Ferndale Healthcare Limited

Ferndale Nursing Home

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

Ferndale Nursing Home provides accommodation and care, including nursing care, for up to 28 older people and /or people living with dementia. Accommodation is provided over three floors with a dining area and large lounge. There are five double bedrooms and 18 single bedrooms with en-suite facilities. There is a passenger lift to the first and second floor. The home is situated in a residential area of Crawley. One the day of the inspection there were 27 people living at the home.

The home's provider was also the 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.

At the last inspection on 20 August 2016, the home was rated as Requires Improvement overall. This was because we found some areas of practice that needed to improve. There were not clear guidelines for staff in administering PRN (as required) medicines and decisions made in people's best interest had not been recorded in line with the legislation. At this inspection we found that improvements had been made and the provider had addressed these concerns.

People and their relatives were positive about care at the home and told us that they felt safe. Risks were assessed and managed effectively and staff understood how to keep people safe. People received their medicines safely and were supported to access the health care services they needed. There were enough staff on duty and people told us that their call bells were always answered promptly. Recruitment processes were robust and staff received the training and support they needed to be effective in their roles. One staff member said, "We have a lot of training and it is helping me all the time."

People spoke highly of the caring nature of the staff. One person said, "They really care here it's not just an act." A relative told us, "I'm blown away by the care." Staff knew the people they were caring for well and understood their individual needs. People told us they were included in planning their care and support and that their views were listened to and valued. Staff understood how to protect people's privacy and dignity, they spoke positively and the home and the people who lived there. One staff member said, "I would definitely be happy for a member of my family to live here if they needed dementia care." People were supported to have enough to eat and drink. Staff were attentive and supportive to people who needed help with food and drink and managed any risks and nutritional needs appropriately.

Staff had a clear understanding of their responsibilities with regard to the Mental Capacity Act 2005 and sought consent from people before providing care. People's preferences and views were included in their care plans. Staff used information about people's backgrounds to engage with them and provide a personalised service. Staff told us that communication and co-operation within the staff team was good at all levels. A staff member said, "Our opinions and suggestions always count."

People told us they were supported to have enough to do and spoke highly of the activities provided at the home. Staff spent time with people throughout the day and actively engaged with people even when going about their duties. Relatives told us they were welcomed at the home. A staff member said, "We offer tea and coffee as soon as someone comes in. It's policy to make people welcome and provide a drink, because it should be like visiting their relative in their own home."

People and their relatives told us that the provider asked for feedback on the service regularly. There was a formal complaints system and people said they would feel comfortable to raise any concerns with staff. The provider had a range of systems and processes in place for monitoring quality and where shortfalls were identified actions had been taken to address issues. There was clear leadership and staff understood their roles and responsibilities. Morale was said to be good and communication was effective. People and their relatives spoke highly of the management of the home. One person said, "I genuinely can't think of anything that needs to be improved." A relative told us, "The managers and owners are wonderful, very nice and you could talk to them anytime."

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.

Staff had a firm understanding of safeguarding and knew how to keep people safe. Risks were assessed and managed effectively.

There were enough staff to care for people safely and the provider had robust recruitment processes to ensure staff were suitable to work with people.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they needed to be effective in their roles.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People were supported to access health care services when they needed to and had enough to eat and drink.

Is the service caring?

Good

The staff were caring.

People had developed positive relationships with staff who knew them well.

Staff were kind, patient and caring. People's dignity and privacy were respected.

People were supported to be involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and responsive to their needs.

People were supported with meaningful activities to occupy them.

People knew how to complain and felt comfortable to do so.

Is the service well-led?

Good

The service was well-led.

Good communication and team work was evident. Staff described and open culture where their views were valued.

There was clear leadership and staff understood their roles and responsibilities.

Systems and processes for monitoring quality were effective in driving improvements.

Ferndale 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.

This inspection took place on 3 July 2017 and was unannounced. The inspection team consisted of two inspectors 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 service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke to eight people who lived at the home and three relatives. We interviewed seven members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for eight people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems.

The last inspection on 20 September 2016 identified no breaches of the Regulations but some areas of practice needed to improve.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe living at Ferndale Nursing Home. One person said, "My daughter went away on a big holiday but she knew she didn't need to worry about me here." Another person said, "There's no unkindness here." A relative told us, "My (relation) is definitely safer here than at home. The staff know how to look after people. I have no concerns."

