy monitored the delivery of

care and had a system to monitor and review the quality of the service. Suggestions on improvements to the service were welcomed and people's feedback encouraged.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

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

There were enough staff to meet people's needs and keep them safe.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to carry out their roles and received regular supervision and appraisal.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good ●

The service was caring.

People received individualised care from staff who cared and who knew them well.

People were involved in making decisions relating to their care and were supported to maintain contact with family and friends.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and monitored to promote good health.

Staff understood how to support people and responded quickly to any changes in their health.

People enjoyed a variety of activities.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good ●

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

People and staff spoke highly of the registered manager and deputy. Staff were clear on their responsibilities and told us they were listened to and valued.

The registered manager used a series of audits to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

Autumn Lodge - Bognor Regis

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 25 and 30 August 2016 and was unannounced.

One inspector and an expert by experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had expertise in caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed two previous inspection reports and notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

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 looked at care records for five people, medication administration records (MAR), monitoring records, accident and activity records. We also looked at four staff files, staff training and supervision records, staff rotas, quality feedback surveys, audits and minutes of meetings.

During our inspection, we spoke with 12 people using the service, eight relatives, the registered manager, the deputy manager, three care assistants, the activities coordinator, the chef, one of the domestic team and the provider. We also met with a district nurse and a paramedic practitioner who were visiting the service

and asked them for their views. Following the inspection, we contacted a chiropodist and community dementia matron. They consented to share their views in this report. We also received written feedback from a GP and a member of the local authority commissioning team.

Autumn Lodge - Bognor Regis was last inspected in April 2014 and there were no concerns.

Is the service safe?

Our findings

People told us that they felt safe. One said, "I do feel safe here. I have the call bell night and day". Another told us, "I feel so comfortable and I'm happy to be here. They're always beside me, they won't ever leave me". Relatives had confidence in the staff. One said, "The staff were very good at looking after him". Another told us, "I can go on a holiday feeling happy they always have a call bell and Mum can't go out without staff knowing".

Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the registered manager if they had concerns. Information about safeguarding and how to raise a concern was displayed on a notice board in the home. The service was due to participate in a pilot scheme led by the local authority to look at safeguarding, what it is that makes people feel safe and what services can do to promote this. The deputy manager and one person living at the service had agreed to participate, with the first meeting scheduled in September 2016.

Before a person moved to the service, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified, such as in moving and handling, pressure areas or from social isolation, these had been assessed. Risk assessments detailed what reasonable measures and steps should be taken to minimise the risk to the person. For example, people who were at risk of falling had equipment such as walking sticks or frames to help them to move around safely. Staff encouraged people to use their equipment to minimise their risk of falling. There was also guidance on how to support people if they did fall. In one risk assessment we read, 'If (name of person) was ever to fall over he would need to be hoisted using the full body hoist and a large sling if unable to get himself up'.

Where accidents or incidents occurred, these were logged and reviewed. This helped to identify any patterns or trends and to reduce the risk of future injury. Staff had been proactive in seeking to minimise the risk to people. One person had fallen on a number of occasions when they had not used their frame. As a result staff had helped the person to decorate their frame in bright colours, in the hope that it would be more visible and act as a reminder. The registered manager told us, "Our logic was that it was a grey, miserable piece of equipment; the colour seems to have reduced her incidents". A relative told us, "I feel Mum is very safe here. She is always accommodated so well, they even changed the room round to make it safer for her. Also, there was a concern about Mum falling and so they have installed a motion detector in the room which is switched on just at night so they know as soon as she gets out of bed rather than waiting for there to be a problem".

