

Sanctuary Care Homes Ltd

Sandhurst Rest Home

Inspection report

142 Barnhorn Road
Bexhill On Sea
East Sussex
TN39 4QL

Tel: 01424844405

Date of inspection visit:
01 November 2016

Date of publication:
06 December 2016

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

We carried out an unannounced comprehensive inspection on 1 November 2016. The Sandhurst Rest home is registered to provide accommodation for 24 people who require personal care. The service is intended for older adults. The responsible person made us aware that they operate on having 20 people using the service so people have single occupancy rooms. There were 17 people using the service on the day of our inspection which included two people receiving respite support.

We last inspected the service in January 2014 and found they were compliant with the regulations inspected.

The service had a registered manager who was on leave at the time of our inspection. 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. The responsible person and the provider's representative referred in the report as the owners were at the service when we visited. They had taken on additional responsibility for the day to day running of the service in the absence of the registered manager.

Everyone was positive about the registered manager and owners and felt they were approachable and caring. The owners were very active at the service during our visit and were seen to be caring and supportive to staff. They said they felt this was then the culture in which staff cared for people at the service. They and the staff demonstrated the principles of care as recorded on their website. 'The aim of Sandhurst is to provide a happy, caring and secure home in a way that enables all the residents to retain their dignity, privacy and independence. We aim to achieve this by providing just the right amount of assistance for each resident.'

There were sufficient and suitable staff to keep people safe and meet their needs. The staff undertook additional shifts when necessary to ensure staffing levels were maintained and there was flexibility. The provider used the services of a care agency where there were staff shortages due to sickness.

The registered manager was able to explain to us their understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. They were aware where people lacked capacity, mental capacity assessments had to be completed and best interest decisions made in line with the MCA. Staff were not all clear about the MCA. The owners made us aware after the inspection that they had scheduled MCA training for themselves and new staff that required MCA training.

People were supported by staff who had the required recruitment checks in place. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had the skills and knowledge to meet people's needs.

People were supported to eat and drink enough and maintain a balanced diet. People, visitors and staff were on the whole positive about the food at the service.

People said staff treated them with dignity and respect at all times in a caring and compassionate way. People received their prescribed medicines on time and in a safe way.

People were positive about the activities at the home. Staff supported people to follow their interests and take part in social activities. Staff undertook activities at the home.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place. There had been one complaint in 2016 which had been appropriately managed.

The premises and equipment were managed to keep people safe.

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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place. There were sufficient staff to meet people's needs.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Is the service effective?

Good ●

The service was effective.

The registered manager was able to explain their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). However some staff did not have a clear understanding. Following our inspection, arrangements had been made for them to receive MCA training.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and to recognise changes in people's health.

People's health needs were managed well. They saw health and social care professionals when they needed to and staff followed their advice. Positive feedback was received from professionals about the service.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were friendly, caring and respectful.

Staff respected people's privacy and supported their dignity.

Visitors were encouraged and always given a warm welcome.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs were assessed. Care plans were developed to meet people's needs.

People had been involved in planning their care. Plans were in place for people to be involved in care plan reviews.

A range of activities were available which people said they enjoyed.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good ●

The service was well led.

Everyone spoke positively about communication at the service and how the registered manager and owners worked well with them.

People, relatives, health professionals and staff views and suggestions were taken into account to improve the service.

There were effective methods used to assess the quality and safety of the service people received.

Sandhurst Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 1 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector, one inspection manager 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 service.

The provider completed a Provider Information Return (PIR) in August 2016. 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 reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met most of the people who lived at the service and received feedback from 13 people who told us about their experiences, and two visitors.

We spoke with eight staff, which included care and support staff, the deputy manager, the responsible person and the provider's representative. We have referred to the responsible person and the provider's representative in the report as 'the owners'. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three of them.

Following the inspection we also spoke to the registered manager on the telephone to discuss our findings and to ask a few questions.

We looked at the care provided to four people which included looking at their care records and the care they

received at the service. We reviewed medicine records of five people. We looked at three staff records and the provider's training guide. We also reviewed a range of records related to the running of the service. These included staff rotas, appraisals and quality monitoring audits and information.

Is the service safe?

Our findings

People said they felt safe at the home. Comments included when asked, "I have never not felt safe. The staff are lovely"; "Yes I feel safe, I chose to come here"; "Very safe because I don't have to worry about anything so then my family are happy"; "Very safe and secure, staff are very good and thoughtful, concerned about your comfort so you feel secure" and "Yes very safe, I am never frightened to ask them (staff) things, the atmosphere is very good." A visitor told us "I don't have any qualms at all leaving her (relative) here, the staff are great, and it runs like a family. Mum had a couple of scares and staff contacted me immediately."

People were protected by staff knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required. There was a policy for safeguarding and contact numbers were clearly displayed in the home.

