Chanctonbury Health Care Ltd

Alfriston Court Luxury Care 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?	Requires Improvement

Summary of findings

Overall summary

Alfriston Court Luxury Care Home is located in the village of Alfriston, it has large gardens and onsite parking. It provides care and support for up to 27 older people with nursing and personal care needs. The care needs of people varied, some people had minimal support needs whilst others had more complex health care needs, including end of life care. Some people had nursing needs associated with increasing physical fragility and medical conditions and needed close monitoring of their health, including palliative care. Some people had limited mobility and were assisted with moving, others had additional needs associated with dementia. The home provided respite care for people wanting short stays in a nursing home. At the time of this inspection 21 people were living at the home.

This inspection took place on 13 and 19 October 2016 and was unannounced.

The service had a registered manager in place. 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, undertaken on the 28 and 29 July 2015, we asked the provider to make improvements to ensure all medicines were administered in a consistent and safe way. Improvements were also needed to ensure when people lacked capacity, appropriate processes were followed to ensure staff took account of their individual rights and care was provided in their best interests' The provider sent us an action plan stating they had addressed all areas identified for improvement. At this inspection we found the provider had ensured staff had guidelines to follow when administering medicines. Staff had a good understanding of gaining consent from people and ensuring if people lacked capacity suitable people were involved in ensuring people's rights were protected.

Management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. Some care records were not complete and some care plans did not include all relevant information. The management systems did not ensure all required notifications were sent to the CQC and verbal complaints and concerns had been recorded. All safety checks including those on hot water had not been fully completed.

Although staff took account of people's rights when providing care and treatment, some records did not evidence appropriate processes to protect people had been followed in all cases. Agency staff had not undertaken an induction and there was no evidence that the provider had checked they had the appropriate skills, before they worked in the service.

Feedback received from people, their relatives and visiting health professionals were positive about the care, the approach of staff and atmosphere in the Alfriston Court Luxury Care Home. People told us they were happy living in the service and liked the staff. People were looked after by staff who knew them well

and took an interest in them as people. People were treated with kindness and with a caring approach. Staff understood how to support people, taking into account their individuality and dignity.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff were trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and knew the correct procedures to follow in order to protect people's rights.

Recruitment records showed there were systems which ensured as far as possible staff were suitable and safe to work with people living in a care home. People were supported to receive the medicines they were prescribed.

Staff were provided with an induction and training programme to support them to meet the needs of people. Staffing arrangements were flexible and ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. People's care needs were identified and responded to with external health care professionals involved with care and treatment appropriately.

There was a variety of activities and opportunity's for interaction both in and outside of the service. This took account of people's preferences and choice and gave people meaningful interaction and activity. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships. The environment was clean and attractive. Where improvements were required this had been identified and was being responded to. People's rooms were individual, staff respected each room as people's own space.

People were complementary about the food and the choices available. Staff monitored people's nutritional needs and responded to them. Mealtimes were relaxed and pleasant, with people's preferences and specific diets being responded to.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The management style fostered an open culture that listened to people and staff views. The registered manager was visible, approachable and friendly. Staff enjoyed working at the service and felt supported by the management and their colleagues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they were happy living in the service and relatives felt people were safe. Staff had received training on how to safeguard people from abuse, and were clear about how to respond to any allegation of abuse.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. There were enough staff on duty to meet people's needs.

There was a system established to adapt the staffing numbers to ensure a suitable number of staff were deployed for people's safety. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service

People had individual assessments of potential risks to their health and welfare. Staff managed these risks appropriately to make sure people remained as safe as possible.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and the need to involve appropriate people, such as relatives and professionals, in the decision making process.

Regular staff working in the service were trained and well supported.

Staff ensured people had access to external healthcare professionals, such as the GP, specialist nurses and community mental health team as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the caring approach provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.
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Is the service responsive?

Good

The service was responsive.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of person centred activity and staff supported them either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Some quality monitoring systems were not well established so did not identify all areas for improvement and monitoring.

Records did not confirm staff had followed processes that ensured people's rights were protected in all cases.

There was no evidence to confirm agency staff working in the service had completed an induction or relevant skills.