At the last inspection in August 2016 some people were prescribed PRN ('as required') medicines but there was no clear guidance for staff on when these medicines should be administered. This meant that there was a risk of medicines being given inappropriately and this was identified as an area of practice that needed to improve. At this inspection we found that people were receiving PRN (as required) medicines safely. People took these medicines only if they needed them, for example if they were experiencing pain. There were clear protocols in place for administering PRN medicines and recording on MAR charts showed when this had happened. The nurse explained that this enabled staff to be sure that the time between doses was suitable. Records were monitored to identify changes such as increased frequency of requests for pain relief and the GP was informed of any significant changes.

People received their medicines safely. Nurses administered medicines and people told us they received their medicines regularly. One person said, "I know what pills I have, I have five different things and I like to know what they are." Medicines were stored safely and regular checks were made to ensure that they were kept within an acceptable temperature range. There were robust systems in place for ordering and disposing of medicines. We observed people being supported to take their medicines in a person centred way. The nurse ensured that people had a drink before offering them their medicine and explained what the medicine was for. Some people needed topical creams and records included body maps indicating where the cream should be applied. Medication Administration Record (MAR) charts were completed consistently when medicines had been administered and provided an accurate record of the medicines that people had received.

Some people were receiving their medicines covertly, that is, without their knowledge. Protocols were in place and documented that best interest decisions had been made for those people who lacked capacity and needed their medicines to be administered covertly. The nurse told us that people were always offered their medicine first and only received them covertly if they refused to take them. We observed that people were accepting their medicines and there was no need to provide them covertly on this occasion. One person had previously refused to take medicines but was now usually accepting them. The nurse told us that the decision to provide covert medicines for this person would be reviewed as it appeared that this was no longer necessary.

Risks to people had been identified and assessed. Some people were assessed as being at risk of developing pressure sores. Risk assessments and care plans contained detailed information for staff in how to support the person to manage these risks. For example, one person's risk assessment indicated that they were at high risk of skin breakdown. Their risk assessment and care plan had been regularly reviewed and updated to include advice from a Tissue Viability Nurse (TVN). Equipment had been prescribed to reduce the risk and

we noted that this was in use. There was clear guidance in the care plan for staff about what changes to look for when monitoring the person's skin, how, when and where cream should be applied and when to report changes to the nurses. Maintaining good nutrition is important for preventing skin breakdown and for encouraging healing when pressure sores occur. Recording confirmed that staff had followed guidance to monitor the person's skin integrity and they were receiving fortified meals to assist their skin to heal. Another person was identified as being at very high risk of skin breakdown. Their moving and handling risk assessment and care plan included clear guidance for staff in how to move the person safely taking account of their fragile skin integrity. This included assisting the person to change position with use of a slide sheet. Records were completed consistently and confirmed that staff were assisting the person to move at regular intervals as detailed in the risk assessment and care plan.

Care plans guided staff in how to manage risks whilst supporting people's freedom. One person had been identified as being at medium risk of falls. The person had fluctuating needs and could manage to walk with the assistance of one staff member sometimes, but not always. At other times they may need support from two staff or sometimes a wheelchair would be used. Their care plan identified this and guided staff to adapt the level of support offered according to the person's confidence and ability at different times. This showed that people were being supported to take reasonable risks.

Environmental risks were managed effectively. Portable electrical appliances had been tested and there were other appropriate certificates in place to confirm that equipment in the home was safe to use. A fire risk assessment had been undertaken and updated. Fire equipment checks were regularly recorded. Consideration had been given to people's ability to evacuate the building in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) provided details on how people would be supported in an emergency. Staff had received fire safety training and were able to tell us about the evacuation policy and PEEPs.

People told us there were always enough staff and that their call bells were answered promptly. One person said, "I needed something this morning, can't remember what it was but they came straight away." Another person said, "Here's mine (call bell), I have it attached to this little cushion so I can find it easily. They are here in a minute. " Staff told us that there were enough staff and that the team were flexible and covered any shortfalls. One staff member said, "We never have to use agency staff, we are a stable team and we cover each other when needed for sickness or leave." The provider had a robust recruitment system in place. Staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people. This ensured that people were protected against the risk of unsuitable staff being recruited.