People told us that staff were available when they needed them. One person told us, "The girls will come to my room to check I'm okay". A relative said, "One of the other residents had recommended the home and she had found the staff ratio very good. It just feels good; residents are not watched but are not unattended". Staff were happy with the staffing level and said that they had time to spend chatting with

people and socialising with them. There was a relaxed atmosphere at the home, staff took time with people and supported them at a pace they appeared comfortable with. Staff told us that the registered manager and deputy were available to step in and assist in providing care if required. There was good continuity within the staff team, with additional hours being covered by existing staff rather than using agency services. There was flexibility in the staff numbers to respond to changes in people's needs. One care assistant said, "In busy periods (registered manager) has called us in as an extra pair of hands/eyes". They gave example of when two people were receiving care at the end of their lives, additional staff were on shift to ensure they received support, reassurance and company.

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. One new care assistant told us, "(Registered manager) wouldn't take me on until she was happy with my references". These measures helped to ensure that new staff were safe to work with adults at risk.

We noted that two staff files did not contain proof of identification. This is a requirement under Schedule 3 of the Regulated Activities Regulations. Following our inspection the registered manager confirmed that all staff files had been audited and that no other missing information had been identified. The two staff members had brought in their identification documents and copies added to their staff files.

People received their medicines safely. One person told us, "They're very reliable. I know what time they are going to come". A relative said, "Medications are good and on time particularly as Mum is on (name of medicine) for her epilepsy". We observed staff as they administered medicines to people. The staff member wore a red tabard to advise people that they were administering medicines and that they should not be disturbed. This helped to minimise interruption and the likelihood of making mistakes. Each person was supported to take their medicines and staff ensured that they had been taken before signing the Medication Administration Record (MAR). Where people were prescribed medicines on an 'as required' (PRN) basis these were offered and given appropriately.

Medication was stored in a locked cabinet that was clean and well organised. The cabinet was attached to the wall by a chain. When in use, the cabinet was locked when unattended. Liquid medicines and creams had been dated on opening. This helped to ensure that they were only used within the timeframe recommended by the manufacturer, which helped to ensure their effectiveness. Topical creams were administered consistently. Medication Administration Records (MAR) demonstrated that people had received their medicines as prescribed.

At the time of our inspection, the provider's policy did not include guidance on how to manage PRN medicines. Most people who lived at the home were able to ask if they required their PRN medicine, such as for pain relief. Although the MAR included guidance for some PRN medicines on when they should be given, some simply said 'as directed' with no further guidance provided. We discussed with the registered manager how it would be good practice to have guidance to describe how and when each PRN medicine should be administered to each person. This helps to ensure that PRN medicines are administered consistently. Following our visit, the registered manager sent us a copy of their updated policy reflecting how they would manage PRN medicines. We also received two examples of PRN protocols that had been put in place. These explained to staff when the medicine should be administered, the anticipated effect, the maximum dose and what to do if the symptoms persisted.

Is the service effective?

Our findings

People told us that staff looked after them very well and that they had confidence in their abilities. One person said, "The people here who do the work for me, they really are the tops". Staff spoke highly of the training. One care assistant said, "There is always some form of training going on. Everything that concerns people living here we do courses on". Another told us, "I feel safer because I know what to do".

Staff training was arranged through a mix of face to face courses delivered by an external trainer, distance learning courses and updates provided by the registered manager. Staff were given the dates of monthly training sessions in advance. Recent training included person-centred care, safeguarding, fire safety, activity provision, epilepsy and diabetes. Forthcoming updates were planned in moving and handling, first aid, health and safety, food hygiene and oral health. The registered manager maintained a matrix of staff who had attended training. This demonstrated that staff had received training in key areas relevant to their roles, and that this training had been refreshed.

Staff were encouraged to pursue further learning and to develop their skills. This included enrolling on diplomas in health and social care. The registered manager attended monthly clinical training at the local GP practice. This covered a range of topics including end of life care, dementia, urinary tract infections (UTIs) and podiatry. Learning from these sessions was shared with staff. The registered manager had also held group supervisions with staff to discuss specific topics including the Mental Capacity Act 2005 (MCA), using an online video resource as a starting point for discussion. The registered manager and deputy had completed an infection control champions course through the local authority and were booked to begin training on the 'Six Steps Programme' which aims to develop awareness and knowledge of end of life care.

