HC-One Oval Limited

Regency Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 14 and 20 August 2018. The first day was unannounced. Regency Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Regency Court Care Home is registered to provide nursing, care and accommodation for up to 50 people. There were 22 people living in the service when we visited. This was because two of the upper floors of the building were unoccupied. People cared for were mainly older people who were living with a range of health and care needs, including arthritis, diabetes and heart conditions. Some people were living with dementia, some of these people could show behaviours which may challenge others. Most people needed some support with their personal care, eating, drinking or mobility.

Accommodation was provided over four floors of a large town house. There were communal areas on the ground floor and a small courtyard garden to the rear. Support services like the kitchen were provided in a basement area. The service was situated close to both the main street and seafront of Littlehampton.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the service's first inspection under its current provider, HC-One Oval Limited, a national provider of care.

The two upper floors of the building were not being used, this was due to the two upper floors not being a suitable environment for people to live in. The ground and first floors, where people were accommodated, also needed some upgrading. During the inspection, both people and staff told us about their concerns about the current state of the building. After the inspection the provider sent us satisfactory information about their plans for the up-grading of the home environment.

Staff ensured the safety of people in all areas. Staff were aware of their responsibilities for safeguarding people from risk of abuse. They ensured people had any risks to them fully assessed. Where people had risks identified, care plans, which were followed by staff, were developed to reduce people's risk.

People's medicines were managed in a safe way and in accordance with current guidelines. There were secure facilities for the storage of medicines. The home environment was clean throughout and people were protected from risk of infection by staff who were aware of infection risk for people.

Sufficient staff were deployed on each shift. There was a stable team of staff employed, with minimal use of agency staff. Staff had been safely recruited to ensure they were suitable to provide care to people.

People commented favourably on the quality and choice of meals and drinks. Where people needed additional support with eating and drinking, this was given by staff in an appropriate way. All relevant records about people's diet and fluids were maintained.

Staff had been supported through training, and were supervised, to ensure they had the skills they needed to meet people's needs. Staff worked closely with relevant external professionals to ensure people were effectively supported in relation to their healthcare and other needs.

People commented on the caring nature of the staff. Staff ensured people's privacy and dignity were respected. Staff also encouraged people to be as independent as they wished to be in their daily lives.

People were responded to the in the way they wanted. Care plans were developed with people, in a person-centred way. Care plans ensured people's consent was sought in relation to their care. Where people were not able to consent to care, staff complied with the Mental Capacity Act 2005 (MCA).

Activities staff were part of the staff team and involved people in recreational activities in the way they wanted. This included helping people to access the local community as they wished and supporting more frail people on a one to one basis in their rooms.

People felt confident they could raise concerns and complaints if they wished to. They said if they did this, staff would respond in a supportive way.

People and staff were positive about the support given to them by the registered manager. Staff commented particularly on the effective teamwork in the service. Clear records were kept and regular audits took place. This meant the registered manager could review the continued quality of the service and develop action plans for improvements where indicated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's safety from risk was ensured.

Staff were aware of their responsibilities to protect people from risk of abuse

The arrangements for the management of medicines were safe.

Sufficient numbers of staff who had been recruited in a safe way were deployed.

The service was clean and hygienic, to ensure risk of infection to people was reduced.

Is the service effective?

Requires Improvement

The service was not fully effective.

The home environment did not meet people's needs in all relevant areas.

Staff were trained and supported to effectively meet people's needs.

People received appropriate support to have the diet and fluids they needed.

People were supported so they received the external healthcare and other support they needed.

The requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring.

People were treated respectfully and their independence encouraged.

People's privacy and dignity were protected.

Staff showed a caring, empathetic approach to people.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their own care plans.

People's care plans clearly set out how they needed to be cared for. Staff followed people's care plans.

A range of activities were provided to meet people's diverse needs.

The provider's systems for addressing people's concerns and complaints were followed.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the quality of care provided.

Staff worked effectively as a team and were listened to by the registered manager which ensured an open, inclusive ethos.

There was appropriate governance and managerial oversight of the service as a whole, to maintain quality of care for people.

Regency Court Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 14 and 20 August 2018. The first day of the inspection was unannounced. The inspection was undertaken by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make; we used this information to support out inspection plan. We reviewed other information about the service, including safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. After the inspection, the provider sent us further information about their plans for the service, which we have included in this report.