One care worker said, "Safeguarding. It's about protecting people. I'd speak to my manager, or social services or the police". They knew where the contact details were for agencies that they would need to contact. Another said "We need to make sure people are safe. I would go to the manager or owners or social services."

There were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to speak with people in a calm manner. People and visitors said they felt there were adequate staff levels at the service to meet people's needs promptly. Comments included, "Staff, nice people, yes I think there are enough"; "On the whole enough staff unless they are busy"; "Enough staff...yes as far as I am aware" and "It is a homely place, I am quite happy here, if there are a lot of changes with staff it can be difficult getting used to new staff." However one person said "most of the staff I like, sometimes not enough staff if there is sickness."

A new call bell system had been installed at the home. The new system enabled the management team to be able to monitor staff response times to people's call bells. The owners said staff had been working to respond to bells within two minutes which they had so far achieved. They said they would review the response times each month and take action if they had concerns. One person said when asked about how quickly staff responded to their call bell, "Very quick to come they say they will be back in a minute. Sometimes I have to wait a bit. If it was anything major they are on the ball. They are trying very hard." Another said, "Oh God yes, very safe, press the call bell and they come at once."

The staff schedule showed that they usually designated three care workers throughout the day. At night there was one awake care workers and a sleep in care worker who could be called upon if required. The responsible person made us aware that if people's needs increased they would allocate two awake care workers at night. These were supported each morning by a cook. A cleaner worked each day during the week and there was also a maintenance staff member. Care workers undertook laundry duties and one was allocated each afternoon to work in the kitchen. The registered manager and the owners were in day to day control at the home and worked alongside staff. This enabled them to monitor that people's needs were

being met and adjust the staffing levels as needed. A care hour's calculator was used once a month to determine the numbers of staff needed each shift based on people's levels of need; low, medium and high. In addition to this, if a junior member of staff was on duty, an extra care worker would also be rostered to work on that shift. The owners said they had enough staff but due to unexpected staff sickness they had used the services of a local care agency. They had requested the same care workers to ensure there was consistency for people. One of the owners said they were in the process of producing fact sheets for agency care workers regarding people's medicines, needs, hearing and speech. This would ensure they knew how to approach people and support them appropriately.

People received their medicines safely and on time. The responsible person administered people's medicines during our visit. They were patient and ensured people had a drink to take their medicines. They then signed the person's medicines administration record to confirm the person had taken their medicines. One person was very particular how they received their medicines. The responsible person said, "We know the residents and how they like their medication". This was evident in the manner in which they were given their medicines. One person said when asked about their medicines, "Medication, no problem what so ever." Records were kept in relation to medicines received into the home and medicines disposed of, which provided an accurate audit trail.

People were able to self-administer their medicines at the home if it was appropriate and safe to do so. A risk assessment was completed with the person to assess the level of support they required. When a person administered their own medicines there were systems in place to monitor that they continued to take their medicines safely.

Cream charts were in use that care workers had signed when they applied people's prescribed creams so that it was clear what cream had been applied and when. The cream charts guided care workers where to apply people's creams, the type of cream and the frequency they needed to be applied. There were risk assessments carried out for prescribed and non-prescribed topical creams. For example, allergic reaction and probability of mishap. There was also guidance for the staff about precautions they should take, for example only apply to prescribed areas and the action they should take if they identified a concern. This included, 'stop immediately if evidence of irritation and consult the GP. People were included in this monthly assessment and asked to sign their agreement. A pharmacist had visited the service in July 2016 and completed a medicines check. They raised no significant concerns regarding the management of people's medicines at the service. They had a few small suggestions. For example the medicine fridge should be kept running at all times. The provider had taken action and the fridge was kept running. This was demonstrated by the records of the medicine fridge temperature monitoring for the previous few months.

Staff who administered medicines had received training in the management of medicines and had their competency checked. In order to have medicine information at hand they had access to a file which contained information sheets of people's medicines. They also had a current, British National Formulary (BNF) which is a reference book that contains a wide spectrum of information and advice on medicines. There was a safe system in place should changes need to be made to people's medicines. The staff completed a checklist if they received verbal changes to a person's medicines by a GP. This included recording the dose, frequency, prescriber, time of message, date, signature and who had witnessed the instruction. Where people had medicines prescribed, as needed, (known as PRN) there were protocols in place to guide staff about when they should be used. One of the owners administered someone's eye drops. The person said "You should be a doctor with your touch" after they had been administered.

Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps checked and

Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's mobility, nutrition, pressure damage and falls. For example the falls risk assessment assessed people's mobility, gait, medicines and any sensory deficits. People identified as at an increased risk of falls had an action plan put in place to reduce the risk of falling. The plan of care included to ensure the person's room was free from obstructions and free from trips and falls hazard's. Another example was a dietary assessment which was undertaken. Where one person liked to have their eggs runny they had been made aware of the risk of salmonella. They had signed the dietary assessment to show their agreement to the risk.

