Care Quality Commission

Platinex Limited

Whitewaves Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

Whitewaves Care Home is a residential care home which is registered to provide accommodation for 19 older people, some of whom were living with dementia. The registered provider is Platinex Limited. The home provides accommodation over three floors with a passenger lift and stair lift available to access all floors. There were a total of 10 care staff employed and the registered manager who provided support for people. On the day of our visit 11 people lived at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Summary of findings

Care records contained risk assessment tools which identified if there was any risks to people. However these were not always followed up with clear information for staff of how identified risk should be managed. **We have made a recommendation** about risk assessments in the 'Safe' section of this report.

Thorough recruitment processes were in place to check newly appointed staff were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People told us there were enough staff on duty and staff also confirmed this.

People told us the food was good. They were involved in planning meals and staff provided support to help ensure meals were balanced and encouraged healthy choices.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood her responsibilities in this area. The registered manager and staff understood how people's capacity should be considered and knew what how people's rights should be protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to be as independent as they were able and to make decisions relating to their care and treatment.

Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

The registered manager told us people did not really enjoy planned formal activities such as bingo and games. She said people liked to chat and enjoyed activities that were spontaneous. However people told us that they would enjoy the opportunity to get outside more and visit the local community

People's privacy and dignity were respected. Staff had a caring attitude towards people. We saw staff smiling and laughing with people when they offered support. There was a good rapport between people and staff.

Each person had a care plan which provided information for staff to deliver support to people. However reviews did not provide an evaluation of how the care plan was working for the individual and did not show who had been involved in the review process.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a policy and procedure for quality assurance. Weekly, monthly and quarterly checks and audits were carried out to monitor the quality of the service provided and to ensure the delivery of good care.

People and staff were able to influence the running of the service and make comments and suggestions about any changes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Risk assessments tools were in place but people may not always be protected from harm as guidance for staff on how to reduce any identified risk were not always in place.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who had received appropriate training.

Is the service effective?

Good

The service was effective.

People told us staff knew how they wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training they needed to carry out their work effectively. The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

People said they were treated well by staff. Relatives said the staff were caring and respectful in how they treated people. Staff supported people to maintain regular contact with their families.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans gave staff information to provide support for people in the way they preferred. These plans were regularly reviewed. However there was no evaluation of how the care plans were working for people and they did not evidence who had taken part in the review process.

Summary of findings

People received care that was personalised and they were supported to participate in activities of their choice. However a number of people commented that they would like to be supported to go out more.

There was an effective complaints procedure which people, and their relatives, were aware of.

Is the service well-led?

Good

The service was well-led.

The registered manager spoke to people and staff on an individual basis. However she did not hold meetings for people or staff and there was no formal system for her to pass information or to provide a forum for people and staff to share their views on how the home is run.

The registered manager was approachable and communicated well with people, staff and outside professionals.

The registered manager was open and shared information with people. There were management systems in place to make sure the quality of the service was sustained.

Whitewaves 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 3 September 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector and an expert by experience who had a background of supporting older people carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We spent time in the lounge and dining room, as well as visiting people in their rooms. We observed how people were supported in the communal areas of the home observing people's safety, care and activities throughout the day. We looked at plans of care, risk assessments, and medicines records for three people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with 10 people four relatives and a friend who was visiting to ask them their views of the service provided. We also spoke to the registered manager and three members of staff.

The last inspection was carried out in August 2013 and no issues were identified.

Requires improvement

Is the service safe?

Our findings

People felt safe at the home. They confirmed there were enough staff to provide support. All people who could express an opinion said they felt safe, were treated politely and with respect.

Comments from people included, "This place is a lot better than the one [care home] I came from. I kept falling over there, but here there's always someone to help you" and "I have security day and night", "I am well looked after, it does not get any better than this," and, "I know I am safe and secure here". Relatives said they were confident their relatives were kept safe. One relative said, "I am very happy with the way my relative is treated. I know she is kept safe".

