Nyton House Limited

Nyton House

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 7 February 2018. This was the first inspection since registration with the commission on 12 January 2017.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Nyton House is a large historic house in its own grounds situated on the outskirt of Chichester. The service provides single or double room accommodation for up to twenty five predominantly elderly people who need assistance with personal care, including those with a dementia related illness. There are also two houses in the grounds which provide accommodation to support people who are more independent. At the time of the inspection there were twenty-three people using the service.

The service is situated over three floors which are served by a passenger lift. A stair lift is located in one of the external buildings used for people with more independence. Fifteen rooms have en-suite toilets. Seven of those have baths or showers as well.

There were enough bathrooms including assisted baths on all floors. There is a large lounge on the ground floor with a conservatory also used as a dining area and general seating area overlooking the large gardens. There are a range of aids and adaptations to support people with limited mobility.

The atmosphere in the service on the day of the inspection was relaxing, friendly and calm. Staff responded promptly when people asked for help and support was provided at a relaxed pace. Throughout our inspection we observed staff providing support with respect and kindness. People told us they felt safe and comfortable living at Nyton House. Comments included, "It's the best move I have made. Everything about living here makes me feel safe"; "All the staff have time for you. They are there whenever I need their help" and "Living here has certainly improved my quality of life and I do feel very safe living here."

People had access to an extremely diverse range of activities which were very meaningful to them. On the day of this inspection there was a choir practice which was well attended by people using the service. One person told us, "This is a wonderful idea. It is always well attended because everyone enjoys it so much. It brings back many happy memories of singing in a choir when I was younger." People were supported to use a range of community activities either independently or with families and staff. This was to attend external events, have a coffee or visit local attractions. The service had also forged strong links with local schools who regularly visited the service to entertain people or just have a discussion with them. People also visited school events.

The service had recently introduced a new medicines system and was working through some of the changes which were designed to improve the safety and management of medicines. Medicines administration

records had been completed and there were appropriate procedures in place for the ordering, storage and disposal of medicines.

Staff were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed and there were systems in place to provide new staff with appropriate induction training. Existing staff received regular training, supervision and annual performance appraisals.

People's risks were being managed effectively to ensure they were safe. Records showed where changes in people's level of risk were. Care plans had been updated so staff knew how to manage those risks.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

The service was suitably maintained. It was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed and there were appropriate procedure in place to manage infection control risks.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. Capacity assessments had been carried out however there were no restrictions authorised at the time of the inspection. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff, resident meetings which could include families to seek their views about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to recognise any potential abuse to keep people safe.

Potential risks to people were identified and measures were in place to minimise them.

People received their medicines as prescribed. Staff received training and support to administer medicines safely.

There were sufficient numbers of staff to care for people in a safe way. Recruitment processes included checks so that only suitable staff were employed.

The service was clean and working practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective. People's health care needs were assessed and monitored and advice was sought from healthcare professionals when required.

People's dietary needs were met. The range of food options promoted their health and wellbeing.

People were supported by staff, who had been appropriately trained to understand their needs.

The needs of people living with dementia had been taken into consideration in the design of the environment.

Is the service caring?

Good

The service was caring. Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy and dignity was respected by staff.

Staff showed concern for people's well-being in a caring and

meaningful way and responded appropriately to their needs

Is the service responsive?

Outstanding ☆

The service was extremely responsive. People had the opportunity to participate in an extensive range of meaningful activities, which were person centred and included community involvement. Creative ways were found to support people's interests.

People's care plans had been developed to include people's life history and what was important to them.

People were supported to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. Many positive compliments were received.

Is the service well-led?

Good ●

The service was well led. The quality of the service was monitored through regular audits were effective in highlighting areas requiring further
improvement.

The management team were clear and about the vision and values of the service and led by example.

People's and relatives views about the service were sought and acted on.

Nyton House

Detailed findings

Background to this inspection

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

The inspection was undertaken by one adult social care inspector.

