

Cobham Care Ltd

Avon Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avon Manor is a residential care home providing personal and nursing care for up to 28 people in one adapted building. At the time of our inspection, the home was fully occupied.

People's experience of using this service and what we found

People and their relatives felt the home provided a safe environment. People's risks were identified and assessed with guidance for staff on mitigating risks. Staff followed this guidance. Staff levels were assessed based on people's care and support needs and there were enough staff.

Medicines were managed safely. The home was clean and smelled fresh. When things went wrong, lessons were learned and staff reflected on improvements that could be implemented.

Staff completed a range of training to meet people's needs. They received regular supervision and had annual appraisals. One person said, "The staff are very helpful, they are good staff".

People were supported to have a healthy diet and with their nutrition and hydration needs. The lunchtime meal was a sociable occasion and people chose whether they wanted to eat in the dining room or in the sitting room. Some people preferred to have their meals in their rooms. Special diets were catered for. People had access to a range of healthcare professionals and support. Premises had been adapted to meet the needs of people living with dementia.

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

People were looked after by kind and caring staff who reassured them when they became anxious, confused or distressed. As much as they were able, people were involved in decisions relating to their care and were treated with dignity and respect.

People received personalised care that was responsive to their needs. Activities were organised as far as possible according to people's preferences and interests. Outings into the community were encouraged. If their needs could be met and it was their wish, people could spend the rest of their lives at the home.

People and their relatives spoke highly of the home, of the care provided and the warm, friendly staff. Visitors were made to feel welcome. Feedback was obtained from relatives and residents' meetings took place.

Staff felt valued by the management team and staff meetings provided opportunities for staff to meet together. The home operated an 'open door' culture and the registered manager worked on the floor and

was accessible to people, their relatives and staff.

A system of audits monitored and measured all aspects of the home and were used to drive improvement. There were strong links with the community. Nursery school children visited the home and sessions were enjoyed by people who participated in singing nursery rhymes and talking about toys. Local high school students attended the home for periods of work experience.

The registered manager liaised with other care home managers and attended managers' forums. The home worked proactively with various healthcare professionals.

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

Rating at last inspection

The last rating for this service was good (published 23 November 2016)..

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Avon Manor

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Avon Manor 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.

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

Notice of inspection

This was an unannounced, comprehensive inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and spent time observing the care and support they received. We spoke with two relatives of people living at the home. We spoke with the registered manager, two senior care assistants, two care assistants and the activities co-ordinator. We also spoke with a social worker who was visiting the home at the time of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included three care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We sought further information after the inspection and the registered manager send us feedback from relatives, the complaints policy, staff meeting minutes and the staff training plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This means people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. A relative said, "We have no worries about her care and know she is safe".
- Staff had completed safeguarding training and understood safeguarding procedures. One staff member explained the types of abuse they might encounter such as sexual, physical or emotional abuse. This staff member told us they would report any concerns to the registered manager.
- Notifications the registered manager was required to send to CQC in relation to safeguarding concerns had been completed as required.
- The registered manager had a good understanding of her responsibilities, how to protect people from the risk of abuse and keep them safe.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and monitored safely. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff understood where people required support to reduce the risk of avoidable harm.
- We looked at a range of risk assessments in relation to mobility, skin integrity and nutrition. For each individual risk, detailed assessments had been completed. For example, where people were at risk of developing pressure areas, their risk had been assessed using Waterlow, a tool specifically designed for this purpose. Intervention and support were provided by staff in relation to people's needs and any equipment that might be needed.
- Personal emergency evacuation plans provided information to staff about how people should be assisted, if the premises needed to be evacuated.
- Premises were managed safely and some certificates in relation to servicing and checks were on display on a noticeboard in the hallway of the home.

Staffing and recruitment

- Staffing rotas confirmed there were enough staff on duty to support people and keep them safe.
- The registered manager completed a dependency assessment which identified people's care and support needs. She could then estimate the number of care staff required. At the time of this inspection, there were eight care staff on in the morning, six in the afternoon and three waking staff at night.
- We observed that staff answered people's call bells promptly and were quick to provide assistance to people in the communal areas.
- Relatives felt there were sufficient staff to care for people. Staff told us they had time to sit and chat with people and we observed this in practice.