The provider had an up to date copy of the West Sussex safeguarding procedures, which included guidance for the staff on how to deal with safeguarding issues. The registered managers and staff understood their responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board in the entrance hall of the home. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs of abuse and knew what to do if they were concerned about someone's safety.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. There were also risk assessment tools in place in people's care plans. These used a scoring system to identify the degree of the risk. For example one person's falls risk assessment tool scored from one to ten for issues such as the person's age, mobility problems and the fact they used a walking stick to mobilise. The score for each of these issues was then added up and the total score indicated that the person was at a medium risk. However there were no details in place to inform staff on the measures they should take to minimise the risk of falling apart from a statement that staff needed to support the person when getting up from a chair. There was no information about how the person could mobilise around the home or what support was needed from staff. More information was needed to explain to staff what the actual risk was and how this could be reduced. Although people's care was provided in a safe way, incomplete information about managing individual risks could mean staff were not informed of how to protect people fully. **We Recommend** that the registered person seeks advice and guidance from a reputable source to ensure that suitable risk assessments are put in place to keep people safe.

Premises and equipment were managed to keep people safe. During the inspection, we undertook a tour of the home. Accommodation was over three floors and there was a passenger lift and also a stair lift to provide access to the upper floors. We saw that people moved freely around the home. The environment was homely, the dining area attractive and there were several different seating areas for people to choose, depending on their preferences. Refurbishment and redecoration of some of the bedrooms had taken place and the registered manager told us that a new extension to the front and rear of the property was being built. Once the building work was completed refurbishment and redecoration of the remainder of the house was due to take place. The alterations caused a certain amount of unavoidable inconvenience for staff. The current building work did not impact on the people living at Whitewaves Care Home, however two people had been asked to move rooms to enable work on the extensions to take place

Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Criminal Record Bureau (CRB) checks and Disclosure and Baring Service (DBS) checks. CRB and DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a member of staff who told us their recruitment had been thorough.

The home's staffing rota showed there were a minimum of two members of staff on duty at all times. The registered manager told us that she worked at the home every day and carried out care duties to assist. At night one member of staff was on duty and awake throughout the night, they were backed up by the registered manager who lived adjacent to the home who was on call to assist if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Observations showed that with the current occupancy level, there was sufficient staff on duty with the skills required to meet people's needs and leave enough time for a little social

Requires improvement

Is the service safe?

chit-chat when possible. Most of the staff had been employed at Whitewaves Care Home for a number of years so there was a consistent and stable staff group that were familiar to people.

The registered manager said that staffing levels would be adjusted if numbers increased and that staffing levels were based on people's needs. The provider did not have a dependency tool to help in assessing staffing levels but the registered manager said that staff knew people well and they monitored people's well-being and care needs and responded accordingly by adjusting staffing levels as and when needed. Staff told us there were enough staff on duty to meet people's needs. Relatives said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. We asked people if they received their medicines regularly at the right times, and everyone said there were no problems. One person said, "They are so regular with the medicines that, this one day, we'd just started lunch and someone said, 'The tablets are a bit late,' but the minute she said that, they came!" Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medicines Administration Records (MAR) were up to date with no gaps or errors. They documented people had received their medicines as prescribed. Only staff who had completed appropriate training were authorised to administer medicines. There was a record at the front of the MAR detailing who these staff members were and contained specimen signatures. People were prescribed 'as required' (PRN) medicines and there were clear protocols for their use. MAR charts were completed if any PRN medicines were administered. Medicine procedures helped to ensure that people received their medicines safely.

Good

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. One person said, "It's very nice indeed. I can't complain at all. I wake at 8.00 for a cup of tea, and then I don't get up till mid-morning." Another person said "Here, they are nicer than in my last place; it's quiet and nice here; I'm quite contented." People were happy with the food provided and one person said "The food is brilliant! You get a proper roast on a Sunday." Another said "The food is very nice. I don't like mushy peas, and they remember that!" People told us staff arranged healthcare appointments for them and supported them to attend appointments if they asked them to. Relatives said people were supported by staff who were trained and knew what they were doing

Two members of staff had completed the "Train the Trainers" course (This course enables the person to deliver training to other people) and were accredited. The provider used both DVD training aids and on line training courses. We spoke to one of the trainers who told us that staff were expected to watch the DVD and then complete a training questionnaire. If staff reached the required standard a certificate was issues, however if the required standard was not achieved then staff would have to complete the training again. On line training was also carried out and staff could print a certificate once they had achieved the required pass mark. This helped staff to obtain the skills and knowledge required to support people effectively. The trainer said that the both of the trainers regularly worked alongside staff and were able to observe their practice and this enabled them to see that staff training had been effective.

