Sussex Housing and Care

Ardath

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ardath is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. Accommodation was provided in one adapted building. The service can support up to 32 people. People living at the home had a range of needs. Some people required assistance with daily living due to physical frailty and health needs, such as diabetes. Some people were living with the early stages of dementia.

People's experience of using this service and what we found
People received support from staff who knew them well as individuals. They understood their needs and were kind and caring. People's care and support needs were assessed and reviewed regularly. This meant people received care that was person-centred and reflected their needs and choices.

People were supported to maintain their own interests and friendships. Some people went out independently. People were able to take part in a variety of individual and group activities that were meaningful, and they enjoyed. These included quizzes and music and movement. External entertainers also visited the home.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines when they needed them.

Staff received training that helped them to deliver the care and support people needed. This included specialist training to meet people's complex needs. They attended regular supervision meetings and told us they were very well supported by the registered manager. A staff member told us, "Yes I feel supported by the management and we are all good at supporting each other."

People's health and well-being needs were met. Where appropriate, staff supported people to attend health appointments, such as the GP or dentist and attended appointments for specialist advice and support when needed. People's nutritional needs were assessed. They were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day.

People had the equipment they needed to meet their individual needs. The provider had embraced new developments in technology and an electronic care planning system was being introduced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider and registered manager had good oversight of the service. They knew staff and people well and provided a supportive environment to live and work. There were a series of audits which helped the provider and registered manager to identify where improvements were needed to continue to develop the service. There was a detailed complaint procedure, and this was displayed so anyone wanting to raise a concern could do so.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 9 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Ardath

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out 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.

Service and service type
Ardath is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection
We spoke with six people who used the service, four relatives and a friend of a person living at the service

about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, deputy manager, senior care staff, care staff and activity coordinator. We also met with two visiting health and social care professionals.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check the records for people match the care and support they receive from staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and quality assurance records. We received feedback from a further four health and social care professionals.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives also felt the home was safe. One person's relative told us, "Yes, she is totally safe and so happy, I think they look after her well." Another relative said, "There is an alarm that alerts staff if she goes out to the garden and someone comes to check on you."
- Staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us a workshop had recently been held to ensure all staff were able to identify possible signs of abuse and to ensure they knew the procedure for reporting if they suspected abuse. They told us the training had been very interesting and they were clear about what to do if they suspected abuse.
- A relative told us, "We trust the staff, he is safe here. They keep us informed and we were involved with care plans right from the start".

Assessing risk, safety monitoring and management

- There were guidelines in relation to the management of behaviours that challenged. This included advice for staff on how to identify early signs and how to divert and distract from behaviours. There was limited information on how to provide actual support in a difficult situation. We assessed this had no impact because staff were able to tell us how this could be achieved. It was also noted further training had also been planned on positive behavioural support.
- Where risks were identified, there were appropriate risk assessments and risk management plans to help people stay safe. For example, one person needed a hoist to move from one position to another. We observed staff used a privacy screen when supporting the person. Staff gave the person clear advice about what they were doing and what they wanted the person to do. They reassured the person and went at their pace. The process was carried out with safety and dignity.
- Risks in relation to people's skin integrity and the prevention of pressure sores had been assessed. If someone had an air flow mattress there was daily monitoring to make sure it was set at the correct setting.
- Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan that described the support they needed in an emergency. This included information such as who wore hearing aids and who needed support with mobility. Records demonstrated the evacuation procedure had been explained to each person. Fire drills were held regularly, and records demonstrated each drill was fully evaluated to ensure safety procedures were followed.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded. There was a board on display and people were asked to show when they were in and out, so they knew who was in the building in the event of a fire.

● A fire risk assessment had been carried out on 29 April 2019. Any recommendations made had been addressed.
● People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety.
● A legionella risk assessment had been carried out to ensure the ongoing safety of water.
● A maintenance book was kept that showed when work was needed and when it had been addressed. This showed maintenance tasks were addressed in a timely manner.