A number of people were living with the early stages of dementia. Staff received annual training in dementia care and the registered manager was looking at ways to develop their knowledge and skills. This included a distance learning course and a request for support from the care homes 'in-reach' team. The 'in-reach' team from the local NHS Trust aims to support care homes to deliver high standards of care. They work alongside staff to deliver a package of training, drawing also on the knowledge of community professionals.

New staff completed a period of induction, which included shadowing of senior staff. They were given time to complete training, read the provider's policies and understand the care plans of people living in the home. Before working independently, the competency of new staff was assessed. This included the use of a slide sheet, stand aid, bath chair and wheelchair. During their first 12 weeks of employment, all new recruits were expected to complete the Care Certificate, which is a nationally recognised qualification. One new member of staff told us, "The time they've given me is lovely". They added, "I've never worked in a home like it. Staff are here because they enjoy their job. They go out of their way to do that little bit extra".

Staff felt supported. One care assistant said, "(Registered manager) is very supportive. She's there and she'll answer any questions". Another told us, "Everyone is friendly and easy to talk to. Any problems, there is someone around". A 'supervision contract' had been signed by the registered manager and staff. This set out the expectations of supervision, in the form of the rights and responsibilities of the supervisor and

supervisee. For example for supervisees a right was to have their development needs met and a responsibility for supervisors was to deal with any issues as they arise. The provider's policy set out that supervision should take place every two months. Most staff had attended supervision on a more regular basis. New staff were supported by more regular supervision, at four, eight and 16 weeks of employment. Each year, staff attended an appraisal which considered their achievements and looked ahead to the coming year. These meetings had been conducted in early 2016.

The 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.

We checked whether the service was working within the principles of the MCA. We observed that staff involved people in decisions relating to their care and respected their wishes. People had been asked to consent to decisions relating to their treatment, such as to receive support with washing, dressing and medicines. These forms had been signed by the person receiving support. One care assistant told us, "They can say what they prefer. It's about daily preferences".

Staff understood the requirements of the MCA and put this into practice. One care assistant told us, "It's giving them the right to have a say and to make choices. Making sure they're living their lives how they want to and knowing what to do if they haven't got the capacity". Another said, "Always remembering not to assume they can't decide". Where people had appointed representatives to act on their behalf, staff had a record of this and copies of the authorisation were on file. Information on advocacy services was displayed in the home and detailed in the information guide for people.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, staff had made an application on behalf of one person who was considered to be deprived of their liberty. This application had been authorised by the local authority team. Staff told us that they accompanied this person if they wished to leave the home. The person's care plan read, 'Explain to her why she requires an escort'. In this way staff supported the person in their wish to go out, whilst maintaining their safety.

People enjoyed the meals served at the home. One person said, "The food is excellent". At supper one person commented, "The food is absolutely beautiful!" People were asked about their dietary preferences and needs on admission. This information was clearly recorded in their care plans. For example we read, 'Likes to have three sweeteners in drinks and would like to have a fry up once a fortnight on a Saturday'. A relative told us, "There was an assessment at the hospital prior to moving to the home at which they discussed interests and also preferences of food. They do meet the preferences for food which is no butter and not eating dairy". The menu was displayed in the dining room and people were offered a choice of meals. We observed a selection of meals served, including a hot dish, sandwiches and a toasted sandwich. One person had opted to have a sandwich at lunchtime and their main meal in the evening on account of the warm weather. During the afternoon people were offered a snack. The staff member said, "We've got scones, or cornetto, or both".