Training records showed staff had completed training in the following areas: first aid, manual handling, nutrition, food hygiene, safe handling of medicines, safeguarding, dementia awareness, care practices and health and safety. Staff confirmed the training provided was good and helped them to give people the support they needed. Staff knew how people liked to be supported and were aware of people's care needs.

We discussed induction training with one of the trainers. They told us they used Skills for Care (Skills for Care is the employer-led workforce development body for adult social care in England) Common Induction Standards in the past but they were now in the process of contacting skills for care to see how this could be incorporated into the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. They said that new staff would be expected to complete the new care certificate.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 10 care staff. Of these, five had completed additional qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards achieved through assessment and training. To achieve these awards candidates must prove they have the ability to carry out their job to the required standard. In addition two members of staff had completed the 'train the trainer' course. Staff confirmed they were encouraged and supported to obtain further qualifications and training records confirmed this.

The registered manager told us that all staff received regular supervision and staff were able to confirm this. Supervision records showed that topics discussed at supervision included the job role, overall performance and training. Staff also received an annual appraisal.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the registered manager. She understood the basic principles that were expected to put into practice. She knew that people were to be assumed to have capacity unless there was evidence to suggest otherwise and knew if a person lacked capacity, relevant people needed to be involved to ensure decisions were made in the person's best interest. The registered manager told us all people at the home had capacity to make their own day to day decisions about their care and support and these decisions were respected by staff. The registered manager told us that as part of the admission process she asked people and relatives if they had made arrangements for people to make decisions on their behalf if they should lose capacity to make decisions for themselves. We saw that it was recorded in people's plans of care if anyone had authorised a Power Of Attorney (A **power of attorney** is a written document that gives someone else legal authority to make decisions on someone's behalf) However documentary evidence was not available to ensure people had the legal authority to make decisions for those people who lacked capacity. The

Good

Is the service effective?

registered manager said she would be contacting relatives to confirm they had the legal authority to make decisions and would be seeking to obtain a copy of the authorisation which would be kept in the person's care file.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Community nurses visited to support people as and when required and records confirmed this. Staff told us that relatives normally accompanied people to health care appointments but if a relative was not available then staff would provide this support. Records showed that all appointments with health care professionals were recorded in people's plans of care. One staff member said, "Everyone's health care needs are looked after, we call the GP or nurse if we have any concerns".

One person was being cared for in bed as they were on bed rest. This person needed regular turns to help prevent pressure areas. There was a turning chart in place and there was visual evidence of clean bed linen. The person was well-tended and in a comfortable-looking position in bed. They had personal possessions in the room within eyesight so they had familiar things around them.

People were supported to eat and drink enough and to maintain a balanced diet. We saw drinks were freely available throughout the day. People said they could ask for something to eat or drink at any time. The provider did not employ a permanent cook and cooking was carried out by care staff. The duty cook was designated on the duty rota as 'cook' and was not part of the care team for that day. The registered manager told us that all staff who carried out cooking duties had completed food hygiene training and records confirmed this. She said that they all knew people well and were aware of people's food preferences. People's food likes and dislikes were clearly documented in care plans and this information was also kept in the kitchen so that the cook knew what people liked. We observed the lunch period, which seemed sociable, and enjoyed by people. Only one person elected to sit at the table. "She always does like to sit there, in the window," said a carer, "but we do check in case she changes her mind one day!" All the other people (apart from the two who preferred to eat in their rooms and the one person on bed rest) chose to eat in their armchairs, using over-chair tables. All had places laid, with napkins and cutlery; most ate without assistance, but one or more carers were always around to help if necessary e.g. to cut food up, or assist with drinks.