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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service; this included eight people who lived at Nyton House, five staff members and the registered manager and care manager. Following the inspection we had responses from one health professional.

We looked at care records of three people who lived at the service, training and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We asked people who lived at Nyton House if they felt safe living and receiving care there. Comments included, "I have no doubt whatsoever that I am very safe living here", "Knowing there is someone there if I need them gives me a lot of comfort" and "Staff are always there when I need them. I never have to wait and they are so kind and patient." Observations made throughout the inspection confirmed people's requests for support were answered quickly and efficiently.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been identified, for example a falls risk, the assessment had looked at factors such the environment and whether current mobility aids remained suitable. Staff were able to tell us about people's individual risks and how they were being managed. Records were up to date to show where risk levels had changed. For example, a person's mobility had deteriorated with more falls occurring. Staff had responded to the changes by making the necessary referrals to ensure suitable equipment was in place to safely support the person.

Accidents, incidents and near misses were recorded, tracked and monitored by the management team. These records were regularly reviewed and audited to identify possible trends or patterns and to help minimise the risk of repeat occurrences. It had been identified that more falls were occurring specifically around handover times when there were less staff visible. To address this only senior shift staff now attended the meetings and then cascaded information to the staff team. This had reduced the numbers of falls at those specific times because more staff were available to support people.

The service had introduced an electronic medicines system which included the use of bar scanners to reduce the risk of human error. Staff had received additional medicines training which included discussion at supervision and observations by senior staff to ensure the system was being used safely. There was a continuing programme in place for training updates, to ensure practice was up to date and staff were using current pharmaceutical guidance and legislation. Medicines were being administered as prescribed. Medicines storage cupboards were secure, clean and well organised.

Some creams prescribed for people were not always being dated on opening which meant the expiration of the creams effectiveness could not be determined. We discussed this with the registered manager who took immediate action to address the issue and highlighted the issue with all staff responsible for medicines.

Some prescription medicines required stricter controls. The controlled drug records were accurately maintained. When checking one person's record the balance of this type of medicine was accurate and records showed it was always checked by two appropriately trained staff.

We observed the service was being staffed in numbers which met people's individual needs. Call bells were responded to quickly. One person told us, "Never have to wait long before they [staff] come and help me if I need them." The level of support that each person required was assessed and used to determine staffing

levels. The staffing rota showed there was a skills mix on each shift so that senior staff worked alongside care, domestic housekeeping and catering staff. A staff member told us, "We work really well as a team and where there are gaps we usually manage to fill them with our own staff." This helped ensure consistency of care.

Some people preferred to stay in their rooms for most or part of the day. Staff were observed to frequently check on people's welfare in their own rooms. Staff were attentive to people's needs and when they required assistance. The deputy manager told us that staffing levels were arranged according to the needs of the people using the service. One person's relative said, "I never have any concerns about the levels of staff. They are always a round when we visit."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff understood what abuse meant and what action they should take if they suspected it. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns. Contact details were visible on the service's notice board so people could refer to the safeguarding team independently.

All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. Any soiled laundry was washed at the required temperature to ensure it was clean and hygienic. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection.

Each person had information held at the service which identified the action to be taken for them in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Equipment had been serviced and maintained as required. Records were available confirming gas, electric and fire systems were being maintained and were safe to use. Equipment including moving and handling equipment (hoist and slings) were safe for use and were being regularly serviced. We observed they were clean and stored appropriately so people were safe when moving around the premises.

The environment was clean, tidy and maintained. One staff member said, "We take a pride in making sure the home is always clean." There were designated staff for the cleaning of the premises. Infection control procedures were in place and regular checks were made to ensure cleaning schedules were completed. During the day of inspection we observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "I trust all the staff. They all know what they are doing. They all know how I like things done."

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Nyton House. We observed staff continuously engaged with people. For example, some people chose to sit alone or did not engage with those around them. Staff always took time to stop and speak with the person to ask if they were comfortable or wanted something. In all instances we found staff interacted with people effectively and those who lived at the home looked comfortable in the presence of staff members.