Staff were aware of people's specific dietary needs, for example those who were diabetic, liked small portions or had to avoid certain foods. Although this information was not readily available in the kitchen, the chef spoke knowledgeably about people's individual needs. The registered manager told us that they had not used any agency kitchen staff, preferring to cover from within the staff team. One person told us, "I have

gastric problems. He (the chef) supplies a meal I can eat. It might be the same as all the others but he's prepared it in a different way". Staff monitored people's weight and took action if any concerns were identified. This included additional support with eating meals, offering food in small portions on a regular basis and referrals to healthcare professionals such as the dietician. One person told us, "I've put back on weight here".

Drinks were readily available and people were encouraged to drink. The weather was warm when we visited and people were offered ice lollies in the afternoon. These were well-received and would also help to keep people hydrated.

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. One person told us, "You just have to say you've got a problem and they'll call your doctor". A relative said, "The home is very good at calling in outside agencies if they need help and they always call the family to keep them informed". Healthcare professionals spoke highly of the support provided at the home and said that staff worked well with them. The chiropodist said, "If I have any issues they are always dealt with quickly and sensitively, and if the staff need to contact me they do so promptly". The paramedic practitioner told us, "They're really good at asking for help if they need it. They never ask for anything that isn't relevant". A community dementia matron said, "The staff are consistent with approaches and follow instructions and advice well".

People moved freely within the home. The premises had been adapted to better suit the needs of people. This included a new dining room, installing an additional downstairs toilet and extending the lounge area. The lounge opened out onto the garden and was light and airy. One person told us, "I like the way these four doors open like that, it's very pleasant". We observed staff supporting people to move around the home, to be in company or to have time alone. Most people were mobile either independently or with the support of staff. There was a lift for people to access the upstairs rooms if they were unable to use the stairs. People told us that they liked the home and their bedrooms.

Is the service caring?

Our findings

People spoke very highly of the staff. One person said, "It just comes naturally with them. It's as if they were born to do that sort of thing. Forget being trained, their love to help people is in their heart". In a card to the provider, a relative had written, 'Without exception, the carers were just that – caring, kind and patient'. Another relative had provided feedback on a ratings website. They wrote, 'My Mum has been very happy here. She constantly tells me that the staff are all very kind to her'. Staff spoke warmly about people when they described them to us. They used descriptions such as, "He's amazing" and, "She's just lovely". We also observed that people go on well with one another, chatting over mealtimes and in the lounge.

There was good consistency within the staff team. One person told us, "Most of the staff have been here a long time. You know who it is when they come through the door". The deputy manager said, "We have longstanding staff. You build up that rapport". She also told us that they provided new staff with as much information about people as possible to help them build up a relationship and get to know people quickly. Staff supported people to maintain relationships with those who were important to them. They welcomed relatives and involved them in the life of the home. Where relatives struggled with transport to visit, staff assisted where possible. One relative told us, "At Christmas time they give me a bed. You can't get better than that".

Staff demonstrated skill and understanding in how they supported people. They took time to understand people's wishes and to provide reassurance if a person was anxious. A community dementia matron told us, 'The staff display a very caring attitude towards residents, they go out of their way to ensure that the resident has specific things that would enhance their well-being. During difficult times they have shown patience and compassion towards the residents I have been involved with'. A relative had provided feedback saying, 'The staff have a low rate of turn-over and always appear calm, well-motivated and genuinely caring. In over four years we have not seen a single instance of impatience or irritation, quite the opposite. Autumn Lodge is what a care home should be'.

People felt involved in planning their care. One person told us, "They do it how I want it. They've been very helpful to me". This same person had requested that staff did not check them so frequently during the night as it was disturbing their sleep. The registered manager had discussed this with the person, documented the decision and added this to the person's care plan. People had been asked to review their care plans and to share any requests regarding their support. They had also been supported to understand the role of healthcare professionals who visited the home, for example the paramedic practitioner and domiciliary optician service had led sessions to explain their services. Relatives who supported people in planning their support told us, "They've always been forthcoming with information".