We met with 14 people and seven people's relatives and visitors. We observed people's care and treatment, including lunchtime, support with medicines and with activities. We inspected the premises of the home, including the laundry, bathrooms and some people's bedrooms. We spoke with 14 staff, including care workers, registered nurses, domestic, catering, maintenance and activities workers, the receptionist, the registered manager and an area manager.

We 'pathway tracked' six of the people living at the service. This is when we look at people's care documentation in depth, obtain their views on how they found living at the home and make observations of the support they were given. It is an important part of our inspection, as it allows us to capture more detailed information about a sample of people receiving care.

During the inspection we reviewed records. These included four staff recruitment records, the service's training and supervision records, medicines records, risk assessments, accident and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe at the service. One person told us, "I feel safe because everyone looks after me so well," and another, "I have never felt unsafe here." One person's relative told us, "It's definitely safe here." We talked with staff at all levels in the service, including a laundry worker and maintenance worker. They were all aware of their responsibilities for reporting any concerns about a person being at risk of abuse. Staff also knew how to report concerns to the local authority if they felt any matters needed raising further. The registered nurses said they felt confident they would know what actions to take if suspected abuse was reported to them when they were in charge of the service. One registered nurse told us they knew their first responsibility was to ensure the person was safe and then to report the issue, keeping clear records of what had happened.

People's safety was supported by the provider's policies and procedures. These were followed by staff. The maintenance worker carried out regular checks on the fire safety systems. When matters were identified, they made a report to the provider's office, to ensure action was taken. People had personal emergency evacuation plans (PEEP)s. These were detailed and included relevant information about people. For example, one person's PEEP outlined that they could sometimes walk with minimal assistance but at others needed full assistance from staff, including a wheelchair. The maintenance worker also regularly reviewed other systems, including weekly checks on the water system for the two empty upper floors, to prevent risk of Legionella. They checked all wheelchairs, including people's personal wheelchairs, for safety. During the inspection, a check for the presence of asbestos was taking place. This had been organised by the provider.

People had risk assessments for all relevant areas, these included risk of falls and pressure damage. People's risk assessments were detailed and included a range of relevant areas which might affect the person. For example, one person's risk assessment for falls detailed how their hearing loss increased their risk of falling. All people who were assessed as being at risk of pressure damage had clear care plans, which were regularly reviewed. People's care plans clearly documented the supports they needed to reduce their risk. For example, one person's care plan outlined that they could move themselves when in bed, but were not able to move themselves when they were sitting in a chair. Their care plan clearly set out how staff were to support the person in reducing their risk of pressure damage when sitting out of bed. Records confirmed staff followed this person's care plan. Where people used bed rails for their safety, all bed rail care plans were completed individually and included the person's involvement in the decision, as well as outlining regular checks on the safety of the equipment. Where people were not able to use call bells, care plans were drawn up, which we saw staff followed, to ensure people's safety was regularly monitored. Accidents and incidents were regularly monitored. If issues were identified, the registered manager took action to support people's safety.

People said they were supported with taking their prescribed medicines. One person told us, "The medicines are always on time, they tell me if they make any changes." We observed a registered nurse supporting people with their medicines. They did this in a careful way, checking the medication administration record (MAR), before dispensing the medicine. They signed for medicines once they had observed the person had taken all of their medicine. Where people had skin creams prescribed, there were

clear records relating to this. These included body maps to show which skin creams were to be applied to which parts of their bodies. Where people were prescribed injectable medicines like Insulin, there was clear evidence injection sites were regularly rotated to reduce risk of tissue damage for the person. All medicines were safely stored and clear records were maintained. These included records of when people dropped medicines and clear records of the disposal of such medicines.

Although the service was in need of refurbishment, people commented on the quality of cleanliness, including the laundry service. One person's relative told us, "It's very, very clean" and another, "The laundry is excellent - they take it away and return it and hang it in her wardrobe the next day." We saw domestic workers ensured the cleanliness of the premises, including hard to reach areas like the beading on bedside tables and undersides of dining tables. The laundry was clean and free of dust, including the areas behind the machines. Appropriate hygiene was ensured in other areas, such as for people who used urinary catheters. People who used urinary catheters had clear records to show they received appropriate hygiene, including regular changes of catheter leg drainage bags. Staff were fully aware of the risk which could be caused to people by inappropriate care and treatment of urinary catheters.