Premises and equipment were managed to keep people safe. Environmental concerns had been assessed and looked at the risk, action required and outcome. These included the hot water urn, shower and hoist. The owners undertook small tasks of maintenance at the home and called in external contractors for more specialist work. For example, external contractors regularly serviced and tested moving and handling equipment, fire equipment and lift maintenance. Fire checks and drills were carried out in accordance with fire regulations.

The home was tidy throughout without any odours present and had a pleasant homely atmosphere. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff were observed using the PPE's when needed. For example we heard one care worker say to a person "I will just go and get some gloves" before they carried out a personal care task.

The laundry was compact but tidy. Care workers undertook the laundry tasks. There was a system in place to ensure soiled items were kept separate from clean laundered items which included designated laundry baskets. People were happy with how their laundry was managed and said on the whole they received it back promptly and well presented. Staff confirmed there were always a good stock of detergent available and that the lint tray was emptied throughout the day to minimise the fire risk. One care worker said, "We only have to ask and we get it. They are very good."

A fire safety risk assessment had been completed for each person with the person signing they agreed with the assessment. This was held in their care folders and took into account the person's ability to recognise the fire alarm; whether they would know what to do in the event of the alarm; moving to a safe place and about evacuation. Following the inspection the responsible person made us aware they had put in place an additional quick reference evacuation plan to ensure staff had the information they required at hand. This showed the home had plans and procedures in place to safely deal with emergencies. There was a system to ensure first aid boxes were checked monthly and restocked to ensure everything was available should it be needed . The provider had made reciprocal arrangements with another provider for a place of safety for people to go in the event of an evacuation being required.

Accidents and incidents were reported and reviewed. One person had a number of falls. The owners explained they had asked the GP to visit and assess this person. They had investigated the potential cause of the falls.

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. People commented, "Yes the staff know me well"; "Staff are very nice and no problem at all"; "Yes the staff know me" and "I think it is as perfect as it could be, everyone is so friendly." A relative commented "We like the staff, very friendly, they do a good job."

Staff had received appropriate training and had the experience, skills and attitudes to support the people living at the service. Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. Staff on induction shadowed senior care workers and undertook the provider's mandatory training. The registered manager supported newly recruited staff who didn't have a care background to complete the Care Certificate, which is a nationally recognised Skills for Care training programme. Staff said they felt the induction enabled them to perform their role well.

Staff had completed the provider's mandatory training which included, control of substances hazardous to health (COSHH), fire safety, health and safety, first aid, food safety, infection control, manual handling and safeguarding vulnerable adults. There was a system in place to ensure staff undertook updates as required. The provider also arranged additional training which included dementia and equality and diversity. The owners had scheduled themselves and the registered manager on a train the trainer course for manual handling. This was to update themselves about manual handling practices so they could train, monitor and support staff.

Staff were encouraged to undertake additional qualifications in health and social care. All the care workers we spoke to were very happy working at the home. One said they were being supported to complete their level two health and social care qualification. Another care worker said, "We are one big happy team, I get all the up to date training I need." Other staff confirmed this.

Staff had received regular supervisions and an annual appraisal. The supervisions used by the management team reviewed staff's work performance, training support needs and development, work targets and standards required. Areas discussed at staff appraisals included staff appearance, reliability, punctuality and intuitiveness. This gave them the opportunity to discuss any training needs or performance issues and to receive feedback regarding their work. Staff said they felt supported by the registered manager and owners.

People who lacked mental capacity to make particular decisions were protected. The registered manager was able to explain to us that they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. They were aware where people lacked capacity, mental capacity assessments had to be completed and best interest decisions made in line with the MCA. However staff were not always clear about the principles of the MCA and had not received training. The owners told us after the inspection that they and care workers had been scheduled to undertake MCA training. The Care Quality Commission (CQC) monitors the operation of DoLS and we found after discussions the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. There was nobody at the service subject to an

application to deprive them of their liberties. We had discussions with the owners regarding one person at the home who at times asked to leave to visit a relative. The owners were clear the person had the capacity to make the decision when reminded about the risks not to leave the home unsupervised. They had worked with the person's family to put in place a letter which staff could show the person from the relative reminding them they had moved and were too far away to visit. Following our discussion the owners decided to contact the local authority DoLS team for advice regarding this person and another. Following the inspection we were informed that they had taken advice and were following the DoLS teams guidance. The owners told us in their provider information return that they had recognised the need to have an MCA champion at the home and one member of staff had completed the training.

Care staff understood the principles of consent. One told us "One person can be different every day. I ask them if they want me to help them with a wash. If they don't want one, I can't insist".