Staffing and recruitment
● There were enough staff to meet people's needs safely. A relative told us, "There are always enough staff about even at weekends."
● People told us staff responded to call bells quickly. Staff told us they felt there were enough staff to meet people's needs. Taking into account feedback from staff, managers and people, staff levels across the organisation had increased at night from 2017. Since then, the Real Living Wage had also been introduced and a new activity co-ordinator had just started in post.
● The registered manager told us they were recruiting for another staff member and the vacant hours were covered with staff working overtime or with the use of regular agency staff.
● There were detailed on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
● There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
● A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.
● People met with prospective staff and had opportunities to ask questions and share their views in relation to who should be appointed.
Using medicines safely
● One person told us, "If I was in pain, I'm sure they'd give me some pain relief. They manage all my medication for me, and they do that very well." Another person said they received their medicines, "On time and if I need any pain killer, I get it."
● There were good procedures to ensure medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
● Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols in use that clearly described when to give these medicines and how people liked to take them. For example, some people liked staff to given them their tablets but did not need supervision to take them. A risk assessment had been carried out to ensure safety in these situations.
● Staff had received training in the management of medicines and had been assessed as competent to give them.
● People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection
● All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
● Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use and we saw these were worn appropriately when meeting people's needs.

Learning lessons when things go wrong
● There were good systems to ensure records were kept of accidents along with the actions to be taken to

reduce the likelihood of the events reoccurring. Actions included updating risk assessments, ensuring regular eye checks, ensuring people wore correctly fitting footwear, making sure medicines were reviewed regularly and, increasing supervision.

● The analysis of falls in April 2019 showed most of the falls occurred in the mornings so there was an increase in staff support in the mornings. This had a positive effect and demonstrated the home took positive action to make improvements in the care provided.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These include various aspects of people's care needs such as how they communicated, their mobility needs, preferences and information on how they liked to spend their time.
- Following discussions with the registered manager during the inspection, documentation was amended to include reference to capturing information about people's protected characteristics, if they wished to share this information. Further information about this subject was already included in care plans.
- A relative told us, "When choosing the care home, I listened to staff supporting people when they didn't know I was there, and I liked what I heard. She is very happy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals had been made for specialist advice and support when necessary. For example, if people had difficulty with swallowing a referral was made to the speech and language team. If a person was at risk of falls, a referral was made to the falls team.
- People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at the service. A visiting professional told us, "Staff are open and receptive to any recommendations. I have nothing but positive praise for the staff."
- People attended or were supported to attend appointments for chiropody, dental and eye tests.
- A health professional told us when they had contacted the home to update staff on a change, the team member was "efficient and courteous."
- Another health professional told us, "Staff attended training and engaged in the training provided. They had identified residents to look at more closely around falls prevention as they really wanted to reduce their falls risk."

Staff support: induction, training, skills and experience

- The training programme confirmed staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at Ardath. This included training on dementia, behaviours that challenged and mental health awareness.
- We asked a staff member about their training on mental health. They told us the training was good. They said, "It helped to separate the illness from the person, to understand their thoughts might be racing and

not to deny the thoughts, but to reassure we will sort the problem."
● Another staff member told us their training gave them the ability to empathise more with people. "If a person has a blip and displays behaviours that challenge, I can recognise signs and distract and give them peace and reassurance."
● Staff told us their views were listened to. We saw from records a staff member had asked for training in a particular area and this had been booked.
● Staff told us they were supported through regular supervisions and records confirmed this. We asked a staff member if they felt supported. They said, "Most definitely, and I'm happy to go to someone if I have any concerns outside of supervision times." Another said, "I feel supported by all the management and we all support each other, everyone is kind."
● The registered manager told us they worked hard to meet staff's diverse needs. One staff member had a disability that had the potential to affect them in the event of a fire. A risk assessment had been carried out and measures taken to mitigate any risks.
● New staff completed the provider's induction process. When they started working in the home they were not counted in the staff numbers on shift. This gave them time to get to know people and understand the policies and processes at the service. A staff member told us they felt well supported throughout their induction. They said, "It was a useful time to read the policies and procedures, to find out where things are located and to really start to get to know people."
● All staff new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Supporting people to eat and drink enough to maintain a balanced diet
● People had enough to eat and drink. There was a four-week menu based on people's known likes and dislikes.
● People were offered and received a choice of drinks throughout the day. Some people had specialist cutlery and used plate guards to assist their independence with eating.
● Some people were assessed as at risk of not drinking enough to stay hydrated. Where this was the case a care plan was written, and a fluid intake chart was maintained.
● People had a choice of cooked breakfast or cereals and toast for breakfast. In addition to the main menu, a vegetarian menu was also provided at each mealtime. On the day of inspection, it was a very hot day. We noted a number of people chose alternatives to the main menu and these were provided. A wide choice of hot and cold food was provided for evening meal. One person told us, "They really try their best to give everyone what they prefer." Another told us, "Today I asked for salad because I didn't feel like having anything else, and I was treated with a wonderful nice salad very delicious."
● Vegetables were served in a dish in the centre of the table, so people could help themselves. If people needed support this was discretely provided.
● We saw if people did not eat their meal they were offered an alternative. One person pushed their meal away as soon as it was given to them. We saw staff offered them a sandwich. The person agreed and when it was served this was eaten.
● One person had a health condition and there was detailed information about the foods they could eat and not eat along with detailed information about the condition. Staff were aware of the person's needs and how to support them.