- New staff were recruited safely. Records showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories were verified.

Using medicines safely

- All aspects of medicines were managed safely and people received their medicines as prescribed.
- We observed two care staff administering medicines to people at lunchtime. One staff member checked the Medication Administration Record (MAR) and located the medicines for each person. The other staff member checked the medicine was correct and administered the medicine to people. The second member of staff then signed the MAR in confirmation.
- Staff told us that using two staff members in this way had reduced the risk of errors from occurring.
- When administering medicines to people, we saw that staff were patient and kind. The staff member explained to each person what their medicine was for. People were asked if they required any pain-relief medicines. Protocols guided staff on the signs to look for if people were unable to express whether they were in pain or not.
- Where MAR had needed to be hand-written by staff, each entry was double-checked and signed by another member of staff. This meant that new medicines prescribed for people were recorded accurately.
- Where medicines were administered covertly, that is without people's knowledge or consent, best interests decisions had been taken and recorded appropriately.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- People spoke favourably of the housekeeping staff and said their rooms were kept clean.
- We saw that the home was clean and hygienic. We observed staff used disposable aprons and gloves when providing personal care or serving meals.
- Staff had completed training in infection control.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- The registered manager described one incident where a particular medicine had caused one person to feel drowsy and they had sustained a fall. She explained, "Every time a resident has a fall, we consider what could be done differently, but you can't wrap people in cotton wool. As long as you learn from your mistakes and move on".
- Staff meetings were opportunities for staff to reflect on people's needs and to discuss any changes or areas for improvement.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Before people came to live at the home, their care needs were recorded and pre-assessments were completed. The registered manager explained, "We always go and see them and offer people the chance to stay for the day. It works both ways and this environment may not be right for everyone. There is no age range for people we take, but all have to have a diagnosis of dementia".
- People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals as needed. For example, the registered manager found the Living Well with Dementia Team very supportive. She said, "If we need anything, we phone them". Referrals were also made to the local authority's Falls Team. The registered manager told us the home had been involved in a pilot scheme. Where people were under the care of district nurses, each person's risk of falls had been reviewed. According to records, a member of the Falls Team said it was rare for them to go into a care home where they were not able to make a recommendation.

Staff support: induction, training, skills and experience

- Staff received regular supervisions and had annual appraisals of their performance. The registered manager told us that some staff needed more support than others, so would receive a higher number of supervision meetings. We saw the registered manager supported staff working on the floor and she had a good oversight of how people were cared for by staff.
- Supervisions were carried out regularly, every three or six months, depending on the individual staff member. One staff member said they were asked at supervision if they were happy in their role, whether they had any problems. The staff member explained, "[Named registered manager] is open for discussion for everything and anything, which I feel is really nice".
- Staff spoke highly of the registered manager. One staff member said, "She provides lots of emotional support to staff". The registered manager would support staff if they became unwell. For example, she would accompany them to hospital or to see a GP if needed.
- New staff, who had not previously worked in care, studied for the Care Certificate, a universally recognised, work-based award. New staff also shadowed experienced staff and had their competence checked before being allowed to work more independently.
- Staff felt training equipped them to carry out their roles and responsibilities. One staff member said, "I think we have enough training and we're always asked if there is anything in particular we would like to do".
- Staff completed training in a range of topics such as safeguarding, dementia care and end of life, fire safety, health and safety and equality and diversity. On the day of inspection, some staff were receiving moving and handling training. Referring to the trainer who had come to the home, one staff member said,