The registered manager and senior staff were approachable and supportive. The registered manager had a high profile in the service.

Staff and people spoke positively of the management team's style the way it listened and responded to feedback.

Alfriston Court Luxury Care 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 13 and 19 October 2016 and was unannounced. This was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service, which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. 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 spoke with the commissioner of care from the local authority before the inspection. During the inspection we were able to talk with nine people who used the service and two relatives. We also spoke with nine staff members including the registered manager, deputy manager, three care staff the chef activities, co-ordinator head of housekeeping, maintenance person and the chef. We spoke with a visiting health care professional during the inspection, and a local GP afterwards.

We observed lunch and the evening meal in the dining room. We spent time observing people in areas throughout the home and saw interaction between people and staff and visiting entertainers. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the day on the first floor. SOFI is a

specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included four people's care plans and associated risk and individual need assessments. This included 'pathway tracking' people living at Alfriston Court Luxury Care Home This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine records and looked at policies and procedures, and systems for recording complaints, accidents and incidents and quality assurance records.
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Good

Is the service safe?

Our findings

People told us they felt safe living in Alfriston Court Luxury Care Home. They related this to the staff who looked after them who made sure they remained safe, and the environment which was appropriately maintained. One person said "Yes I feel safe being cared for by the staff here, no hazards." Another said "The surroundings and everyone in it make me feel safe." One person talked about the fire alarms that they were tested and went off on falsely but were in place to raise the alarm when needed. Relatives were confident that people were safe as their needs were met and staff attended to them regularly. One relative said "I know my mother is safe and well looked after here, she could not live on her own." Visiting health professionals were positive about the standard of care and level of engagement with them which ensured people received safe care.

At the last inspection on 28 and 29 July 2015 we asked the provider to make improvements to ensure all medicines were administered in a consistent and safe way. The provider sent us an action plan stating they had addressed all areas identified for improvement. At this inspection we found the provider had ensured guidelines were in place for staff to follow in order to administer as required medicines in a consistent way. People took 'as required' (PRN) medicines only if they needed them, for example, if they were experiencing pain. This ensured staff gave medicines in a consistent way.

There were systems to ensure the safe storage and administration of medicines with organisational medicine policies and procedures for staff to follow. People told us they received their medicines when they needed them. People who wanted to administer their own medicines were able to do so, once staff had assessed any risks associated with this. For example, ensuring people were able to identify what medicines they were taking safely.

The storage facilities included a medicines room and a locked drugs trolley which was secured to the wall within the medicines room, when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use.

Medicines were administered by registered nurses and they followed best practice guidelines. For example they encouraged people to take their medicine at their own pace. Once staff had confirmed the medicine had been taken they signed the Medicines Administration Record (MAR) straight away. MAR charts were clear and accurate and reflected that medicines were administered in accordance with individual prescriptions. They contained individual information and photographs to support safe administration. Some people had health needs which required variable dose medicines, these were well managed. For example some people required a change to the medicine dose related to specific test results. These were accurately reflected on the MAR chart. Staff were working with the community pharmacist to ensure records and practice ensured medicines were administered safely and effectively.

Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN guidelines were in place for most medicines. These provided guidance about why the person may require the medicine and when it should be

given. PRN guidelines were not in place for some people who were prescribed laxatives. This was identified to the registered manager to address. We observed staff administering medicines and found the registered nurses ensured laxatives were only given when required and checked care records to ensure these were given correctly. For example records relating to people's bowel movements were reviewed. This demonstrated that medicines were given in accordance with any changing requirements.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team was available at any time for advice. Fire procedures and checks on fire equipment were in place and emergency information was accessible near the front door of the home. There was a good level of cleanliness and a number of safety and maintenance checks were maintained to ensure equipment and facilities were safe. A maintenance person worked in the home and responded to issues raised by people and staff. Staff told us any maintenance issue identified was responded to quickly. There was a stained carpet in the lounge area which was being replaced within the next six months. People and relatives were complimentary about the environment and the very attractive bedrooms.