Adapting service, design, decoration to meet people's needs
● People's bedrooms were personalised with photographs and individual furniture.
There was signage around the home to ensure people were orientated to communal areas and bedrooms.
● There was a lift which provided level access throughout. Bathrooms and toilets had been adapted with

rails and raised seats to help people retain their independence.
● Each of the bedrooms had an ensuite shower. In addition, there were three bathrooms. Each bathroom had an assisted bath. At the time of inspection only one of the bathrooms was in use. We were told people preferred showers to baths so this had no impact for people as there was always at least one bath available. The bath seat in one could not be repaired as the parts needed were obsolete. Parts had been ordered for the second bath chair. Following the inspection, it was confirmed that this chair was now in working order, so this meant two of the baths were fully functioning.
● People had a range of equipment needed to meet their assessed needs. For example, some people required the use of a hoist, stand aid, wheelchairs and walking aids.
● In one area of the home there was a kitchenette for the use of three people. Each of these bedrooms had a patio door that led to the garden.
● There were several communal areas, so people had a choice of where they could spend their time.
● All parts of the service were wheelchair accessible, including the garden.
● Some people had their own computers, iPads and mobile phones for personal use. One person had a mobility scooter and one an electric wheelchair.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Applications for DoLS authorisations had been made appropriately. Applications included detailed information about why restrictions were needed. In addition, written assessments had been carried out to demonstrate how these decisions had been reached. As part of this process records demonstrated the conversations and activities attempted to enable people to make informed decisions. Where authorisations had been granted, any conditions set had been met.
● Staff ensured people were involved as much as possible in day to day decisions about their care. They understood the process that needed to be followed when people were not able to make decisions.
● When people lacked capacity to make decisions, best interest meetings had been held. We were told a meeting had been arranged for one person who wanted to move to an alternative address.
● People were asked for their consent before personal care was undertaken. We saw staff offering people choices of drinks and choices of activities.
● Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well. They were caring in their approach and checked regularly with people to make sure they were meeting their needs and wishes. One person told us, "I get on with the staff very well, they are very helpful, very hard working, they treat with kindness and compassion."
- A health professional told us staff had been, "Kind and caring to the residents and had a good understanding of their needs and take on board the advice offered."
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
- Staff communicated well with people and in a way they could understand; people responded warmly to them.
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "We recognise that people are different and we try to ensure any special needs are met."
- Another staff member told us, "We do things how people would like them done, not how we think they should be done. People are individuals and can tell us what they want."

Supporting people to express their views and be involved in making decisions about their care

- People and families were involved in agreeing how care should be provided. One person told us, "I like to wear things I feel comfortable in, so I choose what I want to wear and when."
- One person told us, "Yes, I know all about my care plan and they let me know when it is due for a review. I choose what kind of activities I will like to attend, I am not very mobile, but I can walk with the aid of my frame."
- A person's relatives told us they were invited to reviews. They told us staff kept them up to date with all changes and if there were decisions to be made, they were included as part of the process.
- One person told us, "They always put your preferences first and support with any choice you make, and they sometime offer suggestions, but they never push anything on you."
- On display at the service was a note from one person saying, 'I never thought in a million years I would be happy in an old people's home, but I am and feel part of a family and that's very nice at my age'. They went on to say, 'I love it and I'm sure you will too.'