There was not a set menu for each day. The cook had a list of different meal choices and these were based on people's choices. The registered manager said that when a new person moved into the home their food likes and dislikes were discussed and if there was a dish they particularly liked this was added to the menu list. The cook went around each morning and told people what was being prepared for lunch. We asked people for their views on the food provided and everyone said the food was good and they always had enough to eat and drink. On the first day of our visits the choice for lunch was cottage pie with broccoli and carrots, with a pudding of apricots and cream. On the second day the lunch menu was roast chicken with fresh vegetables. We asked people if they had sufficient choice and they said if the main meal was not to their liking then they could always have something else such as omelette's, jacket potatoes, soup. salads or sandwiches and this was never a problem. The system in place ensured people were provided with suitable and nutritious food and drink.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. Comments from people included, “Here, they are nicer than in my last place; it’s quiet and nice here; I’m quite contented”. “We’re a happy band; like a family – food’s fine, staff nice; I sleep well; I’m comfortable; I’m quite happy here.” And, “I’m happy here – we’re all cheeky together!” Relatives said they were happy with the care and support provided to people and were complimentary about how the staff cared for their family member. “One person said, “All the staff are really understanding and they have so much patience”.

We saw compliment cards in the front entrance and they reflected on the support that had been given to their relatives, One card said, ‘Thanks to all the staff for the kindness and loving care you gave my dad. Not only did you look after him, you also treated me and my family so very well’.

Staff respected people’s privacy and dignity. They knocked on people's doors and waited for a response before entering. Throughout our visit staff showed kindness, patience and respect to people. Staff were seen to talk with staff and tell them what they were doing when offering any support. This approach helped ensure people were supported in a way which respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We saw positive interactions between staff and people and there was a relaxed atmosphere. The staff were kind, affectionate, knew each resident well, and had plenty of patience, and the ability to observe from a distance to intervene with help only if required. This enabled people to do as much as possible for themselves with staff on hand to give advice and support when required. One person told us, “I can do more here than I could at home. Last night, I watched telly in here [the lounge] until 10.30, until the programme finished, and the girls said, ‘Just let us know when you want to go to bed.’ That was great, to feel it was up to me!” Another person said, “I like to sit in the lounge and chat with people in the mornings but after lunch I like a little nap”. People were able to move into the shared area of the home if they wanted to for meals or activities. People who preferred to preserve their privacy were able to do so.

People were confident to approach staff and any requests for support were responded to quickly and appropriately. Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people’s preferred form of address and chatted and engaged with people in a warm and friendly manner. Staff said they enjoyed supporting the people living in the home.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual’s care notes. This helped to ensure only people who had a need to know were aware of people’s personal information.

The registered manager told us that she did not hold residents’ meetings as she was always in the home and chatted to people on an individual basis. She said she was not sure how successful a meeting would be. She did however agree that an informal meeting with people would give people the opportunity to put their views forward and be involved in how their home was run. She said she would facilitate a meeting and record the outcome and, if people liked this, she would hold regular meetings.

Information leaflets were available in the entrance to the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us they would support people to access an appropriate service if people wanted this support.

Requires improvement

Is the service responsive?

Our findings

Not all people knew that they had a care plan. However everyone we spoke to said they were well looked after. They told us they could make their own decisions regarding their day to day care and support and that staff respected this. One person said "All the staff know me very well and know what I like and don't like". People said they would not hesitate to approach the manager or any of the staff if they had a complaint, but that they had not had to do so!

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. People told us staff helped them to keep in contact with their friends and relatives.

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed with the involvement of the person concerned and their families to ensure they reflected people's individual needs and preferences.