People received information about the home in a 'service-user guide'. This detailed the services available and provided important contacts for people if they wished to raise any concerns. In the guide we read, 'We are offering a Home which is small enough to offer personal choice and service, and where you can get to know the staff and other residents, but large enough to offer good facilities and activities. We strive to offer a personal touch to all that we do'. We found that the home was achieving this aim.

People had been encouraged to think about their support preferences at the end of their lives and to document these wishes in an advanced care plan. This helped to ensure that people would receive support in accordance with their preferences. One relative explained how staff had met with their Mother and the family to discuss end of life choices and said that the conversation was handled very well.

People were supported to be as independent as they were able. People's care plans included details on where they were able to manage and where they required assistance from staff. For example we read, 'To ensure teeth are cleaned on a twice daily basis (he can do this himself)'. Staff explained how they were supporting one person to improve their mobility by walking behind them with a wheelchair. One care assistant told us, "Her walking is a lot better. She uses a frame. We are persevering with it". Another said, "Some days she can walk quite far! You have to assess her as you go".

People told us that staff treated them respectfully. One person said, "They always respect my privacy". Another told us, "Staff are consistent you see the same carers regularly each day and they will offer drinks to me and my visitors". A care assistant told us, "I know them all so well and try to treat them as I would like to be treated." Relatives also shared their observations of how staff supported people in a respectful way. One said, "The carers treat all the residents with dignity and respect, looking out for their privacy when necessary and they are all kept clean and well dressed, and fed very well". Another told us, "The carers always treat residents with dignity and respect not rushing them but allowing them as much independence as they can use". During the inspection we observed staff treating residents very respectfully, getting down to their level to communicate with them, not rushing them, and encouraging independence.

Staff had signed up to the 'Social Care Commitment'. The home's certificate read, 'By signing up to the commitment we are pledging to continually strive to deliver high quality care and invest in our staff to ensure the public can have confidence in the care and support we offer'. Staff had all signed up to 'The dignity dos'. This was a list of ten pledges, such as 'I will listen and support people to express their needs and wants'. They had also become dignity champions. Their individual certificates of commitment stated that they would, 'Uphold the ten dignity dos, stand up and challenge disrespectful behaviour rather than just tolerate it...' Each staff member had completed a self-assessment asking them to think about their practice. Dignity and respect formed part of staff supervision and observation of practice. The registered manager had also shared best-practice guidance with staff regarding dignity and care and dignity in end of life care. In February 2016, people, their relatives and staff had held a coffee morning as part of dignity awareness week. One relative had provided feedback which read, 'The staff from manager to carers, cleaners and cooks have shown great kindness and respect'.

Is the service responsive?

Our findings

People had been asked how they would wish to be cared for and about what was important to them. This information was included in a care plan which provided information to staff about the person and their support needs. The care plans were personalised and demonstrated that staff had taken time to get to know people and understand their wishes. There was information about people's lives, important events and their interests.

People's care needs were clearly documented. Each person's care plan contained an assessment of their needs and detail on how to support them. There were sections including physical health needs, personal care and social activities. Where appropriate, specific care plans had been completed such as for catheter care. Each care plan described the area of need, the aim of the support and guidance to staff on how they should assist the person. For example, how many staff were needed to support a person to bath safely and which equipment was required. There was also guidance on how to reassure people if they were anxious. We read that one person liked to hold someone's hand and that another found spending time stroking the home's dog reassuring. Care plans were stored electronically and in hard copy. Staff told us that they found them useful and that they were updated to reflect changes in people's needs.

Staff monitored people's needs and responded when changes were needed. Regular monitoring was in place for people who required support to change their position to reduce the risk of pressure areas and bowel monitoring for those who were at risk of constipation. Early in 2016, the registered manager had introduced monitoring of people who were diabetic. A care assistant told us, "Their feet (people with diabetes) are checked every day. We're looking for sores, anything stuck in or ingrowing toenails". The registered manager had also attended a course entitled 'looking after the mouth' and had since purchased new denture pots and teeth cleaning products for those who needed them. Staff training in oral health had been booked in September with a view to raising awareness and improving the support that people received.