There was a safe recruitment procedure. The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. Staff records included application forms and confirmation of identity. The recruitment process included a thorough interview and the sourcing of references which informed the provider of staff suitability. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were systems to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC), which confirms their right to practice as a registered nurse.

All staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were able to talk about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be identified raised with senior staff and dealt with. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain advice.

The registered manager and senior staff had good understanding of the local safeguarding procedures and had worked with the safeguarding team in past to protect people.

Risks to people's safety and care were identified and responded to. People were routinely assessed regarding risks associated with their care and health. These included risk of falls, skin damage, nutritional risks and moving and handling. These were used to reduce the risk and provide the safest care possible. For example when people were at risk of pressure damage, appropriate equipment including pressure relieving mattresses were used. Staff checked that these were working and were set correctly to reduce the risk of pressure wound development.

The staffing arrangements were flexible and responded to people's safety and changing needs. Staff and people told us there were enough staff to meet people's care and support needs. The registered manager was constantly reviewing the staffing arrangements and had increased the staffing at night in response to safety concerns, and in the evening to ensure enough staff were available to provide the correct level of supervision. In order to provide the appropriate number of staff agency staff were used. One person who spent their time in bed told us "They always come when I ring my bell at any time they come." Each shift had a registered nurse working, supported by four care staff in the morning and four care staff in the afternoon and evening. Nights were staffed with one registered nurse and two care staff. The registered manager

worked each week day and additional staff worked in the home to respond to domestic, catering, entertainment, administration and receptionist duties.

Good

Is the service effective?

Our findings

People and their relatives had confidence in the skills and approach of the staff employed at Alfriston Court Luxury Care Home. People told us that staff understood their needs and responded to them in the way they wanted and expected. One person said, "Yes they understand me." People and relatives felt involved in what care was required and that there was an individual approach. Visiting professionals told us staff had relevant skills and listened and responded to advice given. People were complimentary about the food and told us they had choice on what they had to eat.

At the last inspection on 6 July 2015 we asked the provider to make improvements in relation to how people's rights were taken into account when care and treatment was planned. The provider sent us an action plan stating they had addressed all areas identified for improvement. At this inspection we found the provider had improved how staff responded to their legal responsibilities and were meeting the regulations.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. There were relevant guidelines in the office for staff to follow and all staff understood the principle of gaining consent before any care or support was provided. People said they were asked before care was provided and staff told us they would not provide care without people agreeing to it. One person said "Staff are attentive and are always asking if I can before they do."

The deputy manager had been allocated the role of reviewing aspects relating to the people's rights and any restrictions that may be used as part of people's care and treatment. When people were thought not to have capacity to make decisions, staff worked in accordance with the Mental Capacity Act (MCA). The MCA 2005 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.

Senior staff had applied to the local authority for DoLS when necessary. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. These applications were logged and included people who could not give consent due to a lack of capacity, and where restrictions were made on people's liberty to leave the service on their own, for their safety.

Staff and training records confirmed that a programme of training had been established for staff and had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling, equality and diversity,
safeguarding and MCA and DoLS. Staff training was closely monitored to ensure staff had completed required training at the correct intervals. Staff told us the training provided them with the skills they needed and included practical hands on training along with time to discuss specific areas of care. Staff used their training to ensure they provided appropriate care, for example staff used lifting equipment safely and competently. Senior staff reviewed staff training at supervision and supported staff to complete the required

programme. Additional training was also provided to support staff with developing roles, and changing needs of people living in the service. For example, one staff member was being supported to complete a diploma in health and social care. Another staff member was going to be supported to complete and re-evidence the 'care certificate' that they had completed at another home. The 'care certificate framework' was based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

New staff completed an induction programme, which lasted two weeks. This included a period of shadowing more senior staff. New staff were then monitored to ensure they had appropriate skills and competences. A new staff member told us they had received excellent support during their induction programme which had "Prepared them well."

The registered nurses were supported to update their nursing skills, qualifications and competencies. Registered nurses told us they were fully supported by the new manager to access any training they felt they needed. They were using planned appraisals to discuss these needs along with any support they needed to maintain their registration with the Nursing and Midwifery Council (NMC). One registered nurse said "Communication with the manager has greatly improved and discussion around training needs are open are being addressed." The PIR recorded the provider's intention to develop staff skills further with the development of champions and further emphasis on dementia care training. Following the inspection the registered manager contacted a training provider to agree some training for all staff on dementia.