Each person had an individual care plan. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. Each care plan reminded staff that they should talk to the person when providing any care and explain what they were doing. There was information in care plans about what each person could do for themselves and what support they required from staff. For example, one care plan stated the person needed assistance to wash and dress. The plan stated the person could wash the upper half of their body but needed assistance to wash their back and lower body. The care plan explained to staff that they should provide the person with a soapy flannel so they could wash themselves. Staff should then rinse out the flannel and had it back to the person so they could complete washing their upper body. There was then information for staff to explain to the person how they were going to help them wash the lower half of their body and assist them to dry themselves properly. Once they had completed the task they were then instructed to assist the person with dressing. The person would choose their own clothes from the wardrobe and staff would asset with dressing allowing the person to do as much as possible for themselves. This helped to ensure people were kept informed of what was happening and enabled people to be as independent as possible.

Staff told us people were able to make day to day decisions about their own care and these were respected. Staff said people needed different levels of support with care tasks and the care plan gave details of the support each person needed. One staff member said "We always talk with people to see what support they need and if they do not want any support at a particular time we will respect this decision and go back later and offer the support again". Staff were able to tell us about the people they cared for, they knew what support they needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. People said they could get new spectacles/hearing aids/batteries any time they were needed, so those with communication difficulties with hearing or impaired vision could usually continue to read, knit, listen to music and conversation etc.

Daily records compiled by staff detailed the support people had received throughout the day and this followed the plan of care. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. However reviews did not provide any evaluation of how the care plan was working for the individual and did not evidence that people had been involved in the review process. We saw that each individual care plan was reviewed but this mainly consisted of a short statement such as "No changes this month". We discussed this with the registered manager and senior carer as an area requiring improvement and it was agreed that more evaluation of how the care plan was working for the person would be beneficial and would help identify if a person's needs had changed. The current care plan review system could result in small changes in people's care needs being missed. However we did see an example in one person's care plan where a person's health needs had changed and the care plan had been amended to reflect this. It provided staff with updated information about the support needed to maintain this person's health.

Requires improvement

Is the service responsive?

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover held at the beginning of each shift. On coming staff were given a verbal handover by the off going staff about any information they needed to be aware of. However this was not recorded. Any appointments for people were also handed over verbally. We discussed this as an area requiring improvement with the registered manager who said they would purchase a large diary where any handover information or important appointments would be recorded. This would enable clear information to be passed to staff and ensure staff were aware of people's up to date and current needs.

The registered manager told us about activities in the home. She told us people did not really enjoy planned formal activities such as bingo and games. She said people liked to chat and enjoyed activities that were spontaneous. We saw that staff were giving manicures and hand massages and people enjoyed this. There was a regular Pets as Therapy (PAT) Dog who visited and this was enjoyed by people who could no longer keep a pet. There were also memory games and large print books for people who enjoyed reading. Staff were good at relating socially and were observed doing people's hair and nails and this enabled them to have a social chat with all those around.

The registered manager told us that they previously had visiting activity staff who provided musical mornings and arts and crafts but people did not want to take part. People much preferred watching TV. The registered manager told us that any activities that people took part in were recorded in their individual care notes. However it was difficult to establish what activities people had taken part in as you would have to look back over each day's recording to establish this. Also it was not recorded what activities had been offered to people. The registered manager showed us an activities book that was used previously but this was not used since the visiting activities people had stopped calling into the home. The registered manager said she would re-introduce the activities book so staff could record the activities that had been offered to people and also who had decided to take part. We asked people whether they found enough to occupy themselves and whether they ever felt bored. Most said no, they did not feel bored, but quite frequently the issue of "getting outside more" was raised. Due to the refurbishment disturbance, there was no wall to the front patio, where there were benches and a table which could be used for ad hoc teas, chats, reading in the sunshine etc. We mentioned this to the manager who said she was concerned that some people who were living with dementia would perhaps "wander off". She did not consider that a staff member could accompany them and stay with them outside, for a change of scenery and some fresh air, for a short duration. The registered manager said she would look at ways to enable people to access activities of interest to enhance their well-being and address their wishes to go outside more.