Staff understood their responsibilities to safeguard people from abuse. They had received training and were able to tell us about the different types of abuse and how they would recognise it. Staff knew how to report any concerns to the local authority. A staff member told us, "I would report anything concerning to the manager or the nurse on duty straight away." The interactions we observed throughout the inspection reflected that people felt safe and free from harm at the home.

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the staff. One person said, "They have just had two new carers and they are doing very well. They aren't allowed to do anything on their own until they know what they are doing." A relative told us, "They understand (person's name) and know their condition and always look at how they can do things in a different way."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

At the last inspection in August 2016 decisions made in people's best interests were not recorded in line with legal requirements and this was identified as an area that needed to improve. At this inspection staff understanding had improved and best interest decisions had been recorded appropriately.

Staff had received training in MCA and were able to tell us about the principles of the Act. One staff member described the importance of assuming that people had capacity, and seeking their consent to care. Another staff member described the principles of making decisions in people's best interests and recognised the need to engage family and external professionals in such decisions. Staff demonstrated a clear understanding of DoLS, telling us about people who were subject to DoLS and explaining why. Throughout the inspection we noted staff were obtaining consent from people before supporting them. For example we saw a staff member assisting someone to sit nearer to a table and saying, "Is it okay if I push you in a little bit?" They waited for the person to respond before helping them. Another staff member was observed asking, "Can I offer you some help with that?" before helping someone with their meal.

Care records showed that consideration was given to people's mental capacity and assessments had been undertaken in line with the legislation. For example, one person had bed rails and staff had recognised that this could be a restriction of the person's freedom. A mental capacity assessment had been undertaken and determined that they lacked capacity to consent to the use of bed rails. A best interest meeting had been held and documented to show that the use of bed rails was in the person's best interests and that this was the least restrictive option available to support them to remain safe. Records confirmed that DoLS applications had been made appropriately and a system was in place to ensure that authorisations remained in date

Staff told us they received the support and training they needed to be effective in their roles. One staff member said, "We have a lot of training and it is helping me all the time." Another staff member said, "All

training is done with groups, no e-learning, so staff can learn together and from each other." Some staff had completed qualifications and told us that they had been "Fully supported by the home" to do so. One staff member said "I can't thank them enough." A nurse told us that they were also supported to maintain their professional knowledge and skills. They said, "I've asked for some more intensive training and have been given lists to choose from, including on-line which is what I asked for especially. I'm really grateful. They want the best for us to get the best out of us. It's a real team." People told us that they felt staff were well trained. One person said, "You hear them talking about training, they seem to have it regularly in the afternoons here." We observed that a planned moving and handling training session took place during the inspection and it was well attended.

Staff told us that they had access to training that was relevant to the needs of the people they were caring for. One staff member said, "Dementia training was the most useful for me." Another staff member told us that all the staff has medication training even though they don't all administer medicines. They explained that this provided them with an understanding of the medicines people were taking, the effects and possible side effects and any indications to look out for. Staff spoke positively about the training they had received and demonstrated a good understanding of subjects we asked them about.

New staff were supported with a comprehensive induction. One staff member said, "We all have a role to support new staff." Another staff member had a lead in monitoring health and safety in the home and told us that they provided training in this subject to new members of staff. A third staff member told us that staff were given time to read care plans so that they had a good understanding about the people they were caring for and their needs. New staff were able to spend time working along-side more experienced staff so that they could learn how things were done.

Staff were receiving regular supervision. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. They told us that they found supervision useful and could raise matters of concern. One staff member said, "It's all very supportive. Plus the manager knows us really well and understands the job we do." Another staff member said, "You're never on your own with a problem." A third staff member described supervision as, "Very useful," and said, "It's important to be able to stand back and sound off if you need to." Staff told us that supervision sessions were used to help staff prepare for their annual appraisal where training needs and targets were decided for the coming year. One staff member told us, "We get very good support, with formal supervision and generally. They always check if we are struggling with anything. Whatever we need or want, they are open to suggestions and requests, especially regarding training."

People told us that they enjoyed the food at Ferndale Nursing Home. One person said, "The meat is always so tender and I enjoy a bit of separate crackling when it's a pork roast." Another person said, "They know I like gravy so they give me an extra little jug." People's likes and dislikes were recorded in their care records and staff were aware of individual preferences and needs. People were offered a choice of meals and if they did not want what was on offer they were able to request something else. One person told us, "I asked if I could have sweetcorn and not just peas and they do that for me now, and cabbage I have that too now, I love cabbage."