People's needs and choices were assessed prior to moving to Nyton House. People were able to visit or stay for a short period before moving in to the service. This helped ensure their needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

People's healthcare needs had been monitored and discussed with the person or relatives as part of the care planning process. Two people told us the registered manager and staff frequently asked about their wellbeing and when they reported they did not feel well staff contacted a relevant health professional. Care records showed visits from health professionals including General Practitioners (GP's) and district nurses were taking place as required. Other professional were involved with people when necessary including physiotherapists and occupational therapists. The service worked closely with the Living Well With Dementia Team [LWWD] who supported people with dementia conditions through specialist input and assessment to measure progress of the disease and to provide the service with any specific advice to enable them to effectively respond to people's changing needs.

Newly employed staff were required to complete an induction before providing support independently. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction programme covered orientation to the premises and included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, practical skills, medicines and record keeping. A revised equality and diversity training plan had been introduced to staff which focused on current Equality Act legislation and ensured staff understood what discrimination meant and how to protect people from any type of discrimination. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt

confident to work alone. A staff member told us they had almost completed the care certificate which they had found very positive as an introduction into the care sector.

Training records showed staff were provided with regular training updates the provider considered mandatory such as moving and handling, safeguarding and infection control. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care, diabetes care and care of the dying. People and relatives told us they felt the staff were well trained, competent and knowledgeable.

Staff told us training helped them to provide the necessary support and care to people. Staff received regular supervision and advice from the manager and attended meetings. One staff member told us, "The training is very good. We are all required to do the training but it keeps us up to date with any changes." Staff had regular access to the manager or senior staff if they needed additional support in a less formal way. A staff member said, "The door [manager's office] is always open for us to ask for advice if we need it."

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment. However, the manager was aware of such technology and would embrace it should it be identified as necessary to support people.

The service had two dignity champions whose role it was to promote equality and diversity which was shared with staff during training sessions and inclusion in staff meetings. Its aim was to enable staff to ensure the people they supported were valued for who they were and treated as individuals. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. Nobody said they felt they had been subject to any discriminatory practice. For example, on the grounds of their gender, race, sexuality, disability or age. There was a strong focus on protecting people's human rights.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no restrictions in place although a best Interest meeting was planned following a person's deterioration in mental capacity. There were no current DoLS authorisations in place at the time of the inspection.

People told us they enjoyed the meals at Nyton House. Comments included, "First class. Lovely food" and "When my family visit they often get asked to stay for lunch it's never a problem." Breakfasts were being service throughout the morning to suit people's choices. The lunch meal was mainly served in the conservatory dining room although some people chose to eat their meals in their own room and this was respected. It was a social occasion with people gathering together for their meal and sharing conversation. Staff engaged throughout and people's choices were respected. Drinks were served throughout. Tables

were decorated with flowers and seasoning was available for people who wanted it. Snacks and drinks were always available to people outside of mealtimes.

The service assessed people's dietary needs on admission and through regular review. Some people required referral for specialist dietary support especially where people were at risk of choking. The chef was made aware of all special dietary needs. People were offered options at each meal and the service had received a gold 'Eat out Eat Well' Award. This is a local authority scheme which awards caterers who make it easier for people to make health choices. The award is based upon the type of food, cooking methods and how meals were promoted to customers.

Staff regularly monitored people's food and drink intake to ensure people's nutritional needs were met. Staff monitored people's weight regularly as part of monitoring their general health. People were regularly consulted on the service's menu to ensure that the food provided met peoples' diverse needs. The minutes of a residents meeting showed people had asked for specific food such as Chicken in creamy sauce and more mince pies and that these dishes had been added to menus. People told us, "The staff and chef know my likes and dislikes. There is never a problem" and "I can decide what I eat and where."