People said there were enough staff employed to meet their needs. One person told us, "Yes there's enough staff" and a person's relative told us, "There's always staff here." People also said if they used their call bells, staff responded quickly. One person told us, "If you need help, you can press your button and they come quite quickly" and another said in a relieved-sounding way, "If I ring the bell they DO come." Staff also confirmed there were enough staff on duty. One member of staff told us, "Yes, there's enough staff" and an activities worker told us that it they rang the emergency bell, they got an, "Immediate" response. We saw staff were not rushed during the inspection, this included busy times of the day, like at lunch-time. People were also not left without staff available to support them in the sitting room.

Staff told us about the low turnover in staff. The registered nurses had all worked at the service for several years and with the previous provider. Agency staff were rarely used. We asked one member of staff about when agency staff had last been used. They said that they were unable to remember, because it had been several weeks ago and then only for one shift.

All prospective staff were safely recruited. All staff had proof of identity, a full working history, health status check and at least two references on file. All staff had a Disclosure and Barring Service (DBS) check before employment. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured that only suitable people worked at the service. All registered nurses' registration with the Nursing and Midwifery Council (NMC) was verified annually. The registered manager showed us they also used the provider's disciplinary process to support staff. The provider's performance management systems, included action plans for additional training and close monitoring of the member of staff's performance throughout an agreed period.

Requires Improvement

Is the service effective?

Our findings

The service's environment was commented on negatively by several people. People told us they felt it needed improvement in a wide range of areas. This was also commented on by staff. One member of staff told us, "We've been waiting for ever for a refurb." At the time of the inspection, the upper two floors were vacant because they were unsuitable areas in which to provide care and treatment. Care was provided on the ground and first floors. These areas also needed improvement, as much of the décor and carpets, although clean, were old and showed ingrained staining. There was a lack of storage space, so some people who needed additional supplies such as bottles of dietary supplements or catheters had multiple boxes of such items stored in their rooms, thereby further reducing the space available and making it a less homely environment. Facilities to support care such as sluice rooms were very cramped and hard to use due to their small size and equipment needing to be stored in them. Following the inspection, the provider sent us an undertaking that the two upper floors would not be used to accommodate people. They also sent us assurances about their plans for making improvements to the home environment.

The provider had invested in equipment to support people. People who were assessed as needing air mattresses to reduce their risk of pressure damage had the most recent, self-adjusting type provided. People who needed caring for in variable height beds had new, modern beds. Where people had opted to use bed rails, these were integral to the beds, not separate, so people's needs were met in a safe way. Staff said if they needed additional equipment to meet people's needs, this was available. The registered manager confirmed the provider was supportive where people needed equipment, telling us, "If it's needed then we get it."

People told us staff had been trained and supported so they had the skills to support them. One person's relative told us, "Staff are trained here" and one person told us, "If someone new arrives they work with an experienced carer until they know the ropes." Staff also confirmed they received the training and support they needed. One member of staff told us, "They're very hot on training," another, "The training's brilliant here," and a third staff member told us about the registered manager, "She feels the more we're trained the better." Staff told us the training they needed was available to them. One of the activities workers told us, "If I went to the manager and asked for training, she definitely would put me forward." Staff said they felt supported in their role. One care worker told us, "I've just had supervision, you can bring things up" and another, "The registered nurses are really good at supporting me."

The registered manager had clear systems to ensure staff received the training and support they needed. All newly employed staff had a 12 weeks' induction programme, which enabled care workers to gain the Care Certificate, a work based, vocational qualification. New staff were allocated a mentor and worked alongside them as much as possible. The registered manager had a clear training plan to ensure staff received training and maintained their skills in key areas such as fire safety, moving and handling, equality and diversity and equal opportunities. Where staff did not attend for mandatory training, this was followed up by the registered manager. She also ensured reasonable adjustments were made to support staff. For example, one member of staff's first language was not English. The registered manager had made sure necessary training information had been translated into their own language. Where staff felt they needed support in

specific areas, this was provided. This had included recent additional training in catheter care and supporting people who were living with Huntington's Chorea. The provider had supported registered nurses with re-validation of their registration with the NMC.

Staff were allocated to a supervisor who performed regular one to one supervision with them. Records of supervision meetings were kept. The registered manager checked these records to ensure staff were appropriately supported, in the way they needed.