Respecting and promoting people's privacy, dignity and independence

● Staff respected people's privacy and dignity.
● One person told us, "I can't wish for anything better, at my most vulnerable and low point the carers are there to encourage you talking to you and trying to cheer you up. The girls always treat me with dignity and respect, I never have to worry about that."
● The dignity champion told us, "I will be doing additional training as it's a new role, but basically, we make sure care is person centred and people are not at risk. If someone wants to go to the toilet we won't make them wait. We will make sure new staff know to ensure curtains and doors are closed and the person is happy to receive care and take into consideration peoples likes and dislikes."
● Staff knew people well and knew what was important to people. For example, one person's care plan stated the person preferred to wear trousers and never went out without a particular type of make-up. We saw this happened.
● The service promoted people's independence. People were encouraged to take part in activities around their home. A number of people used local facilities independently. One person told us they walked to town regularly and got a taxi back. Some people had facilities to make drinks when they wanted them.
● Staff encouraged people to maintain their independence. For example, at mealtimes, tables were presented well with tablecloths, condiments and linen napkins. Vegetables were served in a dish in the centre of the table and there was a gravy boat on each table. This ensured those who could help themselves could remain independent and were able to decide how much they wanted.
● Bedrooms were decorated and reflected their individual tastes and personalities. One person told us, "I brought almost everything in here with me, it makes it feel more homely, they don't mind you bringing in your own items." There was a picture of each person on display in the entrance hallway. This created a homely atmosphere.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person using the service had care plans that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, and were up to date. A relative told us, "They always phone if there is a change."
- Staff knew people well, and knew their likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person. Some people enjoyed a friendly banter and others liked a more formal approach.
- If a person had a diagnosed condition for example, dementia or diabetes, there was information in their care plan about the condition and how it affected the person.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and how they communicated their needs. Each person had a communication passport that detailed things 'things you must know about me, things that are important to me and their likes and dislikes.'
- Specific needs in relation to communication were recorded. For example, one person needed staff to face the person and stand slightly to the left to enhance the person's sight and hearing and thereby their ability to communicate.
- A staff member told us one person used to have difficulty making their needs known and this led to behaviours that challenged. They said, flashcards were produced with pictures of things that meant something to the person. For example, a picture of their bed when it was bedtime. These had helped communication. They said now they knew the person better. The person, "No longer needs the flashcards now but they really helped."
- A staff member told us one person sometimes shouted they wanted to go home. A DoLS was in place. We asked staff how they dealt with this situation. They gave an example of how they used distraction to provide reassurance. They said we, "Take the person outside and walk around the garden and chat about all sorts of things. Then we go back in another door. When they go through the second door another carer will greet them and say, 'Oh so nice to see you.' That reassurance and welcome is enough to help them settle again."

● Some people came and went from the building independently. There was a keypad lock on the front door. The service had systems to enable people to know the code, so they could do this without having to ask.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● When people moved to the service an assessment was carried out in relation to loneliness and social isolation and if people were assessed at risk, a plan was written. This involved additional staff support to encourage the person to mix with others and to take part in activities. If people preferred, staff ensured they spent time with them in their bedrooms.

● One person told us, "When I came first I stayed in my room and was depressed and never wanted to talk to anyone. One day I was in bed and I heard a song being sang. I followed the sound to the lounge. The staff found me a seat, and everyone was so nice to me. The music made me feel me again and since then I never miss any sing song activities. I don't stay in my room anymore, I join in with everyone. The staff were very patient with me, I love them."

● People told us they received a copy of the weekly activity planner at the start of the week and staff reminded them about activities each day. The service was moving towards also having a pictorial activity planner.

● A relative told us their relative was "not happy at a previous home but we chose this home because of the atmosphere and the activities and it didn't smell."

● Another relative told us, "Laughter was why I chose this place for my mum and there was no smell. Staff are convivial, and it is a happy home. She was existing before, now she is living again. She joins in activities. Staff go the extra mile. It's outstanding to me."

● A new activity coordinator started working in the home the week before our inspection. She had a clear vision of how she wanted the role to develop. Activities included quizzes, music, chair exercises, film afternoons with ice-cream and popcorn and one to one time for manicure and hand massages or for general chats. A relative told us, "The quizzes are quite challenging. People love them."

● We were told external entertainers came to the service. The week of inspection there had a been a group in and records showed people joined in with percussion instruments.

● Some people had planted flowers in a raised flower bed in the garden and they watered them daily. The activity coordinator told us this was an activity they were hoping to develop further. They wanted to extend opportunities to go to garden centres and to have gardening activities both indoors and outside depending on the seasons.

● There was a hair salon and the home's hair dresser was available two days a week. If someone wanted to continue to use their own hairdresser when they came to the service, their hairdresser was able to use the salon for this purpose.

● A staff member told us an artist from Creative Minds led an art session with people. The results of the various art sessions were displayed around the home. Creative Minds is a social enterprise and nationwide community of artists who deliver art sessions to people of all ages in venues.

● The third Sunday of each month a communion service was provided in the home and people were offered the choice to attend. There were special arrangements for one person who had a different religious denomination. There was information about the person's religion in their care plan along with advice about how their room should be laid out when their relative came do provide a communion service.