People were supported to have enough to eat and drink and had a pleasant dining experience. Tables were attractively presented with tablecloths, napkins, flowers and condiments. People's comments included "The food is very good, more imaginative these days. I can't find fault with any of it, something different for supper would be nice, and they are looking into that," "Tomorrow is fish and chips which I don't like so I will have salad" and "Yes it is very nice and enough of it." People had access to fluids and hot drinks throughout the day that were offered regularly by staff. Most people chose to eat their meals in the dining room. The dining room provided a pleasant environment, with people able to choose where they sat. The tables were attractively presented and people had accompanying drinks according to preference including wine and fruit juice. Mealtimes were a pleasant social experience for people. Staff chatted with people about the food and choices available. People mostly ate independently and staff were discreet in any support they provided. Staff were patient with people and allowed them plenty of time to eat their food at their own pace.

People's nutritional needs had been assessed and regularly reviewed. Risk assessments and close staff observations including people's weights were used to identify people who needed close monitoring or additional support to maintain nutritional intake. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Drink supplements were used when specialist advice indicated this treatment. For people who had difficulty in eating and swallowing soft and pureed meals were provided. Where a need had been identified, staff monitored how much people ate and drank each day, to ensure they received appropriate nutrition and fluids. Associated records were completed and included fluid charts to monitor how much people were drinking.

Staff had a good knowledge of people's dietary choices and needs. The two chefs took a positive role in responding to people's needs and preferences and were proactive on promoting good food experiences for people. The chefs were involved in discussions with staff, relatives and health care professionals to respond to individual needs and special diets. Specific dietary needs were recorded and displayed within the kitchen. This included vegetarian meals and responding to people's allergies. Satisfaction surveys were also used to gain feedback on preferences and choice.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted, which was a great reassurance and were supported in attending hospital appointments. Relatives confirmed health care support was sourced appropriately and they were kept informed of any health changes. Both staff and records confirmed there was close and regular contact with a variety of health care professionals.

Staff worked hard to communicate effectively and co-ordinate a multi-disciplinary approach to care. For example, for one person with specific mental health needs, staff were in regular contact with their social worker and had involved a consultant psychiatrist in the reviewing and planning of their care. Visiting health care professionals told us staff worked with them to provide appropriate care for people.

Good

Is the service caring?

Our findings

People were treated with kindness and in a caring way both in their every day care and contact with staff. People were very positive about staff and made the following comments "Staff are all caring, everybody is very nice," "They are so kind," "Lovely staff, you can have a laugh with them," another person responded, "They are kind, friendly and supportive." Relatives and visiting professionals were also positive about the patience and caring attitude of the staff and the friendly atmosphere in the service. They told us staff treated people as a loved family member.

Staff had a very caring approach and communicated with people in a cheerful, friendly and reassuring way. They were attentive and thoughtful and took a real interest in people, ensuring they were responded to, and were comfortable. For example, staff talked to people in a personal way taking and interest in what they said and placing a reassuring hand on their shoulder. One staff member noted a person was sitting awkwardly they immediately attended to them providing a cushion. Staff spoke with people in a kind, calm manner with friendly smiling faces and good eye contact. Staff had a good knowledge of the people they cared for. New staff told how they wanted to understand people and were taking time to get to know people. People were called by their preferred name and were dressed according to individual preference. The laundry arrangements had been changed and people told us their laundry was well cared for and returned to them quickly and clean. People could visit a hairdresser who came to the home each week or go to their own as they wished. The hairdresser worked in a private area of the home and the experience for people who attended was social. People's appearance was important to them and ensured they maintained their own identity.

People told us they liked their rooms, they found them comfortable and they provided everything they needed. People particularly enjoyed the country views from their bedrooms which they talked about, sharing memories of country walks. Bedrooms varied in the personal items on display, most rooms had photographs of family and/or older photographs of themselves at a younger age. People's bedrooms were seen as their own personal area, and reflected individual interests. One person had some bird feeders on the windows and was able to enjoy the birds which visited. The content and views from people's bedrooms was important, as they maintained a link to people's past lives and gave staff a reference for conversation and an understanding of people as an individual.