Staff knew people well and understood how they liked to be supported. Staff spoke of how they supported individuals. For example, the deputy manager told us, "I love to get (name of person) out of her room. Once she is out she talks to everyone but it's an achievement getting her out of her room". A paramedic practitioner said, "They handle (name of person) really well. They know how to diffuse a situation, how to make him feel accepted and respected". Relatives also shared examples. One said, "(Name of person) has poor sight and hearing but she won't wear a hearing aid, so the carers always make sure she is close enough to be involved and sitting at an end where she can hear". Another had written to thank staff saying, 'Dad said that he was waited on hand and food and really enjoyed the good food and drink, especially his 'tipples' in the evening. Dad said that all the care and attention was given with a smile and nothing seemed too much trouble'.

People, staff and relatives shared many examples of how the service had responded to meet their needs. People told us about times staff had nipped to the shops for them to pick up items for them, such as Rizla papers or shred-less marmalade. One person told us how they were going to move to a downstairs room as

soon as one was available. This was because they liked to smoke but using the lift at night disturbed other residents. A relative told us how staff had worked with the GP to amend her mother's medication and that she was now much better. A paramedic practitioner told us, "They're always really on top if it". They gave an example of contacting the GP practice in good time so that a person could be seen before the weekend by someone she knew. A community dementia matron said, "The management and staff are aware of safety issues and very conscientious in regard to those residents who may be or become more confused i.e. Identifying when they would be better suited having a room downstairs". A relative told us, "(Registered manager) is really good at finding ways round things. She'll always go that extra bit to sort things out. It's knowing how to deal with each individual".

People were able to enjoy a range of activities. An activity coordinator worked in the home on three days and the registered manager held a 'Manager's special' on one morning. Visiting entertainers included singers, musicians an exercise class delivered by a physiotherapist, a quiz where the results were competitive between other local care homes and a gardening club. People had a copy of the activity programme for the week. One person told us, "It does keep the mind active". Another said, "We do have some fun". In addition to group activities, people were supported to pursue individual interests. One person told us that they enjoyed shopping in charity shops and that staff accompanied them to do this. Another person enjoyed walking the dog with the registered manager in the middle of the day. Lots of people appeared to enjoy the company of the dog in the home, and spoke enthusiastically to us about her. One relative said, "Everyone out there loves her". There had been a recent trip to Littlehampton which eight people had enjoyed.

We observed part of the gardening club. The organiser was showing people the plants that they had grown from seed during the spring. The sight, touch and smell of the plants seemed to trigger memories for people. One person said, "I had that in my garden", another, "My Dad used to have a garden where they had all those". We noted that a number of people had expressed an interest in gardening on their pre-admission information. One person told us, "I used to love gardening; I was out for about ten hours a day!" We discussed with the registered manager about weekend activities, as there were no planned weekend activities at the time of our inspection. The registered manager explained that this had been raised by residents and that they were currently reviewing the programme to include activities at weekends.

People were encouraged to make suggestions and raise any concerns. Resident and relative meetings had been held in January and June 2016. Topics for discussion included meals, laundry, activities, a garden party and plans for outings. Those who had not wished to attend the meeting had been consulted individually. We noted that specific requests had been noted. For example one person had asked for more variety in their salad. We read, 'Going to work one to one with her and pick days for salad so chef can order in some different bits for it'.

People and their relatives felt confident to raise any concerns or complaints. One person told us, "If ever you want to talk to (registered manager) or (deputy) their door is always open and they'll give you a good hearing". Another said, "I've not had to complain so far but I would be happy to talk to staff if I had a concern or complaint - I know they would listen". A relative said, "We are aware of the complaints procedure and we will be happy to raise a concern or make complaint going to the staff who we know would listen". The provider had a complaints policy and the complaints procedure was displayed within the home. Details were also included in the guide which people received when they moved to the service. There had been one complaint since our last inspection. This had been responded to fully and promptly.