We observed the main meal at lunchtime. The menu was displayed in the dining room. The dining area was presented with tablecloths, placemats, cutlery and glasses. Serviettes and condiments were provided and clothes protectors were offered to people. Staff offered people the choice of where they wanted to sit, some sat at dining tables whilst others sat with individual tables in the lounge. One person told us, "Sometimes I like to eat in the dining room and sometimes I feel like my meals in my room." A staff member was heard

saying, "It's lunchtime now, where would you be most comfortable to eat today?"

The meals were served politely with explanations of what the meal was and checking that people were happy. Staff noticed if people needed assistance in cutting up food and asked before doing so. They also noticed if people weren't eating their meals and offered them alternatives that were well received. Some people needed assistance to eat their food and staff supported them with care and sensitivity. We observed that people were offered drinks and staff checked that people had everything they needed. The dining experience was relaxed and unrushed, affording people the opportunity to enjoy their meals in their own time. Some people were eating in their bedrooms and staff were supporting them with similar care and attention. One staff member was heard encouraging someone to eat, saying, "I'm here to help you, would you like to try this? Can I get you a cup of tea?"

Some people had been assessed as having risks and needs associated with nutrition. For example, some people had swallowing difficulties and had been assessed by a Speech and Language Therapist (SALT). A relative told us, "What was wonderful was (person's name) started to have swallowing difficulties but they didn't wait for the SALT to be able to come out. They knew that they needed thickeners and just did it rather than wait at the risk of him choking. So when the SALT came they were impressed that all the correct procedures were in place already to support them." Some people needed to have their food pureed as they were at risk of choking. Pureed food was served with each component separate on the plate so that people could have separate taste sensations. Some people were using plate guards and adapted drinking cups to enable them to retain their independence when eating and drinking. One person was eating finger foods, staff told us they preferred this and they were more likely to eat finger foods rather than a large meal.

People had been assessed to determine if they were at risk of malnutrition. Where risks were identified a care plan guided staff in how to support people to have sufficient food and drink. Staff recorded people's food and fluids consistently and a system was in place to provide a clear picture of their intake. Where risks were identified people's weight was monitored regularly and risks of malnutrition were regularly reviewed. Some people's care plans specified that they needed fortified meals and we saw these being provided to them. One person's care plan noted that they should be offered snacks between meals and identified particular biscuits, crisps and sweets that the person enjoyed. We saw that they had these near them in their bedroom. Foods associated with people's ethnicity were also offered.

People were supported to access the health services that they needed. A GP visited the home regularly and staff told us that they had developed a strong relationship with them and communication was good. People told us staff were proactive in recognising changes in their health. One person said, "The slightest thing they pick up on and might suggest I don't go out if I'm not well. They got a Doctor to me when I had a chest infection straight away. Very vigilant." A relative told us, "I was a bit worried about recurring chest infections and a lot of antibiotics. The nurse said they'd get the Doctor to have a chat with me. Sure enough they made sure the doctor rang me and reassured me about. They just always follow things through." A staff member told us that people were supported to maintain good health, saying, "I see lifestyle promotion as preventing health problems. We don't find ourselves using a lot of antibiotics. If somebody loses weight, we help them put it right back on."

Records confirmed that people were supported to keep appointments for example at the hospital. People told us that some services were available at the home. For example, one person said,
"The dentist comes around and the chiropodist too." Records confirmed that people had received support from a range of health care professionals including, the GP, Tissue Viability Nurse (TVN), Speech and Language Therapist (SALT) and Occupational Therapist (OT).

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. People and their relatives spoke highly of the staff. One person said, "They really care here it's not just an act." Another person said, "When I came here I couldn't get out of bed but their care here gradually made me better." A relative said, "My (relation) is honestly only like this now and can do all this because of the staff here and the lengths of their caring attitude." Another relative told us, "I'm blown away by the care." One person had written a poem about their experience of living at the home and this was displayed in the hall way.

Our observations throughout the day confirmed that staff had developed positive relationships with people. Staff clearly knew people well. They spoke gently and treated people as adults. Staff demonstrated effective communication skills by listening and responding to people appropriately. For example, we observed a staff member saying to one person, "If you would like some help with that I will be more than happy, I will do that for you in a heart- beat." A relative told us, "They are very skilled at communicating with the residents here." A staff member described how they got to know people with the help of their families. They told us, "People who live here can't always express themselves. A few weeks after admission we review what we've learnt about them and how we work with them."

