

Mr H R & Mrs J C & Mr M J Martin

Hollymead House

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 30 April and 3 May 2018 and was unannounced.

Following the last inspection, the provider wrote to us to show what they would do and by when to improve the key question of 'Safe' to at least good. We found that the provider was now compliant with the previously identified breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (regulated Activities) 2014. Legionella and water quality monitoring, as well as, electrical equipment testing were all completed. Despite these improvements we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Hollymead House is a 'care home' which accommodates a maximum occupancy of 35 people. At the time of this inspection, 29 people were living at the 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.

There was a registered manager at this service. 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.

People told us they were happy living at this service. A person said, "It's a very homely atmosphere. You can choose to be on your own in your room or if you want company there's the lounges." Another person told us, "It's friendly and there's plenty of room. If there's something going on in one lounge you can go to another. There's lots of windows to look out and see what's going on. I like my room and my bed."

People received a safe service and were protected from the risks of abuse. Staff received appropriate training and knew how to raise concerns if they felt people were at risk of being abused or mistreated.

People's individual needs, choices and preferences were assessed and known by a caring, consistent, well trained staff team who knew people well. People and their representatives, as appropriate, were involved in their care plans and review of their plans of care by staff who were well trained to meet their individual needs. No external agency staff were used at this service at the time of this inspection. Individual risks for people were assessed and managed. Medicines were given to people safely and infection control procedures including correct use of protective equipment and robust cleaning schedules kept the home clean and free from any unpleasant odours.

People received care from staff who had undertaken training to be able to meet their individual needs and preferences, which included having enough to eat and drink. Snacks and drinks were available whenever people wished to have them. Meals were home cooked in line with people's choice, preferences and needs,

by well-trained kitchen staff. Specialist diets were catered for appropriately for people. Staff were recruited safely. Checks were completed by senior staff which ensured staff performance and competence was closely monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People told us that staff were caring and kind in their approach and that staff treated them with dignity and respect. Staff were aware of how to protect people's privacy which ensured this was maintained. People were supported to access healthcare in a timely manner and we were told by relatives that the management team were "proactive" and ensured healthcare professionals were contacted without delay when people needed this.

Systems and processes were not always used effectively to monitor the quality and safety of the service. You can read more about this under the 'Safe' and 'Well-Led' sections of this report.

People told us that they didn't need to make complaints but felt confident that they knew the policy should they wish to make a complaint.

At the time of this inspection this home did not actively support people at the end of their lives. However, the registered manager was able to tell us how they would support people and their families to receive personalised end of life care using appropriate care planning and by liaising with appropriate healthcare professionals which ensured people had timely access to anticipatory medicines as required in the last few days or weeks of their lives. Appropriate documentation was seen for those people who did not wish to be resuscitated which ensured that people received the end of life care they wanted or that was required in their best interests.

There was a clear, transparent management team at the service who worked well together with the staff team to provide support as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Appropriate Fire safety measures, including a suitable Fire Risk Assessment and appropriate fire evacuation equipment were not available at the time of this inspection. Environmental risk assessments were not always completed when required.

People's individual needs were assessed appropriately and staff knew people very well and were able to meet the needs of people at the service.

People received their medicines safely and some people were supported to self-medicate appropriately when they chose to and when it was safe for them to do so.

People were protected by safe infection control measures, which included audits, cleaning schedules and the correct protective equipment worn by staff when required.

Lessons were learned when things went wrong although systems required improvement to ensure that all risks were identified in a timely and appropriate way.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs and personalised choices were assessed in a holistic way by staff that knew people's individual preferences very well.

People were supported to eat and drink enough and were offered nutritious home cooked foods of their choosing. Snacks and drinks were always available.

People had timely access to healthcare when they needed it and staff supported them receive the care and treatment required.

Staff sought consent from people and people were facilitated to live in least restrictive ways to live the life they wanted to.