Is the service well-led?

Our findings

People spoke highly of the home. One said, "It's just the job, being here". Another told us, "It's a very nice place, I'm very lucky to be here". There was an open and welcoming atmosphere. Feedback was encouraged and the registered manager was open to any suggestions about how the home could be improved. Relatives spoke of the friendly atmosphere. One said, "There's always a cup of coffee for me when I come in. I'm one of the family here". Another told us, "We knew this was it. It was just a class above. It's just so homely. Everybody has always been so friendly. I feel welcomed and comfortable". Staff were also very enthusiastic and said that they were valued by the registered manager. One care assistant said, "This is the best one (care home) I've worked in. It's friendly; it has more of a family feel". They added, "If my Mum needed care this is the place she'd come". The registered manager described the home as, "Small, personal and family orientated".

The registered manager was held in high regard. People knew who the registered manager was and told us that she was approachable and available if they needed support. Staff were complimentary. One care assistant said, "She's firm but fair. She's easy going but she gets it done". Another, "(Registered manager) will help, she's on the floor if needed. She's hands on and she knows what she's doing". A chiropodist who visited the home told us, 'She leads from the front, by example, and has the care of the residents as her first priority. This filters down through her staff who are very caring, knowledgeable and competent'. The registered manager attended a local forum of registered managers. The forum was a place to share ideas and good practice. The registered manager said that these meetings were really helpful.

The registered manager was supported by a deputy who worked with staff supporting people during the mornings. A relative told us, "We see the manager or the deputy all the time and the deputy is on the floor lots. They are always telling me what is going on with Mum". This hands-on approach helped the management to monitor the support that people were receiving, provide guidance to staff and keep updated on any changes in people's needs. Staff meetings were held to gather feedback from staff and to share updates. We saw that recent meetings had included discussions on documentation, medication, infection control and training.

The registered manager used feedback to monitor and improve the service. Surveys had been sent to residents, relatives, professionals and staff. Questions included whether people felt safe and whether they would recommend the care. After each set of questions people were asked what was working well and what could be improved. The registered manager had reviewed the responses to highlight any areas for improvement. The feedback had been extremely positive. Ongoing feedback was provided via an external company and could be viewed online. As of 1 August 2016, the service had a five star rating and an average score of 96 percent. One relative told us, "There is a willingness to constantly improve. Nothing is too much trouble".

The registered manager used a variety of audits to monitor the service and ensure that they were meeting the regulations. This included audits of accidents and incidents, infection control and medicines. The registered manager had recently started a new series of audits to assess their compliance with the

regulations. These were arranged under the domains used in our inspections: Safe, Effective, Caring, Responsive and Well-led. We saw that audits of hoist safety, the kitchen, hand hygiene, nutritional care and diabetes had already been completed. Where areas of improvement had been identified these had been added to an action plan. For example, to improve infection control, the registered manager had requested a sluice machine to manage the cleaning of commodes. In the summary of infection control actions taken in 2015 we read that improvements included a new downstairs toilet, new cleaning schedules in each person's room and an agreement for professional carpet cleaning.

External audits had been completed by the pharmacist and the Fire and Rescue Service. The audit of fire safety did not identify any safety issues. Actions from the pharmacy audit had been completed. The provider visited the service on a regular basis and provided support to the registered manager. During her visits she met with people, relatives and staff. She told us, "I keep a regular check on what is happening. If I'd put my Mum in here I'm happy with it. My aim is to provide a place I'd be happy to go to, or for a relative to go to".

We found that the systems in place were effective in monitoring the quality of service that people received, in sustaining it and working towards further improvement. One care assistant told us, "(Registered manager) is on the ball. If she thinks something needs improving she'll do it".