People commented favourably on the meals and drinks. One person told us, "They give me whatever drinks I fancy, in the way I want" and another, "The food's good and there's a good choice." People commented on the choice of meals. One person told us, "I have asked for a salad tomorrow - the cook is very good - they know I like curries so they make me a bowl of chilli just for me." One person's relative told us their relative could be choosy about their meals but their diet had improved since they were admitted because, "He has what he wants." Another person's relative told us their relative had to eat a pureed diet and, "They always give him a choice."

We observed a lunch-time meal. The dining room was attractive, with bright colourful table linens and co-ordinated coloured napkins. The meal was served at table with silver coloured domes over each plate so the meal retained its temperature. Many of the people were too frail to come to the dining room. For these people meals were brought up to them and served from a hot trolley on each floor. Meals were carefully plated up by chef who knew people well. For example, they gave one person their meal on a small plate, explaining to us that the person was put off eating if they had a large plate. They said by serving them in this way, the person ate more and frequently came back for seconds. Where people needed support to eat, staff sat down and talked with people, to make the meal a social occasion. Although the lunchtime menu showed two choices, many people chose not to eat what was on the menu and had chosen something different. The chef told us they were happy to cook individual meals for people so long as they had what the person wanted in stock.

People were supported to drink fluids. Whether people went to the sitting room or remained in their rooms, they always had a fresh drink to hand and they had a choice of several different drinks. Where people needed their fluid intake monitoring, this was accurately documented.

Some people needed additional support to eat and drink. Where this was the case, people had clear assessments and care plans about this. One person's records showed staff had observed that they were losing weight. This had been promptly identified and an appropriate referral made. Another person had a care plan which outlined how they were to be supported to eat. This was written in clear language so any member of staff who was not familiar with their needs would know how to support them. One person needed thickener in their drinks to enable them to swallow in a safe way. The service had a care plan from the speech and language therapist (SALT) which outlined how the person was to be supported and the amount of thickening agent they needed in their drinks. Staff followed this care plan and also kept clear records of the support they gave to the person.

People's care was planned in a way which took into account national guidelines relating to care provision and other additional information. For example, one person had additional care needs. Their relative told us the service had performed a full assessment of their needs before they were admitted. The person's care plan took into account guidelines about their additional care needs. Another person's relative told us they had been a bit unsure about their relative being admitted but the service had completed a full assessment with them and other relevant professionals and so the support given made sure the person had settled in. One care worker told us assessments of people's needs were, "Quite thorough".

The service worked with other professionals to ensure people's needs were met. One person had a wound. The service had contacted the tissue viability nurse (TVN) about the person's wound. The TVN's advice on wound care was clearly being followed by staff. Where a person had short-term needs, appropriate advice was sought, and this was followed up. Another person had developed a chest inspection. They had been seen by their GP and a short-term care plan had been put in place until they were better. Information about people's needs was clearly documented. One of the people had sore-looking eyes. They had records to show their GP had been consulted about their eyes and their records showed how the person's eyes had responded to the treatment prescribed by their GP. One registered nurse also gave us clear and accurate verbal information about how the person's eyes were being treated and their individual responses to treatment. Staff took action to support people in receiving the external support they needed when relevant. One registered nurse told us about two people whose seating needs had changed. The people had clear records to show when they had been referred to an appropriate therapist about this and how the referrals were being followed up by the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service made sure the MCA was considered for all people. Consent was fully considered as an aspect of care throughout people's individual assessments and care plans. Staff were heard routinely seeking people's consent when offering them care. One relative who held a power of attorney for their relative told us, "Staff involve me in everything, the care plans, doctor's appointments, the lot. We work things out for him between us." One person no longer took any food or fluids in by mouth and was entirely tube fed. Their records showed they had consented to this and their relatives and professionals, including the SALT, had all been involved with supporting them in making this decision. Staff demonstrated they had a full understanding of the importance of the MCA in the support they provided to people. The registered manager had made referrals under DoLS to the local authority when relevant. At the time of the inspection, these applications were still being processed by the local authority.

Good

Is the service caring?

Our findings

People told us the staff were caring towards them. One person told us, "The carers are absolutely fantastic I've been in three care homes; this is the best. I can't fault them at all." Another person described the staff as, "Kind and considerate," and another said they were, "All excellent." One person pointed out a care worker to us and told us they were, "So sweet to me" and another pointed out a registered nurse to us and told us they were, "So very nice."