Good ●

Is the service caring?

The service was caring.

People were treated with utmost respect. Staff supported people in very compassionate, kind and caring ways whilst respecting people's dignity and privacy. This included personal data for people and staff that was managed appropriately in line with legal requirements.

People and their representatives, as appropriate, were involved in decisions about care and treatment.

Staff had time to care for people, with a consistent staff team who knew people well.

Visitors could come to the service when they chose to without restrictions.

Good 

Is the service responsive?

The service was responsive.

People were involved in the review of their care as required with people's personalised needs and choices being known by staff who knew them well.

A range of stimulating activities and outings were arranged for people with people deciding what activities took place. People were able to run activities within the home when they chose to do so.

Complaints were not often received and people told us that they had no need to complain about the service. However, people were aware of the complaints process should they wish to use it.

People were supported sensitively at the end of their lives by a staff team who actively engaged outside healthcare professionals, in a timely manner, when required, which ensured that people were able to die well in their home environment.

Good 

Is the service well-led?

The service was not always well-led.

Systems and processes did not always work effectively to monitor the quality and safety of the service.

People were actively involved in shaping and developing the

Requires Improvement 

service in which they lived with their feedback and views being captured by the management team.

Staff felt well supported by an approachable and transparent registered manager.

The service aimed to continuously improve the service provided and used updated policies and procedures to adhere to current standards and current best practice guidance.

Staff at the service worked well with external agencies and used feedback to continually improve the service provided for people.

Hollymead House

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.

At our last inspection on 14 November 2016, the service was rated as 'Good' overall with the key questions of 'Safe' being rated as 'Requires improvement'. There was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, so we returned sooner than we are required to do so to carry out a follow up inspection to review the progress and any improvements the service had made. Under the Care Quality Commissions (CQC) new methodology we can no longer rate any service as 'Good' with breaches of Regulation.

This inspection took place on the 30 April 2018 and 3 May 2018 and was unannounced.

The inspection team consisted of two inspectors and one 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 the inspection we reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law. We also sought the views of the local social services contracts officer regarding this services compliance with contractual obligations before carrying out this inspection.

During the inspection we spoke with eight people and six relatives of the people who lived at the home. We also spoke with three care staff, one domestic staff member, a cook, the registered manager and both registered providers.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, policies and procedures, staff training records, staff rotas, accidents, incidents and complaints. Records for three staff were reviewed, which included checks on newly

appointed staff and staff supervision records.

Is the service safe?

Our findings

At our last inspection on 14 December 2016, the hot water and electrical wiring were not adequately serviced and maintained and robust procedures were not established which ensured this was completed. This was a breach of Regulation 15 (premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People told us at the previous inspection that the hot water system did not work properly. At this inspection systems and processes had been implemented which effectively monitored water temperatures and water testing for Legionnaires Disease. All fixed electrical equipment had been serviced appropriately. The registered provider told us that a new heating system had been installed which removed the need for the water tanks that were previously within the home. This meant that water was now coming into the home directly from the external mains system. Records showed that water temperatures in people's bedrooms were suitable and warm enough for people to use comfortably. Water temperatures were also within legal limits as recommended by the Health and Safety Executive (HSE).

At this inspection we found that the service did not provide suitable equipment for those people living with disabilities on the first floor to evacuate the premises in the event of a fire in line with legal requirements. This was discussed with the registered provider and registered manager during this inspection. We referred to the local Fire Safety Officer who visited the service to complete an inspection.