"He's very good. He used to be the manager of a care home himself".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- We observed people having lunch in the dining room. The tables were laid with tablemats, napkins and cutlery. People could choose where they wanted to eat their lunch. Some chose the dining room, others the sitting room, whilst some ate their lunch in their rooms. One person said, "I have all my meals in the dining room and usually sit with the same people".
- People were complimentary about the food with comments such as, "I eat everything that's offered and I am not losing weight, so it must be right". We saw that the lunchtime meal looked and smelled appetising.
- People who needed assistance to eat were supported by a member of staff who sat with them and gave encouragement. Offers of drink were provided at intervals.
- One person who had declined a hot meal was offered a sandwich alternative, which they accepted and ate. People were offered second helpings and we saw one person had three portions of pudding, which they clearly enjoyed. Another person commented, "I loved that pudding, it was especially delicious!"
- A pictorial menu board on display in the dining room enabled people to see what they could choose to eat. Bowls of fresh fruit and jugs of drinks were available in communal areas; people were offered hot and cold drinks throughout the day.
- Special diets were catered for. Two people had been assessed by a speech and language therapist and their diets were changed as needed. One person required fluids to be thickened to prevent the risk of choking and another person was on a pureed diet. Two people preferred a vegetarian diet and this was catered for.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs. A lift was available for people to reach the first floor in one part of the home. Gardens were accessible, with decking areas for people to sit.
- People living with dementia often find it difficult to orientate themselves in their surroundings and navigate around their environment.
- Signs with pictures enabled people to find their way around the home. There were names on people's bedroom doors and pictures, so people were able to identify which was their room.
- We saw that people were happy and comfortable in their surroundings and moved independently around the home. The registered manager told us that sometimes people liked to come to her office and sat there to have a chat.
- People were encouraged to take their own possessions when they moved into the home. This was reflected in rooms having a personal, homely feel, with family photographs and memorabilia.
- One person told us, "I stay in my room as I like the peace and quiet, but I like my door open so that I can see people go past. I am very happy here and I have everything I need".

Supporting people to live healthier lives, access healthcare services and support

- People received healthcare support as needed from a range of healthcare professionals.
- The registered manager told us that staff could accompany people to their hospital appointments if needed and that some relatives liked staff to be there.
- Any changes to people's healthcare needs were recorded in a book and discussed at staff handover. For example, where calls were logged with a GP, there was a record of who visited and any actions required by staff.
- People's care records showed they had access to a health professionals such as district nurses, chiropodists, dentists and opticians.
- A relative said, "We are kept up to date with any changes in [named family member] health care and are

always telephoned if she sees the doctor. The manager and deputy are very approachable".

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was gained in line with MCA and DoLS guidance.
- People's capacity to consent to specific decisions had been assessed. Records confirmed this and, where needed, applications to deprive people of their liberty had been completed and sent to the local authority.
- Staff had completed training on MCA and DoLS. One staff member explained their understanding of the five principles when assessing people's capacity to consent and added, "You have to presume capacity until it's proven otherwise. You have to act in their best interests and people with capacity can make bad decisions. We have to make sure we give people the freedom to choose".
- Where relatives or others had Power of Attorney to make decisions on people's behalf, such as with health and welfare or finances and property, copies of the relevant Power of Attorney were kept at the home. This ensured that consent was gained lawfully.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally. We saw staff were continually checking on people's wellbeing, in an unobtrusive, kind and caring way.
- In one person's care plan, it recorded they may lack capacity on certain occasions because of their dementia. The care plan then stated that, despite their dementia, the person was able to communicate their decisions and should be encouraged to do so.
- Some people living at the home had sustained significant memory loss due to their dementia. Some people showed signs of distress or anxiety due to personal frustration with their diagnosed condition. We saw staff supported people in a very reassuring and calm manner.
- One person became distressed because of the constant murmuring of another person at the dining table. They asked if they could have their lunch in another room. Staff assisted them into the sitting room, where they sat down happily to eat their lunch. Another person told us, "I feel very frustrated because of my sight as I can't see very much". Staff were reassuring and kind and so the person became less upset.
- People were encouraged to make decisions in relation to their care. One person said, "I get up and go to bed when I want and staff help me when I need help". Another person told us, "I can't remember the time I go to bed, but it's when I want to".
- A staff member said, "We try and give people choices. Like personal care. I always ask them how they feel, what they would like, a wash or a shower, or if they can choose their own clothes".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were encouraged by staff to be as independent as possible. For example, we saw staff supported people to eat independently. A staff member placed an amount of food on a fork or spoon and then handed it to the person for them to eat on their own.
- People told us that staff respected their privacy. One person said that when staff checked on them at night, they did so quietly.
- We saw that staff treated people with dignity and respect. One staff member explained they treated people as individuals. They added, "I will whisper in people's ears if I'm offering to take them to the toilet; you have to be discreet". The staff member said they would always accompany people to their rooms if they wanted to freshen up or change their clothing.
- People chose whether they wanted to be supported by male or female staff and this was recorded in their care plans. One staff member told us that no-one refused personal care on a regular basis. They said, "Yes