● Each year staff performed a pantomime for people. Last year they performed the Twelve days of Christmas. Staff dressed up and there was lots of singing and merriment followed by a fish and chip lunch. Feedback was very positive and included, 'I just wanted to say a massive WELL DONE for your Christmas performance…it looked like a lot of fun and the residents really enjoyed it. I know a lot of effort went into it and you do this every year, but it was so lovely to watch the reactions of your residents and staff!'

● In March 2019, a sixties reminiscence day was held which included an Elvis entertainer and the staff team

dressing up in sixties clothes for the occasion. Comments included, 'I think staff are marvellous to dress up like they have and join in to entertain us.' Another said, 'It's really nice to hear music that is from our era, fantastic day…. when are we going to do it again?'

Improving care quality in response to complaints or concerns

● The complaints procedure was displayed in the entrance hallway of the home.

● There was a suggestion box so anyone could share their views, compliments or complaints. Compliments received were always fed back to staff in handover and through staff meetings.

● Complaints were recorded, along with detailed records of the actions taken to resolve any issues raised. For example, one person had raised a concern about a lack of water in their room and records showed the action was taken to address this.

● A visitor to the home told us, "I made a complaint once, they got on to it straight away and it was all sorted. I was happy with the results.

End of life care and support

● Some people had chosen not to be resuscitated in the event of a medical emergency and this had been agreed with their GP or consultants. A new form had recently been introduced called Recommended Summary Plan for Emergency Care and Treatment (RESPECT) and staff from the local frailty team had recently supported one person and their relative in completing this form. This form replaced the do no attempt resuscitation (DNAR) form and the plan provided a wide range of information about the person's wishes in the event of an emergency but also in relation to end of life care.

● The registered manager and staff worked with other healthcare professionals to ensure people could remain at the service at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free.

● People were offered the choice to complete an advanced care plan/end of life plan. Some people chose not to complete this process as they found it upsetting or stressful. We were told if a person did not have capacity and if a next of kin held power of attorney for health and welfare, an advanced care plan was sent to them to seek their views.

● At the time of inspection there was no one in receipt of end of life care. We saw 'thank you' cards from relatives of people who had died at the service and all were complimentary about the service their loved ones had received.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff meetings were held regularly. We asked staff if they felt their views were listened to. A staff member told us, "We raised in a staff meeting that one person was struggling with eating. An assessment was carried out and the person was given specialist cutlery and a plate guard and now they can eat independently."
- A social care professional told us, "I have always found the manager and the deputy manager receptive to my feedback and I was encouraged to see the positive progress that was made during my support visits. The manager presented as very proactive in driving improvements within the service and demonstrated a strong leadership quality which I consider to have positive impact on staff as well as achieving positive outcomes for the clients."
- Audits and checks were carried out in relation to a range of areas including medicines, infection control, care planning and health and safety. Where shortfalls were found, there were details of the actions taken to address them. For example, wheelchair checks showed foot rests needed to be adjusted and records confirmed this had been done.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.
- A series of quality assurance checks had been introduced that meant on a daily basis, bedrooms were checked, medicines were given appropriately, any incidents or accidents were recorded, and daily records were written. Staff had delegated areas of responsibility. For example, in relation to fire safety, maintenance and medicines. This ensured staff took responsibility and were accountable for any shortfalls in these areas. Records showed when tasks had not been completed this had been identified with the staff responsible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the statutory Duty of Candour which aimed to ensure providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of all significant events which had occurred in line with their legal obligations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were good support systems for the registered manager. Sussex Housing and Care is a not for profit

housing association led by a Board and an executive team including the Chief Executive Officer (CEO), finance director and director of housing and care. The registered manager was supported by a regional manager whose background was in care home management.

● The CEO held 'Core Brief' at each care home every three months to update staff on what was happening in the business. This provided the opportunity for staff to ask any questions and share their views on the running of the service. A variety of topics were discussed at these meetings

● The registered manager told us they attended regular supervision meetings and felt valued. They said, "Oh yes, absolutely supported." They said in addition to formal meetings the regional manager popped in regularly and was always available if they needed to talk.

● Staff were updated at handover each shift about changes to people's care and support needs. This meant they were promptly told of any changes.

● There was an on-call system where staff could call a more senior staff member for support outside of office hours.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

● People were encouraged to share their views about prospective staff. Records showed people had opportunities to meet staff and to ask questions. People's views were recorded. This included positive comments and any hesitations they had in relation to the staff member being employed.