Adequate measures had not been taken to protect people and staff from the risks of fire at the home. On the first day of our inspection Personal Emergency Evacuation Plans (PEEPs) and appropriate evacuation equipment were not in place for people to enable them to be safely evacuated from the home in the event of a fire occurring. A fire risk assessment had been completed by the registered manager but this risk assessment had not been completed by a competent person with sufficient knowledge of fire safety requirements and risks. We spoke to the registered manager and registered provider about these areas of concern. By the second day of our inspection the registered manager had located the PEEPs and updated these records for each person living at the home. These reflected people's evacuation needs and mobility aids they required to evacuate the premises in the event of a fire. We contacted the local Fire Safety Officer and requested they visited to inspect the fire safety at this service. Following the inspection the Fire Safety Officer served a 'notice of deficiencies' to the provider which gave the provider four months to complete the actions required which ensured that adequate measures were taken to make the premises safe for people in the event of a fire. Seven required actions were identified which included, but not limited to, a fire risk assessment to be completed by a competent person, an upgraded fire alarm system to be installed and suitable evacuation equipment to be purchased and installed. At the time of this inspection these measures were not yet completed.

During this inspection buildings works were being undertaken to replace all double glazed windows throughout the premises. Whilst this demonstrated the homes commitment to continually improving and maintaining the building, no risk assessment was completed for the works which identified risks and potential dangers for people or to others in the home. Despite this, people felt that the home was secure. A person told us, "They [staff] take care of me and its secure here." Tradesmen were present during the first day of this inspection seen carrying windows throughout the premises and windows were removed and

replaced, leaving potential security concerns and safety risks for people mobilising around the home.

This is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's personal and individual risks were assessed and people received support in the way they wanted it which made them feel safe and protected them from individual risks with personal care. Accidents and incidents were documented for people with actions taken when people were at risk of falling. People used suitable equipment and mobility aids that were labelled with their names and assessed for their individual needs. Larger equipment was regularly serviced and maintained in accordance with legal requirements. People told us that they felt safe living at Hollymead House. One person said, "I have my own bedroom with own toilet and people around for me, all my meals cooked, washing done, cleaning done. What more can you want. I feel safer here than I was at home." Another person told us, "I love it here. I don't know what makes me feel safe. I just love it here. Nothing to worry about." A relative told us, "I have absolutely no concerns about how safe my mother-in-law is. She's very well looked after." Another person said, "I have a bath or a shower once a week, more often if I wanted. They [staff] put on aprons and gloves when they help me. I don't mind whether I have a bath or shower. Most often it is a bath and once they've put me into it they give me the buzzer so I can call them if needed and then they let me have a wallow. That's absolute heaven because the bath has jets that make bubbles and it's like a massage. The temperature of the water is just perfect. They use the chair hoist which puts you into the bath and I feel very safe strapped into it and they always tell me what is happening. My room is usually being cleaned while I'm in the bath." New versions and previous versions of risk assessment records were seen in the care plan folders for people which made specific records difficult to locate within the folders. We discussed this with the registered manager who agreed that some records needed to be archived which ensured that staff would only have the current versions of risk assessments for people. We have addressed this further with the well-led section of this report.

People received care and support from a consistent staff team who had the required skills to meet their needs. The registered manager told us that they didn't use any staff from outside agencies which meant that the regular staff team knew people very well. Staff understood how to safeguard people from abuse and could tell us of appropriate actions they would take if they suspected risks of harm or abuse to people. Staff received training in safeguarding and procedures were seen with information of how to contact the local safeguarding team visible in the registered manager's office in the home. We reviewed the staffing rotas which evidenced that there were enough staff on duty to meet people's needs at different times during the day and at night. There were three waking night staff which was above the levels required to meet people's assessed needs as identified by the registered managers dependency assessment which indicated the staffing levels required. People were complimentary about the attitude and kindness of staff and felt that staffing levels were appropriate. A person said, "It certainly feels safe here, there's plenty of people around, I'm happy." Most of the staff had worked at the service for two years or more which provided continuity of care for people from staff who knew them and their individual needs well.

People were protected by safe recruitment practices. Appropriate checks were made which ensured staff were of good character to work with vulnerable people. References from previous employers and character references were seen in staff files, along with a photograph of the staff member and an enhanced DBS (Disclosure and Barring Service) was completed for all staff.