The service had been awarded a sequence of five-star ratings following previous inspections by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

Care records contained evidence that people who were able had signed to consent to all aspects of their care. This covered, for example, personal care needs and medicines. The manager and staff were aware of the importance for people who lived at Nyton House who may not have mental capacity for them or their legal representative to give consent to receive care and support.

Nyton House was furnished and decorated to a high standard. People's rooms were large enough for them to bring a range of furniture and personal items from their own homes. One person told us, "It's just like home. I am surrounded by things which all mean something to me." When rooms became vacant they were decorated. Each room had a call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. There was signage in areas where people with dementia conditions lived so they could navigate around the service.

Nyton House was surrounded by extensive well maintained garden areas. In order to support people to access the garden the service had put in place disability vehicles for peoples use. On the day of the inspection one person had made use of one of the vehicles to access the garden. One person told us it had made all the difference for them to be able to enjoy the garden when they wanted to independently.

Good

Is the service caring?

Our findings

People who lived at Nyton House told us they were happy and felt the care provided for them was very good. Comments were positive and included, "It's a lovely warm and caring place to live. I can't think of anywhere I'd rather be," "They [staff] couldn't be more polite and very engaging. They are always popping in to ask if I'm ok or if I need anything" and "All the staff are very caring. They are a lovely bunch."

Care being delivered was person centred and aimed at supporting people to maximise their experiences. For example, by supporting a person to expand their mobility through purchasing a high dependency wheelchair. This meant the person's ability to be more socially active was achieved. They were then able to participate in the homes choir and other activities both in the service and in the community. In another example a person liked to experience leisurely baths. Staff respected this and gave the person time to relax with a bell for them to call staff when they were ready.

Families were made to feel very welcome whenever they visited with some staying with their relatives when nearing the end of their lives. Other's often stayed for meals and were invited on outings. For example at Christmas some relatives went to the local pub for lunch and on Christmas day some relatives joined people at the church service on the day.

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Nyton House were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them. Staff took time to talk with people and put them at ease if they appeared confused or distressed. For example, one person had limited communication due to an advanced condition. The person could only communicate by screaming when receiving personal care. However, staff had recognised that if they sang to the person they would sing back and this had enabled staff to support the person in a more relaxed and managed way. Another example was of the staff team using facial expressions to communicate whether the person was having an alert day or a sleepy day. This demonstrated the staff understood how to use individual prompts to effectively communicate with people.

People told us their privacy and dignity was always respected and this was observed during the inspection. We observed staff members knocking on bedroom doors and waiting to be invited in before they entered. People said staff treated them with dignity and their privacy was respected and their independence promoted. People were supported by staff who maintained their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

Staff had time to sit and chat with people. We observed many positive exchanges between staff and people living at Nyton House. For example, taking time to sit with a person and support them with their meal. It was carried out in a kind and sensitive way. One person wasn't sure where they wanted to be and was observed wandering around the ground floor. A staff member quickly identified this and reassured the person by making eye contact with them and then slowly explaining where the person was and where they might like

to be. They said, "Don't worry [name of person] we can go into the conservatory if you want to and have a drink and chat." The person became calm and less agitated. The staff member stayed with the person until they were settled and engaging with another person. It was clear the staff member understood how to support people's wellbeing in a caring and meaningful way.

People said they were involved in their care and decisions about how they wanted to receive support. They told us staff always asked them if it was alright with them before providing any care and support. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Some people liked to wear jewellery and staff made sure they talked about which piece they wanted to wear each day. Where possible staff involved people in their own care plans and reviews. However, some people were very frail and consultation could only occur with people's representatives such as their relatives.

The service held regular residents meetings which provided people with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings. Activities and staffing were discussed along with meals. People were asked about a change of floor covering in the dining room. People agreed carpeting was not ideal as it became marked so it was agreed lino would be replacing the carpet in the dining room. This meant the service sought the views and experiences of people who used the service, their families and friends.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Outstanding ☆

Is the service responsive?