Staff addressed people by their chosen name or title. For example we heard staff saying to one person, "Mr. (x) can I get you some more sir?" Another person's records indicated that they preferred to be called by a specific name and we heard staff using it. Other people were addressed more informally and a staff member explained that this was the person's preference. They said, "One person said they want to be called darling, or grandma, so we do this after agreeing it with their family, but normally we use people's names."

Staff interactions with people were observed to be caring and they showed empathy and understanding. One person, who was living with dementia, appeared to be disorientated in their surroundings, a staff member gently linked arms with the person and said, "Are you alright? Would you like to sit on a comfy chair? Just have a think about it and let me know." The staff member's calm and friendly approach reassured the person and they were given time to think through what was being suggested. Eventually the person walked along arm in arm with the staff member smiling and engaging in eye contact.

We observed people asking for help and support and staff responding in a kind and compassionate way. For example, a person said, "I'm cold with that door open behind me." Immediately a member of staff offered to close it in a cheerful and helpful manner. Staff spoke about people in a caring way. One staff member told us, "The people need to feel safe and cared for, everyone needs to feel loved. They are going through a lot and we can make a difference." Another staff member said, "We want each resident to feel they are at home." A third staff member spoke about the importance of helping people to retain their personhood saying, "We like to know as much about the person they always were, as about their dementia."

There was a key working system in place. A staff member described their key worker responsibilities, saying, "Basically you have to know all there is to know. We check personal needs are met, like toiletries, and keep in touch with the family. The key worker is someone to help the person familiarise with the home and is an

important point of contact with the family." Another staff member also spoke positively about the key-working system saying, "It's a very satisfying part of the job to have that responsibility, and the family know they have a point of contact." A staff member explained how they supported a person who were living with dementia but had no family to contact. They said, "It is hard when there is no family but it makes it even more important to get to know the person well and know what they like and how they want their care arranged."

People told us that they were supported to make decisions about their care. One person said, "The staff always involve me in decisions, and if I ask them to, they check with my son too." A relative told us they had been involved in planning care for their relation who was living with dementia. They said, "We had a review a couple of days ago. I think we do it about annually and the nurse did it with us. It was all very reassuring and they want to make sure we are happy with everything." A nurse told us that they would refer to keyworkers to inform care plan reviews, saying, "We get good quality information from them because they know people so well."

Throughout the inspection we observed staff offering people choices. One staff member spoke about the importance of helping people to retain control and as much independence as possible. A person told us that staff paid attention to people's comfort and promoted their independence. We saw examples of this including one staff member supporting a person whose ability to mobilise could fluctuate. They asked, "Would you like to walk or use the wheelchair today, how are you feeling?" The person wanted to walk, and the staff member replied, "That's great, let's take it slowly, there's no hurry."

Staff spoke positively about the people they were supporting with warmth and affection. One staff member said, "People are sometimes confused but they just need reassurance, support and some direction so they can continue to enjoy their lives." Conversations between staff and people demonstrated that staff viewed people respectfully and without condescension. Staff shared appropriate information about their lives and people clearly appreciated this. For example one person asked a staff member about their weekend and they chatted with them saying "It was a lovely day, I will bring the photos in to show you if you like."

People told us the staff treated them with respect and maintained their dignity. One person said "They help me to wash and dress and although it's personal they make me feel comfortable. If I'm going out I don't even have to ask them but they always make sure to check my hair and makeup is done and that I have my jewellery on." Another person said, "I never feel rushed or as though I'm taking up their time. That's the thing here you feel they have time for you." A third person said, "They don't just barge into your room, they knock or greet me first."

Relatives told us that they felt welcomed at the home. One relative said, "I really can't speak highly enough of the staff. They are always very welcoming and supportive, I am a worrier but they totally reassure me and I am very happy with the care here." Staff members spoke positively about maintaining relationships with people's relatives. One staff member said, "We are their eyes and ears with their relatives when they are not here." Another staff member said, "We offer tea and coffee as soon as someone comes in. It's policy to make people welcome and provide a drink, because it should be like visiting their relative in their own home." A relative confirmed this saying, "This is typical of the welcome you get (making reference to the tray served with cups, saucers and doilies), always."