People received their medicines safely. A person said, "I know what medicines I take. I did them myself when I was at home but I think it's safer if they are locked away here. Not just for me, but if someone who didn't know better was to come into my room and take them I'd feel terrible. I get everything as it should be." We

observed medicines being given to people at lunchtime on the first day of this inspection. The medication was stored safely and securely and at the right temperature. We saw the Medication Administration Records (MAR) had photos of people and records were completed correctly. Medication was given safely and respectfully to people. Staff responsible for giving medicines had received medicines training and competency checks of their ability to give medicines safely. However, systems and monitoring of some medicines was not always robust or effective to check the stock of some medicine. This is addressed further within the well-led section of this report.

People were protected from the risks of infection with robust infection control procedures. The service was clean, tidy and homely and well decorated. Communication systems were in place for care staff to handover to cleaning staff on a daily basis if any spillages had occurred during the day or night which meant that these matters were addressed promptly without delay to maintain the cleanliness of the home. Staff used personal protective equipment (PPE) such as gloves and aprons appropriately and wore different coloured uniforms depending upon their role at the home. Daily audits were completed of cleaning undertaken throughout the home. Cleaning staff were suitably trained in a number of relevant areas which included, infection control, COSHH (Control of Substances Hazardous to Health) and moving and handling and were provided with the correct equipment to undertake cleaning schedules throughout the service. People's bedrooms were deep cleaned every four weeks. People told us that the home was clean. One person told us, "They're [staff] always cleaning in here. It always smells clean. There's certainly no bad odours."

Lessons were learned and improvements were made when things went wrong. The registered manager and registered provider had addressed the actions identified at our last inspection. The fixed electrical equipment was now fully services and Legionella water testing and water temperature monitoring is now completed.

Is the service effective?

Our findings

People were supported to live their lives in the way they chose to with staff who positively supported and promoted personal choices for people. A person told us, "The staff are very good and very kind. They don't make you do what you don't want to do. I get up early in the morning and get dressed and go down to the lounge for breakfast. The television is on and I watch breakfast television. I like to get up early and they wake me up." We asked if people were able to get up later if they wished. A person said, "If I didn't feel like getting up they'd [staff] bring my breakfast to me and ask me what time did I want them to come back." Another person told us, "It's the absolute best here. Yes, I can make choices. I get up or go to bed at times that suits me."

People received care and support from well trained staff who knew them well. There were enough staff on duty to support the needs of people living at Hollymead House. No agency staff from outside agencies were used at this service. Care plan records for people detailed personalised assessments with person centred information collected from people in a document called 'Getting to know me'. People's likes and dislikes were known. People told us that the staff were competent to provide the support they needed. A person said, "I'm happy with the staff. This is one of the best homes, everyone is friendly. They know what they're doing. I wouldn't want to be anywhere else." Another person told us, "I think they are very competent and you can always have a good laugh with them. None of them are miserable." A person also said, "Everyone is wonderful, you can't fault them [staff]." Staff said that they, "Get to know the residents very well, to know what they want on a day to day basis."

Staff received mandatory training as the organisation required which included training for diabetes awareness, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), safeguarding adults, equality and diversity, infection control, health and safety and moving and handling practical and theory based training. The registered manager was in the process of sourcing training for Parkinson's Disease to ensure that staff fully understood the needs and conditions that people were living with at the service. The registered manager told us that they were also working to improve the induction process for staff by using the Care Certificate when inducting new staff to the service. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. We also spoke to staff who told us that they received sufficient training and support from the management team in their roles. A domestic staff member also confirmed that they had completed training relevant to their role which included, safeguarding, health and safety and COSHH (Control of Substances Hazardous to Health). Senior staff members were given 'Lead' areas of responsibility with their roles. We were told how these 'lead' roles included a Lead for, moving and handling and equipment monitoring, completion of pain assessments and water quality monitoring and water temperature checks, Mental Capacity Act and monitoring of topical creams for people.