Our findings

There was an extremely extensive and diverse range of activities available to people both in the service and in the community. The service had its own transport which was adapted to enable people with disabilities to access the local area on regular trips. This showed the service did not discriminate against people because of disability. People told us, "I love going out and having the transport really helps. I also like what goes on here though. Always something to keep us interested. Never a dull moment" and "I look forward to going out and going to church whenever I feel well enough. There's always someone to support me." Trips included coffee/tea and cake or lunch while out. People told us they often had conversations about what trips they might like. One person was supported to visit a local venue to meet friends for lunch every Sunday. This person was also supported by the service to attend local luncheon clubs during the week. A staff member said, "It's so important that residents go out to the places they want to. Just because it's a care home doesn't mean residents can't have a life outside." This was very evident throughout the inspection.

The registered manager told us how they were always thinking of ways they could "bring the outside in" to Nyton House. The service took a creative approach to community inclusion. For example, the service developed links with local schools. Some pupils had been coming into the service to entertain people during calendar events for a number of years and had forged positive links. Other more senior pupils visited the service to speak with people and shared intergenerational interests. One person told us, "It is lovely seeing the young people and talking with them. It keeps us all up to date with what they are getting up to nowadays." Some people visited the schools before Christmas for entertainment and refreshments. One young person who also 'busks' regularly came into the service to play the piano and provide music. People who rarely left their room gathered in the lounge to show their appreciation of the entertainment. It had proved so popular the person regularly entertained at the service as it was always well received. The provider had invited schools to use the service's extensive grounds from time to time for artwork. People told us they loved to see the children using the facilities. One person said, "It always lifts me when I see the children doing their artwork. The grounds are just so beautiful for painting."

People told us they enjoyed looking out over the garden area and were now very pleased they could access the large grounds as disability scooters were available to them. This meant people were able to access the garden independently when they wanted to. One person was accessing the grounds with a scooter on the day of the inspection. They said they had wanted to make the most of the sunshine.

People were extremely keen to tell us about the Nyton House choir which had been created and was exceptionally popular with people and staff. A staff member told us, "Some residents, who we had no idea could or wanted to sing, take part every time we practice. A practice session was taking place on the afternoon of the inspection. There were themes used at each practice for example 'Abba', Ella Fitzgerald and The Carpenters songs. The newsletter also focused on themes for the month and demonstrated there was variation in music to suit all tastes. It was clear people really enjoyed this activity. Some people were supported by staff to follow the songbook. There was lots of laughing and conversation throughout. The registered manager told us the choir would help them to go to more events outside the service. They said, "It's so popular and I think it's a good way for residents to get together. They have a lot in common."

The notice board had a weekly list of events taking place. These were diverse so people had choice. For example, creative talks about the 1950's were planned. This was an era where most people living at Nyton House were active in their jobs, activities and families. A staff member told us the topics were always directed by the people and what was important to them then. There was a range of board games in the conservatory which people were playing on the day of the inspection. People's religious needs were met by enabling them to attend church when they wanted to. For those who could no longer attend church visiting clergy came to the home so they were supported to practice their faith.

The service produced a monthly news sheet for people. It reflected on things going on in the service for example, the introduction of a 'Dovecote' in the garden which had created a lot of interest. The installation of a new kitchen and how the service were going to manage meals during the short period of time. Updates on the choir which included a gospel choir visiting the service to present new songs. It also promoted forthcoming events such as a valentine afternoon tea dance. Two people told us they really looked forward to the newsletter. One said, "It's good to see what's happening and it's very interesting."

The service had recently created a hairdressing salon. Staff told us people felt they were in an independent salon and those with limited mental capacity often wanted to pay for the hair treatment. To help those people feel valued the service used good practice dementia guidance to make the event 'real'. The service had created imitation money which people used to pay. A staff member told us, "It works so well because residents were getting quite upset at not paying for their hair styling."

The service had a bridge club which was popular for those who wanted to play. A teacher had been engaged to support people who had an interest but did not know how to play the game. This club was open to elderly people who live independently in the community. Tea was served afterwards and it had proved extremely popular. A staff member said, "It means residents can talk with people who don't live here and it extends their social group. A person living at Nyton House said, "Look forward to bridge club. I played it before I came here and so it's important for me. It keeps my brain exercised."