People told us staff made sure their dignity was respected and their privacy upheld. One person told us, "All I have left is my dignity and self-respect. I am dependent on them for my care. I am hoisted from the bed to the toilet, they never make me feel embarrassed or awkward even when they wipe my bottom. Yes, they maintain my dignity for me." We met with a person who was very frail and who was unable to converse much. They were attractively dressed, including a ribbon in their hair, which they clearly appreciated, by drawing our attention to it. People's records documented which gender of staff they wanted to give them personal care. This was followed by staff. The service had clear systems to ensure people's own clothes were returned to them from the laundry. The laundry worker confirmed the service did not have, or need to provide, any storage for unmarked people's clothes because of this.

People were supported in maintaining their independence and in making choices. One person told us, "I go out alone, I go to the library to change my books or to the shops, I can keep a level of independence." Another person told us they preferred to spend most of their time in bed but, "Sometimes I do get out, I do it when I want." One person's relative told us they appreciated the way the service arranged clothes sales within the service, with a clothing retailer, "So people can pick their own clothes." One member of staff told us several people enjoyed these clothing sales and being able to make their own choices about clothing, rather than having to rely on relatives and have choices made on their behalf.

The service worked to support people's individuality. Although many of the rooms were in need of up-grading, much work had been put into supporting people and their relatives in making people's rooms individual, so they could reflect their preferences. One person had several bright and attractive mobiles hanging from their ceiling, which they clearly followed with their eyes when they were awake. Another person had a wide range of memorabilia about their past life. People had a variety of different colours and types of bed linen supplied by the service so the appearance of people's beds all differed, for example one person had pink bed linen, while another had sky-blue.

People were supported in maintaining close links with friends and family if that was what they wanted. One person's relative told us they liked the way when their relative was admitted, "They greeted him with open arms." One person's regular visitor told us, "It's so welcoming when I come to visit." Where people wanted, relatives continued providing them with personal care such as supporting them with eating their meals and with their drinks. One person's relative told us, "I feel really involved."

Staff showed a caring attitude to people. This was demonstrated by their body language, tone of voice and manner. Staff responded to what people said in the way they wanted, including with jokes and laughter,

which people clearly liked. One member of staff told us, "You need to treat them like you'd hope you treat your own family." Staff were interested in people as individuals. Several staff told us details of people's past lives and their current preferences. The activities worker told us enthusiastically, "I learn something about someone every day."

All people's personal records were kept confidentially. Staff were clearly aware of people's need for confidentiality and did not discuss people's needs openly in any public areas in the service.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person's relative told us, "They meet all his needs" and another, "They try to accommodate him with everything." The registered manager told us about the importance of consulting with people and their relatives about care, and where changes were needed in people's care plans telling us, "We have a duty of care to keep them updated."

Care workers told us registered nurses were responsive when they discussed people's changing needs with them. One care worker told us, "The registered nurses always listen to us," and a bank care worker told us, "Everyone takes time to explain changes in people because I'm not here all the time." We saw there was good teamwork between staff. Staff routinely checked with each other during each shift to verify how each person was that day, and how much support they needed at that time, so they could respond to people's current care needs on an hour to hour basis. For example, we saw two care workers discussing about how much a person had eaten for lunch that day and what that meant for their supporting them with their afternoon snack and evening meal.

People had been involved in drawing up their own care plans. For example, one person was not able to cope with sitting out of bed for long and tended to be more awake in the evenings. Due to this, staff had worked out a plan with them, so they were assisted to get up during the evening, not during the day. Another person had a detailed care plan about how they wanted to be supported with cleaning their teeth. Another person who had difficulties with communication had a care plan which documented how they were able to show staff which clothes they wanted to wear that day.

All of the staff we spoke with had a detailed knowledge of the people they were supporting. People's care plans were individually drawn up and related to their specific needs and preferences. One person had limited verbal communication. Staff told us about how they supported the person in being able to communicate in the way they preferred. This showed staff had a clear working knowledge of how to work within the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People told us they were supported with recreational activities. The service employed two part-time activities workers, so activities were provided every day. One person's relative told us, "We've activities all the time here." Staff told us they aimed to provide activities in a person-centred way. For some people this involved going out of the service. One person told us, "I enjoy being helped to go to the day care centre." One person's relative told us, "I take him out when I'm here, but they also take him out when I'm not here." The activities workers also provided small group activities in the sitting room and individual one to one activities with people in their own rooms. One person told us they stayed in their room but appreciated the way they had been supported by staff to have their racing paper every day.