Staff were well supported by the registered manager and registered provider. Staff received regular supervisions and were in the process of completing annual appraisals at the time of this inspection. A staff member told us that they were part of a, "small caring team" which is what they "loved" about their role at

the service. Most staff had worked at the service for two years or longer. Some staff had worked at the service for 15 years. We were told by another member of staff that the registered provider was, "very supportive".

People had enough to eat and drink to maintain a balanced diet and people's individual dietary needs and choices were catered for. The kitchen staff understood how to meet people's dietary needs and preferences and how to fortify foods for people who may require a higher calorie content to maintain a healthy body weight. For example, the cook told us that they were aware of how to prepare meals to meet different religious dietary requirements which included preparing 'kosher' foods for people and fortifying meals for people with identified weight loss. We were told by the registered manager how one person who had weight loss had been supported by a member of staff to go outside to the local shops to purchase some of their favourite sweets to encourage them to eat a high calorie diet of their choice. We observed the lunchtime meal experience for people. Most people living at the service chose to eat together in the dining area. People were seen chatting happily to one another throughout their meals and staff interacted with people in a friendly and calm manner. Staff wore appropriate protective equipment over their uniforms to maintain hygiene while serving foods to people. People told us that they enjoyed the food. "The food is marvellous. We get given the menu the day before and we pick what we want for the next day. They [staff] always do separate meals for me because I'm gluten free and diabetic, and mostly they always manage to do something nice. I get a good variety; I'm not stuck with the same food day after day. It's the sort of food you'd cook at home. They asked me what I like, what I won't eat, and if I'm allergic to anything. I don't know how they manage it but they do." Another person said, "There's plenty to eat and there's always fruit on the sideboard to eat at any time of the day." One person also told us, "On Sundays and birthdays we get wine with our meal, it's all the little homely things they do."

Throughout the day drinks were brought round frequently. In the afternoon there was home baked jam tarts and lemon cake. No one said they were hungry or thirsty. We asked people if snacks or drinks could be requested outside of the usual service and we were told that; "you only have to ask" and "you would get whatever you wanted."

People were supported by staff to access healthcare services which included the dentist, opticians, doctors and chiropodist. A person told us; "Oh, without a doubt. When my legs were breaking out they let the doctor know and now the nurse is coming out dressing them. If I told someone I wasn't well they'd be on to it straight away." A person's relative also told us; "They're [staff] very proactive here, they found a clot on mum's leg. That's all sorted now. It's just good that they're so proactive." Another person's relative said, "I think mum is getting the right care that she needs. They [staff] have time for her and are proactive, they look out for changes. They organised a hearing test for her because they thought she was hard of hearing. She's now got a hearing aid." A person told us, "I've had problems with my legs and they [staff] ask me how they are and if they can have a look. They asked me if it was okay to get the doctor out to have a look and he organised for the district nurse to treat my legs and come in and change the dressings and bandages, she comes in a couple of times a week but in-between the staff check with me that I'm okay." The registered manager told us how they always advocated for people by liaising with local healthcare professionals which ensured that people received healthcare when they needed it.

The environment was homely with an accessible layout that met people's needs. The registered provider told us how people were able to choose the colours, own furniture and personalised décor in their own bedrooms. The premises were in good repair, with a choice of spaces to spend time with others or to have private time alone if desired by people. The 'sun lounge' area had a person's artwork displayed on one wall. Changes to the environment are discussed with people during residents meetings that are held regularly with the registered manager of the service. People were involved with decisions about their environment.

People were supported to live in least restrictive ways if they lacked the mental capacity to make best interest decisions for themselves. Staff had received training in The Mental Capacity Act and understood how to support people using least restrictive methods. For example, there was an 'open door' policy at the home, with the front door being unlocked throughout the day which enabled people to come and go as they wished and were able to. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, people at the service were not subject to any DoLS applications or conditions.