The home encouraged people to maintain relationships with their friends and families. The relationship between staff and people and their families was a positive one, with a genuine interest and fondness. People and their relatives were greeted by staff with kindness and politeness. Relatives told us they could visit at any time and they were always made to feel very welcome. One person went out with a family member during our visit. Staff supported the outing and ensured lunch had been kept warm for them when they returned.

People told us they were treated with respect and dignity. One person said "The staff always knock before they come in, I am treated with dignity and respect I feel." Each bedroom door had a label that was used when people did not want to be disturbed or when care was being provided to ensure people's privacy.

People always received consultations with professionals in private and visitors were supported to see people where they wanted to.

Staff understood the importance of an individual and caring approach and understood the key principles that underpinned people's dignity. One staff member the dignity champion for the home. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. There was a dignity board which included information about what dignity meant and how people could expect to be treated. There were reminders in everyone's care plan that choice and ensuring people's dignity must be part of everyday care. This showed there were systems to promote care which maintained people's dignity. Staff were committed to providing care that was personal caring and respectful. Staff gave examples of how they promoted people's dignity and what was important to them when providing care and 'making people happy.' Staff talked about providing care and support that they would want provided to their parents or grandparents.

Staff understood the importance of maintaining people's confidentiality and to maintain professional boundaries. They received regular training on both. Records were kept securely within locked cabinets. Staff knew information about people was not to be shared outside of the service.

Good

Is the service responsive?

Our findings

People and their representatives were involved in deciding how their care was provided. People received care that was personalised to their wishes and preferences. People felt that staff understood them well. One person said their care had been discussed with them and their family and said "I have complete faith in the staff, any problems they ask our families." Another said "I have a review of my care coming up soon with my family."

Staff responded to people's choice and accepted them. For example one person chose to spend time in the garden, even when cold. Staff facilitated this choice ensuring they were comfortable and warm and could call for assistance if they wanted it. Support and care was personalised to individual needs and wishes. For example one staff member told us "We offer shower and baths as people want them rather than set days." People told us they enjoyed the entertainment and activity provided by the home which was varied and interesting.

Before people moved into the service the registered manager or deputy manager carried out an assessment to make sure staff could provide them with the care and support they needed. Following assessment the possible admission was discussed with senior staff to ensure admission process was managed appropriately. For example a person's admission from hospital was being planned but included time for the hospital to stabilise their medical condition. Assessments were completed with people or if they wished, with their representatives. This meant the assessment was individual and took account of people's views and choices. One person told us how the manager had visited and talked about what they needed before arrived.

The assessment took account of people's life histories, beliefs and cultural choices. This included what religion or beliefs were important to people. One person told us their spiritual needs were responded to and she enjoyed the monthly Holy Communion she received from the local vicar. Care plans were written following admission and reviewed on a monthly basis. The registered manager had plans to review all the care plans with people and their representatives in the next month. Care plans gave clear guidelines to staff on how to meet people's needs, while promoting an individual approach and understanding their past lives and background.

Staff had a good understanding of the support people needed. This ensured a personalised approach to care. Communication systems were well established and were used so staff had up to date information on people's needs. This included regular discussion and feedback to the registered nurse on duty and the registered manager. A formal handover between staff was completed at the beginning of each shift. Each person had an allocated day within the month to be 'resident of the day'. During this day all aspects of their care and life was discussed with them ensuring an individual review. This included a discussion with the chef and senior staff and ensured people's changing needs and preferences were responded to. Aspects relating to housekeeping and maintenance were also reviewed by the respective staff.

Visiting health professionals told us staff were knowledgeable about people's needs and responded to any

recommendations they made to improve health outcomes, in an organised and professional way. One of the professionals told us staff had a proactive approach, ensuring they and staff worked together to provide responsive health care. For example, ensuring the correct health care professionals were contacted when people needed palliative care.