During the inspection, an activities worker went around the service with a mobile shop, which included items like shower gels, beauty products, crisps and chocolate. They used this as an opportunity to chat with

people and make it a social occasion. The activities worker told us for some frailer people, who found difficulty with engagement, they would spend time talking quietly or reading to them. They told us many people enjoyed visits from a trained Pets as Therapy (PAT) dog. Referring to the dog, one person's relative told us, "They do love him." .

People had clear care plans about their preferred recreational activities. This included information about people's past lives and preferences. Information about people's current likes included relevant details such as the television programmes they preferred, types of DVD they liked to watch and preferred radio programmes. We saw staff followed people's preferences and where people had their televisions or radios on, they were tuned into their preferred programmes. People were also supported in continuing with their religious or spiritual preferences. One person told us, "Two ladies from the local church come in and people pray together and have Communion. The parish priest is also a regular."

The service had a clear complaints procedure, which was made available to people. People knew how to raise issues. One person told us, "If I have any issues I discuss them with the nurse." Staff showed a positive attitude about supporting people to raise issues if they wanted to. One care worker told us that people or their relatives, "Report things to us, and that's good." One registered nurse told us, "We learn from complaints" and told us how important it was to always act on things "Before they become issues for people or their relatives." The registered manager documented all issues raised with them, including verbal complaints. We reviewed records of recent issues raised by people with the registered manager. The most recent ones related to concerns about information from external professionals, including social services, rather than specific issues relating to the service itself.

The service had cared for people at the end of their lives in the past but at the time of the inspection, no people were receiving this type of care. The registered manager reported when they did provide this type of care, a key area was effective liaison with all parties involved, including the local hospice.

Good

Is the service well-led?

Our findings

People commented favourably on the service provided. Comments included, "If I had to give them a rating I would say 99 per cent", "It's a lovely home," "It's a nice place, the care is lovely" and "I am 100 per cent sure that this is a good place." One relative of a person who had been cared for in other care homes told us, "I'm really pleased he's here." Positive comments were echoed by staff. One member of staff told us, "I think we're a good, kindly caring home" and another, "I'm pleased I work here."

Staff commented on the effective teamwork in the service. One member of staff told us, "We work as a team here" and another, "The team do listen if I report things." Throughout the inspection we saw staff working closely together as a team. We also saw staff were very polite with each other and checked up regularly with each other about how people they were caring for were and if they needed any other support. Senior staff were very much in evidence, working on the floors, observing how the day was for both people and staff.

Staff particularly commented on the positive ethos of the service and support given to them by the registered manager. One member of staff told us, "Her door's always open" and another, "If I go to the manager, oh yes she'd definitely act on any information." One registered nurse told us about the registered manager, "She addresses matters there and then." They gave us an example of when they had needed specific equipment for one person and said the registered manager had, "Acted promptly," to make sure they had the equipment they needed for the person. To support staff, the registered manager had planned time each week, which staff knew about, so staff at any level could meet with her individually if they wanted to. The registered manager told us that knowing their staff as individuals was a key area. They also said they monitored the hours individual staff worked, so they did not become tired by working excessive hours.

The registered manager and provider had regular systems for reviewing the quality of care. The last residents and relatives' survey was in May 2018 and nine of the 27 people living in the home had responded to it. Apart from issues relating to the refurbishment of the building, survey results had been positive. Other audits included health and safety, infection control and medicines management. Where issues were identified the registered manager took action. For example, following a recent infection control audit, arrangements had been made to replace certain carpets. During the inspection, Wi-Fi was being installed throughout the building, so people could access the internet with ease, as this was another matter which had been brought up by people.

Staff maintained clear and accurate records. We routinely observed staff at all levels. writing matters down as and when they happened. This included when people had finished drinks, had been supported to change their positions and had engaged in activities. This meant staff could accurately assess people's current condition and have relevant information to support review of care plans. People's care plans were regularly reviewed and up-dated when relevant. Staff were open to new ideas. For example, we discussed one record which did not appear to be as clear as other records with a registered nurse. The registered nurse considered what we said and took full action to improve the clarity of the record by the end of the inspection.

The registered manager was keen to work with the local community. This included regular liaison meetings with local GPs, the hospice and social services. They told us the position of the home helped community outreach because it was close to local services, including the high street and the seafront, which included cafes and promenades. The service was working with a local school to improve the courtyard garden area to make it more appealing for people. People's visitors told us they felt encouraged to visit and be part of the home's community. One of them particularly commented on the receptionist, telling us, "I find the receptionist a useful source of information about the area."