● People completed surveys regularly. Comments were very positive. A concern was raised about agency staff not knocking on doors and one person not liking the music that was played. The home listened to the concerns and took appropriate action. Additional staff were recruited to reduce the use of agency and the registered manager purchased a CD player along with CDs of the person's chosen music genre. The outcome of the survey was fed back to people at their resident/relatives meeting.

● Regular feedback was sought from staff in the form of questionnaires. This was used to inform the provider how well the service operated. These surveys were collated, and the survey outcomes shared with staff. In response to staff surveys, additional equipment such as towels, bedding and cups had been ordered. Staff had raised dissatisfaction with the online training and a new provider had been sourced for next year. The professional's survey was wholly positive.

● The regional manager told us she met regularly with people for coffee mornings to give them the opportunity to raise matters confidentially. Suggested areas for improvement were typed up and action points were addressed.

● The regional manager said they used to meet also with staff to hear their views, but these meetings were now held regularly with a member of the human resources team, in order to give staff a fully independent space. However, they said they worked in the home regularly and would always be available to staff if they wanted to talk.

● A residents/relatives meeting was held on the second day of inspection. We were told the meeting was used to give updates on staffing and to give people and relatives the opportunities to share their views. A discussion had also been held about arranging for someone to give a talk on hearing aids and maintenance.

● Weekly room rounds were carried out to chat with people, and to hear any comments about activities, food or maintenance issues.

● A newsletter was also produced regularly to keep people and relatives informed of activities and initiatives. The newsletter gave summary details of all recent events, staff that had left or started and planned activities and events coming up.

Continuous learning and improving care

● At the time of inspection there were two staff non-uniform days. These had been arranged to raise money for activities in the home.

● The role of Champions had been introduced and there were champions in MCA and DoLS, end of life care, oral hygiene and continence, dementia and activities. The dementia champion told us three workshops had been held. One with people, one with college students on work experience and one with staff. They told us the workshops "helped everyone have a greater understanding of how dementia can affect a person."
● Workshops had also been held in relation to the management of behaviours that challenged and safeguarding. Different scenarios had been given to staff to discuss. Staff told us they found the workshops stimulating and "very useful."
● There was a system for nominating a staff member in recognition of their work. A box was positioned at the entrance to the home along with cards for people, staff and visitors to make a nomination. A staff member told us results were reviewed three monthly and an award was given. They said, "All staff do brilliant things, but the award is given to someone who has gone above and beyond in the course of their work. They said the last award was given to a staff member who came in when they were not on duty to do crafts with people."
● There were plans to introduce an electronic care planning system later this year. As part of this process people and their relatives, where appropriate, would have access to portals to ensure they had their say on the care provided. There were plans to ensure those who had access to this received training on its use.
● The home had held a hydration week in June 2019. This included a quiz, 'name that fruit', a Hawaiian party, a cream tea and an afternoon workshop for people and staff. The purpose of the week was to increase people and staff's knowledge on the importance of staying hydrated.
● The home had a new draft policy on oral health in care. A staff member had been delegated the role of oral health champion. Two staff had recently completed training on oral health and a planning meeting for a workshop on oral hygiene had been held. New charts had been implemented to document when oral hygiene had been offered and provided. Some initial problems had been identified with the recording of the forms but as it was still early days, this had yet to be fully addressed.
● Senior staff had been encouraged to study for a health and social care qualification at level 5. Staff rotas had been adjusted to enable senior staff to spend time in the office taking on more managerial tasks.

Working in partnership with others
● The registered manager told us they had visited another care home to look at their systems for the management of medicines. This had been beneficial in helping them to assess how they would manage when they moved to boxed medicines rather than a monitored dosage system. The registered manager said the visit had provided a lot of reassurance on how the systems worked in practice.
● As part of developing links with other services, three people had visited another service for a barbeque.
● For National Care Homes day, the home held a beach themed event. School children came for an art session with people and staff to create the seaside themed wall. Materials were sourced from local companies and fishing nets and clothing was donated. The results were displayed at the entrance to the lounge area. The local MP visited and there was a Punch and Judy show. One person devised a political themed quiz which was enjoyed by all. Positive comments were posted on social media such as, "It was a lovely day, thank you to all the staff at Ardath who, as always, went above and beyond."
● Lunch clubs were held one day a week where people from the local area were invited to the home. In addition, people from the locality who were at risk of being lonely or isolated were invited to join people for lunch and activities once a month. We were told there were generally one or two attendees each week.
● The registered manager told us they used a social media manager's network, and this had proved helpful in staying up to date with recent changes in DoLS and other matters. They also met regularly with other registered managers in the organisation to share their knowledge and experience.