Is the service caring?

Our findings

People were supported by a friendly, caring staff team who respected people's individuality, privacy and dignity. Staff were employed from a variety of backgrounds with some staff for whom English was not their first language. These staff did not feel that they were treated with any less respect than other staff. A staff member told us how they had been able to communicate effectively with a person who previously lived at the home whom also did not speak English as their first language. This demonstrated that staff were employed to meet people's communication needs. People told us they were spoken to with respect and were addressed by staff as they wished to be. A person said, "They [staff] always call me by my name and will chat to me." Another person told us, "You couldn't wish for anything kinder or considerate. They [staff] talk to you, they talk about our families, their families, I feel I'm really part of a big family." A person also said, "They [staff] always knock, never just barge in. They close the curtains and shut the door, just as you would do in your own home if you had family around. I don't think they would ever assume they'd just do something without asking." A person said, "They [staff] care about each and every one of us. We're all different and they treat us as such." Records were held securely in locked cabinets to protect people's privacy in line with the requirements of the Data Protection Act 1998. The registered manager was aware of new data protection legislation, the General Data Protection Regulations 2018 and were in the process of training all staff to understand the new principles of this.

There was a comfortable and friendly atmosphere at the home throughout this inspection. People told us that they liked living at Hollymead House and that they found the team friendly and kind. A person said, "The atmosphere is wonderful. I wouldn't be anywhere else. It's a happy place and everyone is kind to you. I think it's all good and don't know what else you could do to improve it." Another person said, "It's a very jovial and happy atmosphere. I can't fault anything."

People were sensitively encouraged and supported to promote and maintain their independence and to participate in social opportunities as desired to avoid loneliness or isolation within the service. Most staff had worked at the service for over two years and some as long as 15 years. Staff knew people and their needs very well and we observed that people and staff had developed positive, friendly relationships. People felt in control of their lives. A person told us, "They [staff] help do the things you can't do and try to keep us independent. I think they're wonderful. They are very gentle with me." Another person said, "I try to be as independent as I can and I do feel I'm supported here to do that. I'm just happy that I'm being looked after. I'm glad for my family's sake and for my sake." A person also told us, "I think the staff are sensible. They do their job. They work hard. I don't feel there's any shortcomings. They give the care that they can see we need. I like it here being looked after. I like the staff and the independence they give us." A person's relative told us, "Mum normally likes to stay in her room, she likes her own company but she does like to go down for lunch. They [staff] will always ask her if she wants to go and before they wheel her down they ask if she's ready or would she like to use the toilet first." A person said, "Yes, I feel I'm in control. They [staff] don't rush me at all." Another person also told us, "I come and go as I please and I'm given what I need, when I need."

Staff had time to care for people sensitively and with patience. People said they weren't rushed by staff. A person told us, "I sometimes ask to get up later and they'll [staff] come back when it's convenient. They

don't rush me at all." People had access to call bells to summon staff support day or night should they require assistance.

People received visitors to the service without restrictions and visitors were encouraged to visit whenever it was possible and were made to feel valued and welcome. During the inspection we observed relatives visiting as they chose and people were offered privacy and quiet spaces in the home to meet with their loved ones if desired.

Is the service responsive?

Our findings

People had their needs met in a responsive way by a caring staff team who knew people and their individual needs well. People could not always remember if they had been involved in their personal care plans, or if they were regularly reviewed, but people told us they were not concerned about this as they had confidence in the staff to look after them properly. We saw records which demonstrated that people were involved in the review of their care. The review record seen was detailed and covered areas of the person's life which included a review of the person's general health, any changes to care needs, any new risks identified or changes required to the plan of care and any other actions required to meet the person's needs fully. Care provided was responsive to people's needs and preferences. One person told us of how a male member of staff sometimes provided their personal care and how safe they felt with them. They said, "Sometimes [staff name] does personal care, I'm happy with that. He's strong and I feel very safe."