people have the odd day when they might refuse, but an hour later they might be more receptive. A different member of staff, another face, might have more success".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care in line with their preferences, interests and needs.
- For example, one person did not like it if one of the inner doors at the home was left open. They sat in a particular chair so that every time someone went through and left the door open, they got up to close it. Staff explained that the person's family had made them aware of this behaviour. This was accepted by staff and managed well.
- Care plans contained detailed information about people's care and support needs. We saw that people's needs in relation to their communication, religion, dementia, mental health, personal care, continence and night care had all been recorded.
- People's particular type of dementia, and how this affected their lives, was described in their care plan, so staff knew how to support them. For example, one person's dementia could result in them displaying behaviour perceived as challenging. This was because they became frustrated and distressed with their condition. Staff were advised to offer all assistance to help the person to keep involved, by including them in the social activities of the home.
- Positive behaviour support plans included an overview of people's behaviours, what might trigger challenging behaviour and the interventions staff should use to calm the person.
- Care plans were reviewed monthly. We saw that one person's care plan had been revamped in light of their latest hospital admission.
- As much as they were able, people were involved in reviewing their care and staff supported them in line with their needs and preferences.

Meeting people's communication needs

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

- People's communication needs were fully assessed and care records guided staff on how to support people in line with their particular communication needs. For example, one person required glasses to read and a hearing aid, to help them communicate. People's preferred choice of language was recorded. For everyone living at the home, this was English.
- We saw that newspapers were ordered for people and people enjoyed reading them. Some people enjoyed spending time chatting with staff.
- Two shih tzu dogs and a cat lived at the home. The dogs were a popular distraction for people and we saw people interacting positively with them, even though some people found it difficult to verbalise in a way

that was easily understood.

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

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the home at any time.
- People's personal histories were recorded. We read that one person liked knitting, sewing and craft activities. However, because of their dementia, they were unable to participate in some interests that were once of importance to them. The activities co-ordinator told us, "There are a few people you can't realistically do much with, but you hold their hands and try and communicate with them as best you can".
- The activities co-ordinator organised a range of events that people could participate in and concentrated on what people could do rather than what they could no longer do. Activities included trips to church, 1:1 activities for people and outings into the community.
- On the day of inspection, a group of nursery children had come to visit the home. Children and people joined together to sing nursery rhymes and reminisce about the toys they had grown up with. It was clear that people had thoroughly enjoyed the event. One person said, "That was lovely. Will you come again please?" People continued to talk about the activity after the children had left and carried on singing their favourite songs.
- People told us they enjoyed the activities. One person said, "I love it here. I like the activities and I like the people. It's enjoyable and I have no problems". This comment was agreed with by two other people who were part of the discussion. Another person told us, "I had a wonderful 100th Birthday party here with singing and dancing and a large chocolate cake. It was wonderful as I have little remaining family".
- Religion was of significance for some people living at the home. In one care plan we read the person was to be informed of any planned religious events and days were arranged to visit the local church. A vicar visited from the local church as a few people liked to receive Holy Communion.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- The registered manager told us that no complaints had been received recently.
- People and their relatives said they knew how to raise any complaints they might have. One person said, "I would tell [named registered manager], but I am not worried about anything". A relative told us, "The care here is brilliant, we have no complaints at all. My sister looked at about seven homes before choosing this one for our mother".