People and their representatives were asked for their views about their care and treatment through surveys which were sent to them. The registered manager told us in the last survey was sent out in December 2014 no negative comments were received and that people were happy with the care and support provided.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised. People and relatives told us they were aware of the complaints procedure and knew what action to take if they had any concerns. We saw there had been no complaints in the past 12 months. The registered manager said that any complaints would be fully investigated and the results discussed with the complainant. Relatives said they felt able to raise concerns or complaints with staff and were confident they would be acted upon. One person said, "I have never had to make a complaint, but if I did I am sure it would be quickly sorted out". The provider's complaints policy and procedure helped ensure comments and complaints were responded to appropriately and used to improve the service.

Good

Is the service well-led?

Our findings

People said the registered manager and staff were good and they could talk with them at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said "I talk with the manager and staff when I visit and they always make me feel welcome. I can talk to them about any concerns I may have and they will sort it out".

The provider aimed to ensure people were listened to and were treated fairly. The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She said that she was always around the home and staff were able to question practice. The registered manager said she would welcome any suggestions and make changes if this benefited people. There was a suggestion box in the entrance hall of the home and people could put forward any ideas they may have to improve the service and these would be listened to and acted on if they were going to improve the service. However she could not give any examples of how this had happened in practice.

There was a stable staff team, many of whom had worked at Whitewaves Care Home for a number of years. The registered manager was confident staff would talk with her if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with her. Staff said that communication was good and they always felt able to make suggestions. They said she was approachable and regularly worked alongside them so they had ample opportunity to raise any issues with her.

Throughout our visit we observed people came and went independently and people spent time in different areas of the home. Staff interacted with people as they moved around the home but allowed them to spend time in their own company or with others if they so wished. One staff member said "They make their own choices". The registered manager said "We have a small committed staff team who know all the residents and their families. Many of them have been with us for a long time and we all see each other regularly". The registered manager told us and staff confirmed she regularly worked alongside staff and said this enabled her to identify good practice or areas that may need to be improved.

The registered manager said she did not hold formal meetings for people or hold staff meetings as they were a very small team and she regularly saw people on an individual basis. Staff confirmed this and said they could discuss issues openly with the registered manager. However people and staff may be reluctant to speak up individually and a group meeting would provide a forum for people and staff to share their views. This would also enable the registered manager to pass information more clearly and provide evidence regarding openness and transparency. We discussed this with the registered manager who agreed that regular meetings would be beneficial for people and staff and she said that changes would be made to facilitate this.

We also asked the registered manager how learning took place from any accidents, incidents or complaints. She told us that any issues were discussed with staff verbally and if necessary changes were made. She acknowledged that on reflection this should be recorded so there was a reminder for staff on the potential consequences and to provide evidence those improvements had been made. The current system did not provide evidence of any issues that were discussed or if any learning had taken place. The registered manager acknowledged her intention to improve how learning from events were recorded and evidenced.

The registered manager showed a commitment to improving the service people received by ensuring their own personal knowledge and skills were up to date. She told us that she regularly checked the internet to update herself and also checked the CQC website to check legislation. West Sussex County Council also provided training and information meetings periodically and she said she would attend these if they were relevant. She said that any information gained was then passed on to staff so that they, in turn, increased their knowledge. We also saw that the registered manager had undertaken some preparation work on CQC's Key Lines of Enquiry (KLOES)to help her understand how we used these to plan and carry our inspections.

Good

Is the service well-led?

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider had a policy and procedure for quality assurance. The quality assurance procedures carried out helped the provider and registered manager ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager carried out weekly and monthly checks which included medicines, food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. The provider also arranged for a representative to visit the home monthly to conduct an audit. This included audits of complaints, accidents and hospital admissions and maintenance issues. They also spoke with staff and people who used the service asking them if they had any concerns or if there were any issues they wished to bring up. A report was then produced and we saw copies of the most recent reports and no issues or trends had been identified.

Audits were also undertaken by Environmental Heath who carried out a Food Hygiene Inspection on 10 June 2015 and awarded the home a 5 star rating. The supplying pharmacy visited on 1 July 2015 and West Sussex Fire and Rescue Service also visited on 16 July 2015. No major issues were identified at any of these visits.