Care plans reflected people's personalised preferences and communication needs. People and their relatives told us that communication with the staff and management of the service was responsive and stated that they were responded to quickly when they wished to discuss matters regarding theirs or their loved ones care and support. Since August 2016, all publically funded organisations that provide health and adult social care services are legally required to follow the Accessible Information Standard (AIS). This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services.

People enjoyed a range of activities with a person who was actively involved in holding and leading regular quizzes for people at the home. A person told us, "I enjoy all the activities. [person's name] does a very good quiz. I do knitting but having a bit of a sabbatical from that at the moment. On the whole, I'm very happy here. I'm very content." Another person said, "There's entertainment every afternoon. I like all the shows, and when we have a sing-along. Tia Chi is good and the chap that does that, he's interesting. He finds interesting things which he asks us about, keeping our brains going. There's a church service here every Sunday, or you can just go to church." During this inspection we observed a 'Big Theatre' planned show that people had chosen. The registered manager had organised for an external theatre group to come into the service to provide an afternoon show at the service. We saw how the staff had rearranged the dining area after lunch time into a theatre setting, with comfortable seats all arranged in rows in front of the constructed stage. People looked happy to be participating in this event. People were talking excitedly and were sat eagerly watching and waiting for the show to start. This provided a positive opportunity for people to have a show brought to them in their home when they may not be otherwise able to or feel comfortable attending a large theatre setting outside of the service. We saw photographs of an Elvis impersonator who visited the service on a monthly basis at the request of the people living at the home. Staff at the service also arranged an annual summer BBQ for people, their relatives, friends and the wider local community to attend. Residents meeting minutes identified that people had asked for an outing to Arundel in the summer for which the registered manager would arrange transport. People were actively engaged and provided with opportunities to follow their interests and to develop and maintain social interests of their choice.

People were happy with the service they received and told us that they didn't have to raise complaints, but felt comfortable to do so should they ever need to. People also knew that there was a complaints process at the service. A person told us, "I've never had to make a complaint but I know there is a procedure. I've not read it to be honest but if I had to make a complaint I'd speak to [registered manager's name] and if it wasn't sorted I'd ask for the procedure so I know who to speak to next." Another person said, "What is there to complain about. Everything is done for us. If there was something that made me unhappy I would take it up with the manager. I know there is a complaints procedure." The registered manager and provider told us that they had had one complaint that they could recall which regarded the water temperatures. This was over twelve months ago and had been resolved to the satisfaction of the person and their relative who raised the complaint. People's views were captured and heard at 'residents meetings' which took place regularly throughout the year which enabled people to continually contribute to the development of the service and the way it was run.

People were supported compassionately at the end of their lives. At the time of this inspection people did not require end of life care and support. However, we did see evidence that people's care plan folders contained information about those people who had appropriate documentation to instruct staff and healthcare professionals not to commence 'CPR' (Cardiopulmonary Resuscitation) should this be required. The form was a 'DNACPR'. This enabled people to have choice at the end of their lives which was either decided by them with the support and agreement of an appropriate medical professional or by a medical professional and those who had legal powers to make health and welfare decisions for people in their best interests. We were also shown records for a person whom had recently received end of life care at the service. The documentation asked appropriate assessment questions that included anticipatory medicines and DNACPR's for people. Anticipatory medicines enable people in last few days or weeks of their lives to have their symptoms managed well to minimise pain or discomfort as much as possible. Anticipating what symptoms a person is likely to experience as they approach the end of their life is sometimes difficult, but immediate access to necessary medicines, prescribed in anticipation of their needs can control symptoms and avoid the associated distress that can be caused to the dying person and to those who are important to them. The records reviewed for a person at the end of their life evidenced that the staff at the service had a good awareness of meeting the needs of the person and that appropriate healthcare professionals were regularly contacted which ensured that the care received meant the person was able to die well and peacefully in the place of their choosing, in their home.