Some people had displays of artwork they had personally created. There was equipment available to people to continue with this hobby if they chose to. One family had donated past resident's artwork to the service and this was now proudly displayed and regularly commented on by people.

Throughout the inspection staff consistently offered people choice in their daily activities. For example, staff checked what people wanted to do in terms of daily activities. Mindful that not everyone was keen on group activities, staff spent dedicated one to one time with people. Some people did not need any prompts or advice and staff respected this. A range of daily newspapers were available to people. Several people were spending time in lounge areas or their own rooms reading the newspapers. This encouraged stimulating conversations between staff and people living at Nyton House. Where people had chosen to stay in their rooms, staff were observed making regular visits to them to check if they needed anything. This demonstrated the management team and staff valued people's choices and used a person-centred approach in responding to people's preferred daily routines and activities.

People and relatives consistently gave us very positive feedback about how the staff at Nyton House met people's needs. Comments included, "It's an amazing place, and the staff team are so genuine. They really do want to provide the best care they can," "I am continuously amazed by the commitment of the staff here. Exceptional" and "They [staff] just go over and above. I've known staff stay with people way over the time they should leave, because they knew it was important to the person who was poorly."

People who lived at Nyton House told us staff were extremely responsive to their care needs and available

when they needed them. They told us the care they received was firmly focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Care plans reflected people's needs and had been regularly reviewed to ensure they were up to date. For example, when a person's health needs had increased additional welfare checks had been put in place. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans. One person told us, "[Staff name] regularly talks with me about my care. I had a hospital appointment through very quickly because [Registered manager] had chased things up with the doctor for me. Yes I do feel involved."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Everyone had a care plan in place. The care plans were detailed and included current information about people's care needs as well as their social support needs and wishes. Records included information about how individual needs would be met. For example, the need for equipment, monitoring food and fluids and pressure care. This information was shared with other relevant health professionals to ensure they had information about individual needs where necessary. Care plans were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Any sudden changes were shared with senior staff at each handover shift and cascaded to care staff so they could respond to those changes in presenting need.

People received care and support that was responsive to their needs because staff had an excellent knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends. If a person's usual behaviour changed staff were proactive and responsive to check for signs of a possible infection. If an infection is left untreated it can lead to an increased risk of falls and confusion.

The service took account of individual communication and support needs of people with a disability, impairment or sensory loss. People's specific communication needs were identified as part of the service's assessment procedures and care plans included guidance for staff on how to share information with people effectively. Where devices, for example hearing aids were used to support people's communication needs, staff were provided with information on how these devices operated. In addition the service had good links to local suppliers and had arranged for people devices to be regularly serviced to ensure they operated correctly.

Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and keep their information confidential.

Handovers were provided at the beginning of each shift so staff had current information about people's needs and this process kept staff informed as people's daily needs changed. Staff wrote daily records as soon as care was provided so it was current and accurate. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care.

There were regular opportunities for people, relatives and friends to raise issues, concerns and compliments. People told us the registered manager was always accessible to them and they would raise any matters they may have with the registered manager and were confident it would be dealt with efficiently. Comments included, "No complaints, more than happy living here" and "I have never felt the

need to raise a complaint but I think that's because I can talk through anything with the manager and staff." There was information available to people about how to complain and this was on display in the service. The registered manager told us they had not had any complaints raised. Many glowing compliments had been received by the service from people, their families and friends thanking the service for their care and support.

The service had registered with End Of Life Care Hub for coastal West Sussex [ECHO]. It enabled the service to contact and liaise with the end of life service ensuring peoples urgent care needs were supported. The registered manager told us it was important people who had lived at the service for some time had the opportunity to end their life around people they knew. The service worked closely with the family and health professionals, reducing the need for avoidable hospital admissions and providing the right care at the right time. People's end of life wishes had been recorded so staff were aware of these.This included families wishing to stay with their relatives during the end of their lives. The service provides sleeping arrangements and meals to support families at these times.