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person said, "The staff could not do more really, they are wonderful." A relative told us, "They are very accommodating of everyone here." People's needs were assessed before coming to live at Ferndale Nursing Home. Care plans were based upon people's needs and reflected any risks that had been identified, and included personal care preferences, specialised care needs, and any cultural or spiritual needs and preferences. Care plans were clear and detailed and had been reviewed at regular intervals and when people's needs changed. A member of staff told us, "Staff are very alert to any changes, physical or behavioural, they are quick to say if someone is presenting differently or may be in pain." We saw how updated care plans reflected changes in need. For example, one person had behaviour that could sometimes be challenging to others. Regular reviews documented the strategies that staff used to support this person and included details of what had worked well. This learning was incorporated into the updated care plan and showed how staff adapted their approach to meet the needs of the person. Our observations confirmed that care provided fitted with the description in the care plan.

People and their relatives told us that they had been included in developing and reviewing their care plans. One person said, "They do check how we want things, for example what time I want to go to bed." A relative said, "They wanted to know about (person's name)'s history and I have heard staff mention things to them so I know they use the information." A staff member told us that they saw life history as an important part of care planning, they said that it helped them, "To see the person and not just how they are now, but what their life was like before they came here." Throughout the inspection we observed how staff were using background information to support engagement and communication with people. For example, a staff member was encouraging someone to take part in some art work and they pointed out that there was a picture of a dancer on one sheet, they said, "You used to enjoy dancing didn't you? Was that the sort of thing you would have worn?" This interaction prompted engagement from the person who went on to reminisce about their dancing experiences with the staff member and other people present.

The provider had taken steps to meet people's cultural needs by ensuring there were staff available that were able to speak their first language. One staff member explained the difference this had made for one person who used to regularly refuse to take their medicines and needed them to be administered covertly on occasions. The nurse who administered medicines had learned some key phrases including talking about the medicines and salutations to assist the process. A staff member told us that this had worked very well. Another staff member told us, "The diversity of the staff group helps, like with the languages people can speak, so we can help people feel at home." Throughout the inspection we observed people responding positively when staff spoke to them in their first language.

People told us they enjoyed the activities that were arranged at the home and they had enough to do. One person told us they particularly enjoyed the external entertainers who visited the home. They said, "We have a violinist that comes in every so often and another lady comes with a lovely voice and chiffon scarves." Another person told us about trips that had been arranged including going to the park, to local cafes and a bus trip to Brighton for fish and chips. During the inspection staff asked people if they wanted to go into the

attractive garden which had shade and seating. Three people were keen to do this, and were supported to do so. Other staff joined them for a chat whilst they ate their lunch outside.

The provider employed an activities co-ordinator, they described a person centred approach to arranging activities for people. One person described their enjoyment of a particular word game and said "I was struggling to play because my eyesight is not so good anymore. So the owners bought a new, larger version of the game so I wouldn't have to give it up." We observed how people were occupied in different ways throughout the day. Some people were doing art activities with support from staff, others were reading, listening to music or watching television. Some people joined in a balloon game with a member of staff and it was clear from their laughter how much they enjoyed this. Staff actively engaged with people individually even as they were going about their duties. They stopped and checked people were happy, offered support and showed interest in what people were doing. For example, a person was looking at a jigsaw puzzle but had not attempted to start it. A staff member passed by and noticed this, they came and sat with the person for a moment to look at the picture together and helped them to make a start. Another staff member realised that a person who had some sensory loss was trying to put together a jigsaw puzzle on a patterned table cloth. The staff member commented that this would be difficult and changed the cloth for a plain one, talking all the time to the person and encouraging them in the task.

We observed many instances of staff providing person centred care in response to people's needs. Some people who were living with dementia showed signs of anxiety. We noted how a staff member used physical contact to reassure one person by asking them if they would like to dance, the person smiled broadly and they proceeded to enjoy a dance. The staff member was aware that the person enjoyed dancing and this was reflected within their care plan. Intermittent conversations took place throughout the day. For example, one person was painting a beach picture. A staff member commented on this and they engaged in a conversation about holidays they had enjoyed in the past, including other people around the table at the same time. Staff demonstrated that they knew people well and understood their needs. One staff member described how a person, who was often very withdrawn, responded to music, saying, "As soon as the music is playing they are a different person." Another staff member described the importance of explaining something clearly saying, "We have found we need to give reasons for asking her to help us to help her. You can't just ask her to pass you her cup, you need to say it's so you can wash it, then she understands and is ok." Some people spent all their time in their bedrooms. Staff told us that the activities co-ordinator spent time with them, reading to people in their rooms and using different fabrics for people to touch. A staff member told us, "We talk about their families, I have a quiz book and some people love to hear proverbs. I may be doing a hand massage at the same time or just chatting to people." We saw that some people who were cared for in bed had personal photo albums, books, cuddle toys and material cloths within reach that they could touch and look at. Some people also had the TV or radio on in their room. People spoke consistently of being happy and comfortable in their rooms.