End of life care and support

- People could live out their lives at the home, if this was their wish and their needs could be met.
- A relative said, "We are here today as the manager wishes to discuss future care wishes with us. We know that [named family member] is deteriorating and have every confidence that staff will care for her well".
- The registered manager was passionate about ensuring people could stay at the home and worked closely with the palliative care team. She told us of one person who was extremely poorly and might have passed away in the ambulance on the way back to the home from hospital. The registered manager went to the hospital and accompanied the person back in the ambulance. The person later died peacefully in their own bed in the home.
- Staff worked closely with the local hospice and some staff had completed end of life training. The hospice supported staff with any bereavement issues too.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received a high standard of care from staff who understood how they wished to be supported.
- According to the provider's Statement of Purpose, the aim of the home was for people to live a life as normal as possible, given their individual health needs, in homely surroundings. There was a culture of providing people with the care they required to enable them to live as independently as possible, taking account of people's privacy, dignity and right to choose. From our findings at inspection, the home fulfilled the aim of the Statement of Purpose.
- One person said, "I have been here for a while now and am very well looked after. All staff are pleasant and the food is good". A relative told us, "If I have any concerns I will see the manager. All staff are very understanding".
- The provider's approach to delivering person-centred care was based on Dementia Care Mapping which is an established approach recognised by the National Institute for Health and Clinical Excellence (NICE). Dementia care mapping achieves and embeds person-centred care for people living with dementia. It is used by care practitioners to improve quality of life for people living with dementia. It enables staff to engage in evidence-based critical reflection in order to improve the quality of care for people.
- Care records were kept confidentially and electronically. Only staff who needed to look at care records had access to people's personal information.

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

- The registered manager understood her responsibilities under duty of candour. She explained, "We are open, clear and transparent. Anything that happens, family is informed. Everyone involved in that person's care knows what's going on".

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

- A robust system of audits monitored and measured all aspects of the home and were effective in driving improvement.
- We looked at audits of the environment which included monthly laundry and kitchen checks. The way medicines were managed was audited and care plans were reviewed monthly. Any accidents or incidents that had occurred were analysed so that any emerging themes or trends could be identified and acted upon.
- The registered manager demonstrated their understanding of the regulatory requirements. Notifications

which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home and on the provider's website.

- Staff were clear about their roles and responsibilities. There were regular staff meetings and the notes from the last meeting held in June 2019 showed that staffing levels, medicines, staff competencies, people and staff issues were discussed. Staff meetings provided opportunities for discussion and reflection.

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

- People and their relatives were encouraged to be involved in developing the service provided. Relatives' meetings took place. At the last meeting held in February 2019, various topics were discussed. These included hospital admissions and how the home always tried to send staff along with people since a strange environment could be upsetting for people living with dementia. Advice was provided to relatives about the attendance allowance as some were confused by the forms and rates. The registered manager offered to complete any forms on behalf of families.

- The registered manager said, "We always try and involve people in the service. I sit and talk with people every day and I ask them what they would like to do. One person wants to go and see a horse, so we're arranging that. Residents' meetings take place too".

- Relatives were asked for their feedback about the home. One relative commented, 'The overall welcoming, warm atmosphere and environment made me choose Avon Manor over other care homes'. Another relative stated, 'We cannot begin to thank you all enough for the care and love you gave to Dad'. A person living at the home had written, 'I wish to thank the carers for their dedication and care I have had'.

- A staff member who came from overseas and whose first language was not English told us, "The majority of staff are English, but they have taken me in. This is a good thing and I have felt welcome here. It was a big change when I came here. [Named registered manager] is friendly and she does things to help you out and support you. I feel appreciated and valued".

- Staff felt supported by the management team and enjoyed working at the home. One staff member said, "The door is always open if I want to see the manager". They added, "All of it's good here and I've worked here a long time". Another staff member explained the importance of team work. They told us, "I've been told that I am a good team player and I try to be. We are all different, no-one is the same".

- Staff were valued for their contributions to the home and the management had organised pamper days for staff.

Working in partnership with others

- There were strong links with the local community. Students from a high school in Worthing undertook work experience at the home. One student had enjoyed their time at the home so much that they continued to visit weekly after school to sit and chat with people.

- The visits from local nursery children had proved popular and the registered manager was keen to develop these.

- The registered manager linked with other managers of care homes in the area to share practice and attended the West Sussex Managers' Forum.

- The registered manager attended meetings with the medical practices involved in providing health care to people, to discuss any concerns and share information.