The service had been accredited as part of the Six Steps End of Life Programme. This programme is aimed at optimising and delivering personalised care and support as a person enters the final stages of their life. The service worked closely with other health professionals to support people entering the final stages of their life. The registered manager and staff members told us how successful it was. They said, "It is so important that wherever we can people end their lives here where they are familiar with the staff and their surroundings." The service worked closely with a local hospice to facilitate the necessary care and support for the person and their family.In addition the service provided families with a leaflet to support them, by providing essential information and contact details of the home and local clergy of various denominations. In addition there were a range of contacts for funeral arrangements and advice on what needed to be done after a death had taken place. This was to ensure families who were bereaved had the information they would need to support them.

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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, relatives and staff told us the registered manager was approachable and "Always available if you need her. Very supportive." One staff member told us they felt the manager supported them personally as well as professionally. They said, "I've been really encouraged to do more training and we are encouraged to be 'champions' in some areas so we can cascade information for other staff." There were five Champions in place and the management team supported them to develop subject area expertise through additional training. They were supported using up-to-date information about the topic area to inform best practice. They cascaded support to other staff through meetings and demonstrations on shift.

The service had a positive culture that was person-centred, open, inclusive and empowering. The management team acted as role models for staff about the standards of care and attitudes they expected, and monitored and supported staff in their practice.

There were clear lines of accountability and responsibility both within the service and at provider level. The management team consisted of a registered manager, head of care and assistant head of care who oversaw medicines, care plans and audits for care systems in place. Many staff had been working at Nyton House for many years. One said, "Working here is wonderful. I have left and come back. It's a great team very supportive at all levels." This demonstrated the provider's commitment to supporting the staff team who told us they all felt what they did at the service was valued by the management team. A health professional told us, "The registered manager appears to have a very clear vision of the homes ethos and philosophy."

There were systems in place to support all staff. The management team shared the on-call out of hours support for the staff at the service. There was constant daily communication between the registered manager and staff as well as regular staff meetings. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager worked in the service every day supporting staff; this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communications between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

The service took measuring the quality of the service seriously. There were effective auditing and quality assurance systems designed to continue to improve the service for people who lived there. For example

using a management review tool for evaluating standards of care and management in all aspects of the service. An annual auditing planner was in place so managers and senior staff have individual responsibility to oversee their own quality auditing responsibilities. For example infection control and medicines. The management team had recently used an external auditing company to gauge the quality and effectiveness of the service. They had used resulting recommendations to build on the quality of care being provided. Regular audits were being undertaken including medicines, incidents/ accidents analysis and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided. For instance, a recent medicines audit identified some issues with the new recording system. This was shared with the provider of the system and changes made. The update system was being monitored to ensure it operated correctly.

There were processes in place to ensure staff took responsibility of their decisions actions behaviour and performance in their individual roles. This was through use of the employee's handbook and through regular supervision to ensure staff were working within those guidelines. In addition where staff acted as key workers to people the management team expected them to take responsibility for feedback and to have a deeper understanding of the care and welfare needs of the people they were responsible for.

There was evidence of people's views being taken into account through daily communication and through resident meetings. There systems in place to gain the views of people using the service and for families and professionals to make comments. The last review was in February 2017 and a revised survey has been developed for release at the end of March 2018. The registered manager told us this was currently being looked into and was planned to be introduced during 2018. The registered manager told us a more formal approach would enable the management team to identify any particular themes which may be used to develop the service in the best interest of people living at Nyton House. People reported they felt the staff were professional, knew them well and respected their wishes. Relatives felt able to visit at any time and were very happy with the service provided at Nyton House.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including General Practitioners and district nurses.

As reported on in the Responsive domain of this report the management team strive to engage with local community links to extend the range of opportunities for people living at Nyton House.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.