The service had a clear complaints procedure that was available to people and their representatives to use if they needed to. Leaflets on making complaints were displayed in the front entrance, along with information on an independent feedback system which enabled people to comment and post their views on line. Compliments cards sent by relatives were held on file for staff to read. This ensured staff could access positive feedback from people using the service when received.

People told us they knew how to make a complaint if they needed to. Their comments included "I don't have anything to complain about, I would tell the head nurse if I did," "All in all no complaints, I am happy, well looked after and well fed," and "I would complain to the manager or his deputy. I asked to have my room moved around to give me more space and they responded."

Records confirmed written complaints received were documented and responded to in a way to improve the service for people. The operational director was involved in the investigations providing an objective view. They then shared and used the information across all the care homes in the organisation. For example an investigation has led to improved pre-admission assessment processes. Verbal complaints and concerns were not well recorded and this was discussed with the registered manager who agreed to document these more robustly in the future. Feedback posted on line was responded to and discussed at team meetings. This demonstrated that the management responded to feedback in a positive way.

People were encouraged to share their views on the service on a daily basis during discussion with the registered manager and staff. This had been developed further with weekly coffee mornings held with the registered manager to encourage the sharing of people's views and opinions. Residents meetings and satisfaction surveys were also used to gain additional feedback.

People and their relatives were very positive about the activity entertainment and social interaction promoted within Alfriston Court luxury Care Home. People's comments included "I like the music quizzes best, I also like making things," "every fortnight we have pet therapy, it was kittens last week but we have had goats, lambs, ducks and dogs." People were very complimentary about the activities person, they valued her company and the activities and entertainment she organised. One person said "She does a damn good job, always pleased when we see her come in." The activities person worked in the home most days. They knew people well and understood the best way of engaging with them. The activities person spent time with people and their relatives to establish what interested them and what was important to them. In this way any activity and entertainment was tailored to people's individual need and preference and everyone was given the opportunity to participate if they wished. Some people preferred to spend time in their own company, others liked individual time with staff or relatives to chat. One person told us they spent the mornings in their room doing adult colouring, crosswords and word search which they enjoyed. Two other people told us how much they enjoyed the garden "Sitting and having a cup of tea outside."

The activity and entertainment organised by the activity person and staff was varied and inclusive. For example a number of activities were provided within the service and outside. This included a fortnightly minibus outing to different venues, including recently a visit to the Eastbourne pier for tea, shopping visits to a garden centre and a theatre trip. An outing to the Christmas pantomime was also being arranged. The activities person also undertook individual outings with people which included shopping at local shops and visits to the local public house. Two external entertainers visited the service during the inspection and

engaged very positively with people. For example one person who was living with dementia who looked like they were sleeping responded to the classical music which was being played. They opened their eyes and clearly recognised and enjoyed the music.

Activities and entertainments were discussed and organised in consultation with people. A list of planned events and activity was displayed on a board this along with individual programmes given to each person ensured people were aware of what was available. People had an opportunity to comment on previous events and these were recorded on the board. Feedback received from people in comments and during 'residents meetings' was used to plan future events that were enjoyed by people.

Requires Improvement

Is the service well-led?

Our findings

People and relatives were consistent in their positive feedback about the management of the service. They were confident the service was well run and organised. The registered manager had a high profile in the home and was available to people, their visitors and staff. People told us there was a nice atmosphere and they were listened to. One person told us, "The registered manager is very nice, helpful and asks how I am." Another said "The manager is very good, in fact I would say he is excellent, really gets things done and listens to you, I have no concerns I am perfectly happy." Visiting professionals were also positive about how the service was managed and said the management team, including the new registered manager, were approachable and open to discussion regarding people's care.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. Management systems that included quality monitoring did not always ensure safe and best practice in all areas. For example we found some inconsistencies in how records were completed and supported decisions made for people around care and treatment. A new risk assessment and consent form had been implemented for the use of bedrails but it had not been used for everyone who had them in place. It was therefore not clear if people had consented to their use. One person's records indicated they had capacity to make a decision about the use of bedrails, but not a lap strap that was used in a wheelchair. The registered manager confirmed they would not have had the capacity to consent to the use of bedrails. Records confirmed discussion around the use of the lap strap with a number of professionals, including the allocated social worker however there was no record of a best interest discussion available to the inspector. Although DoLS applications had been made and documented, a number had not been authorised and there was no evidence that the registered manager had followed these up with the DoLS team to ensure restrictions in place were appropriate. These inconsistencies meant the provider could not be assured that any restrictions were fully monitored to ensure least restrictive measures were used. When a DoLS had been approved, these had not been recorded within people's individual care plans and the required notifications advising the CQC of a DoLS authorisation had also not been completed.