Is the service well-led?

Our findings

At our previous inspection carried out on 14 November 2016, the service was rated as 'Good' overall with the 'Safe' key question rated as 'Requires improvement' with a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the previous inspection the provider wrote to us to confirm that arrangements had been made with a qualified person for the risks of legionella and an electrical wiring check to be carried out in the near future. At this inspection we found that the provider had addressed this and the electrical testing was completed and water temperatures were regularly checked and were seen to be at safe levels in line with legislative requirements to minimise risks associated with Legionnaire's Disease.

However, we found a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to implement safe systems to effectively monitor the quality and safety of the service. Audit and quality assurance systems had not been effective in identifying and addressing problem areas. Audits were completed for some environmental aspects in the service. The registered provider told us that they completed a 'walk around' of the service which included people's bedrooms, on a monthly basis, with ensured that fixtures and fittings were always replaced if broken. The service completed audits for, room cleaning, daily health and safety checklist, housekeeping cleaning schedule, medicines, infection control, accidents and incidents and falls monitoring. However, these were not all always completed on a regular basis with clear analysis of outcomes and any actions that may be required to address any service shortfalls. The lack of a formalised audit system to capture environmental and other risks, which included fire safety and development plans meant that the registered manager and registered provider did not have clear and consistent oversight of the issues identified. The provider did therefore not have a robust or effective system or processes to monitor and improve the quality and safety of the service.

This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager at this service. 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. People knew who the registered manager was and spoke very highly of them. A person said, "[registered managers name] is lovely. If you want anything, she'll get it for you." Another person told us, "I think [registered managers name] is very good and leads her team well." People also told us that, "The manager is very efficient and knows what she's doing. She's very approachable" and "I've found no fault. People also spoke highly of the registered provider. A person said, "The owner is very good. He will listen and explain things. [registered managers name] is excellent." The registered manager showed us that they had adopted an external quality management system which provided them with up to date policies and procedures which were in line with current best practice guidance and legislation.

People who use the service are actively engaged and involved in developing the service they received. The registered manager confirmed that they held residents meetings regularly. We saw meeting minutes from two meetings that took place over the last six months. People confirmed that these meetings took place. A person said, "There are residents meetings every so often. At the last one they agreed to do more outings in the summer." We saw evidence of these particular minutes with more summertime outings discussed and spoke to people about the upcoming Royal wedding and the celebrations that were planned for people to be able to celebrate this event. Another person told us, "They [staff] do have residents meetings but I don't usually go." People had the choice to be involved in these meetings but were able to opt out if preferred. People were able to approach the registered manager and provider to discuss matters with them outside of these structured meetings. People told us that the registered manager was approachable. One person said, "The manager is approachable and a very good manager."

The service aims to operate a system of continuous improvement and completed surveys for people who used the service. A recent survey had been completed which asked people for their views of the food at the home. The butcher was changed as a result of this and people and kitchen staff are now much more satisfied with the improved quality of meat they had to prepare nutritious, good quality meals for people and their relatives. The service had addressed the concerns that were identified at our previous inspection which demonstrated that the service responded positively to feedback from external agencies and organisations to improve the service, despite the new concerns that were identified at this inspection. People and staff told us that this was a nice place to live and work. A senior member of staff said, "We [staff team] support each other" and that they enjoyed their role. They told us they enjoyed it when, "you can see how you can help people and how they improve." Staff told us that the registered manager responded to any issues identified promptly. A member of staff said, "If we have a problem the manager acts straight away and gives us feedback about what's happened." The registered manager also told us how they aim to work proactively with external healthcare professionals and stated that they acted on behalf of people to ensure that they received the care and treatment they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Fire safety measures and environmental risk assessments were not always in place to keep people safe
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lack of systems and processes to effectively monitor the quality and safety of the service