People and their relatives knew how to make complaints. The complaints procedure was on display in the main hall way and people told us they would feel comfortable to raise any issues or concerns. A relative said "I wouldn't worry about speaking to anyone. You just know they'll sort it out." A staff member told us that there had not been in recent recorded complaints. They told us "We deal with any issues as they arise and there have not been any formal complaints at all." People and their relatives said that they were encouraged to raise any issues or concerns and staff told us that communication between staff and families was good. One staff member said, "I think they (residents) enjoy life; we look after them and we share with their families, in fact we get really positive feedback from families."

Good

Is the service well-led?

Our findings

People and their relatives told us that the service was well-led. One person said, " You always know that at all times there is someone in charge to make sure everyone knows what they need to do. " Another person told us, "I genuinely can't think of anything that needs to be improved." A third person said, "I don't want for anything, its professional and meticulous." A relative said, "The managers and owners are wonderful, very nice and you could talk to them anytime." Staff also spoke highly of the management of the home saying, "The management want to know how the home works for everyone," and, "All the managers are approachable."

Staff members told us that there was a strong focus on team work and communication. One staff member said, "The nurses always have time to explain anything to us, they will answer any questions, it doesn't matter what role you are in. We share everything with the nurses and can always go to them. Nobody is more important just because of their role, we support each other." This view was echoed by other staff members, a nurse told us, "We rely on the health care assistants, they are well trained and their input is invaluable." Other staff comments included, "We all respect each other's opinion and are able to give and take," and, "Communication is good between all the staff."

Staff described good morale within the team. One staff member told us, "The nurses are very hands on, there's nothing they won't help us with, which is very motivating. Even the manager will help with cleaning if it makes a difference for the residents." Another staff member gave an example of good communication, saying that training opportunities were communicated to staff with reminders sent in payslips. There was clear leadership and staff understood their roles and responsibilities. One staff member said, "We have an input but in the end it's the nurse who is in charge and makes the decisions."

Staff described an open culture at the home. One staff member said "The staff meetings are regular and all the staff are very expressive here. Day and night staff attend and it's a good platform for raising any issues." Other staff were also positive about staff meetings and told us that the managers were open to suggestions and responsive to issues. One example given was when staff reported difficulties with using a hoist because it did not move easily across the carpet. One staff member told us, "They brought a new hoist with bigger wheels and that solved the problem." Another staff member said, "They (managers) make sure we know what they expect of us but it works both ways. We brought up that our uniforms were too hot in the heat-wave and they agreed to add polo shirts as an option, which have just been delivered."

People and relatives told us that the provider valued their feedback. One person said, "We had a pack to fill in and send back to them and there's a suggestions box in the entrance area because they do want to know what they can do." Feedback in the most recent survey sent to people and their relatives showed that 100% of people who responded were positive about the staff and management of the home. Everyone that we spoke with during the course of the inspection said that they would recommend the home to others. Their comments included, " (Person's name) is only alive and well because of this place and I know other family members feel the same," and, "When they accepted (person's name) here it was the best thing that ever happened."

There were effective systems and processes in place to monitor the quality of the care provided. The provider had a training plan to ensure staff skills and knowledge were maintained. A range of audits were undertaken on a regular basis to identify any shortfalls in practice. For example, a medicine audit was completed consistently on a monthly basis and any gaps in recording or other issues were identified and rectified to ensure the accuracy of the record. Action plans were developed from audits to identify improvements. Incidents and accidents were monitored and analysed for any emerging patterns. This ensured the continuous development of the service.

Some staff members had specific responsibilities to drive improvements in practice by having a lead role. For example, one staff member had a lead for safeguarding at the home and maintained links with a local university to keep up to date with current good practice. The home had taken part in a health training project focussing on nutrition and hydration, staff told us that this had improved their practice and understanding in this area.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager and deputy manager were also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.