Some records had not been signed or dated and therefore not completed or maintained in a consistent way to support the care and treatment provided. In addition a record of verbal complaints and concerns was not recorded to evidence these were responded to effectively. Checks maintained on hot water supplies had not ensured all outlets accessible to people had been monitored appropriately. The passenger lift did not have a current through examination as required under health and safety legislation. These areas were identified to the registered manager as areas for improvement. The registered manager immediately took action to ensure the appropriate check had been completed on the passenger lift and sent the appropriate notifications regarding DoLS into the CQC.

Agency staff were used to ensure adequate staffing in the home. The registered manager advised that regular agency staff were used to maintain continuity for people. However records to confirm staff employed via agencies were suitable with appropriate training competencies and confirmation that the agency had followed thorough recruitment practice were not in place. There was no evidence that agency staff working in the service had completed any induction training. This meant the provider could not be assured staff

working in the home were suitable and could meet the care and safety needs of people. This was raised with the registered manager as an area for improvement. During the first day of the inspection information and records were obtained from the supplying agencies confirming the recruitment procedures followed and the training completed by staff supplied.

There was a clear management structure at Alfriston Court Luxury Care Home which staff were familiar with. This included heads of department who supported the registered manager who had an overview of the service. There was a deputy manager who took a lead on clinical care. Staff were aware of who they needed to report to and there were clear on-call arrangements which ensured advice and guidance was available every day and night if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to.

A new registered manager took up post in April 2016. People and staff were very positive about the change in the management structure which had also included an appointment of a deputy manager. One person told us "There's a great difference here since the new manager came." Staff told us support provided and the communication between staff had improved with the changes made to the management team. The registered manager had a visible presence in the service and was available to people staff and visitors. Everyone was comfortable and relaxed with him and approached him freely. He took time to speak to everyone and took an interest in what they had to say. He fostered an open culture within which people felt consulted and listened to. Two staff members told us the new registered manager was effective and got things done. For example one staff said "The new manager is much more organised, he is approachable and gets things done, like the replacement of furniture."

Other staff told us the staffing had been improved along with staff support. Staff told us they were happy working at the service and said "Everyone is lovely." Systems to ensure staff received regular meaningful supervision and appraisal had been implemented. Staff felt the supervision process was useful for individual development and was used to reinforce the values of best care. The PIR confirmed staff were being allocated lead roles that interested them and would promote good care in the service. For example, champions on dementia were to be trained and used to direct a person centred approach to care for people living with dementia.

Systems for communication for management purposes were well established and included a daily meeting with the senior staff and a daily management check around the service. All care staff attended a handover meeting, so staff changing shifts shared information on each person. In this way staff felt they were informed and listened to. Staff meetings were held to communicate with staff and update them on changes and planned improvements. Staff said they were kept informed and were aware the organisations visions which included 'care about caring.'

Alfiston Court Luxury Care Home is one of three care homes in an organisation. The directors, operations director and the registered managers met on weekly basis. These meetings were used to review the quality of the service provided and to look at strategies for improvement. For example a new software system was being adopted to allow a central administration system. This would streamline systems for human resources, including planning and recording training and recruitment. Complaints were also shared and discussed to allow the organisation to learn from any matters raised.

There were a number of feedback mechanisms from people and relatives. The provider sought feedback from people and those who mattered to them in order to enhance their service. This was facilitated through regular meetings, satisfaction surveys and regular contact with people and their relatives. Meetings with people were used to update them on events and works completed in the home and any changes, including

changes in staff. People also used these meetings to talk about their views, including the quality of the food and activities in the home.