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. For example, GPs, community nurses, opticians and chiropodist. Records showed that staff took appropriate action when needed and contacted appropriate health professionals. For example where one person had challenging behaviour they had contacted the GP and community psychiatric nurse (CPN) regarding their concerns. Another example was where staff had sought the advice of the community nurses. This was regarding a person whose health had deteriorated and was at increased risk of their skin becoming sore. As a result a topical cream was prescribed to minimise the risk. People said they felt supported by staff when they were unwell. One commented, "(Care worker) was very attentive when my blood pressure was high."

Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "One of the best care homes in Bexhill based on my 10 years' experience locally."

People were supported to eat and drink enough and maintain a balanced diet. We observed the lunchtime in the dining room. The tables were covered with tablecloths and had a small display of flowers with napkins and condiments for people to use. The meal was homemade and nutritious and everyone cleared their plates. During the mealtime staff were present and offered people sauces and refreshments. At the end of the meal people were offered a chocolate left over from the Halloween celebration.

People and their relatives were on the whole positive about the food at the service. Comments included, "Food is very good, I eat a little of everything, very good food, plenty to eat and regular drinks"; "Food very good, good choice, plenty to eat"; "No complaints, I get enough, yes you have a choice, plenty to drink", "Food is lovely, it is your own choice, I go down for lunch and have breakfast and supper in my room, marvellous dinner today" and "I do extremely well with food here." A relative said "Mum eats far more now than she used to." Another recorded on a care home review website, 'Food is home cooked by lovely staff and is excellent, with individual dietary needs well catered for.' Staff gathered information about people's dietary requirements likes and dislikes, when they first arrived at the home. This information was available for the staff working in the kitchen to inform them about people's requirements and a board identifying people's likes and dislikes. People had a main menu choice each day and were given alternative choices if they did not like the main option. People were able to choose where they had their meals. We heard laughter and chatter about the news headlines in the dining room at breakfast. People were asking for more toast and this was being prepared for them. Some people liked to have their meals in their rooms and others chose the dining room, lounge or conservatory. One person commented, "I don't go to the dining room any more, I have my meals in my room." At the time of the inspection nobody was on a special diet. Staff made us aware of how they had ensured people had appropriate meals when they required a specialist

diet with regards to being diabetic or needing a specific consistency of food.

Is the service caring?

Our findings

Interactions between people and staff showed that staff were kind, friendly and caring towards people. People were seen positively interacting with staff, chatting, laughing and joking. People and visitors said they felt they were well cared for at Sandhurst. Comments included, "We have a good laugh, I have no complaints, they have a difficult job, life is what you make it"; "Staff are very considerate, I have freedom to go where I want"; "Oh yes very caring, yes they are bless them, they all know me"; "Staff treat me kindly, occasional one not as good" and "Very kind and caring, I like the company, staff and to see what's going on."

A relative commented "They treat my mother with respect and care, they spend time with her, we have always been involved in her care, she was underweight but we were involved with decisions." A thank you note from a relative read 'Thank you for all your help and support which helped make Mum's 90th birthday so special.' Another said 'Thank you for all your care, support and kindness you have shown us through this hard and emotional time. We have such comfort in the knowledge that you went all over and above everything that you could.'

The provider had recorded on their website: 'The aim of Sandhurst is to provide a happy, caring and secure home in a way that enables all the residents to retain their dignity, privacy and independence. We aim to achieve this by providing just the right amount of assistance for each resident.' This was definitely the ethos we observed at the home. Staff took time to speak with people in a dignified and respectful manner and ensured they were comfortable and had everything they needed. For example a care worker checked with one person who was sat near a window if they were warm enough. Another came and sat next to a person and just chatted about everyday topics which the person clearly enjoyed. The staff were extremely open, friendly and approachable and very well-liked by the people and relatives. Comments included, "Oh yes I love the staff, I must drive them potty sometimes"; "Very kind staff, very much so" and "Staff are very kind."

People said their Spiritual needs were being met. Comments included, "A lady came to preach the gospel last week", "Church comes to me" and "Vicar comes on Wednesday for Communion."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care. Care staff knew this was an important part of providing care. Comments included "You shut the door, you take people to one side, you don't go around broadcasting" and "I cover them when washing them, give them their dignity, how I would like to be looked after".

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. People were wearing scarfs and jewellery as they chose. Staff explained how they offered people choices during the day, such as what to wear, or what to do. One person told us "I've only just got up. They let me have a lie in if I want to".

People's relatives and friends were able to visit without being unnecessarily restricted. Relatives said they were made to feel welcome when they visited the home. A person commented, "Staff are very nice, they are good with my visitors as well, I like them very much, and the night staff are wonderful, always checking that I am alright. A relative commented, "We can visit whenever. We are always made welcome." One relative responded to a survey undertaken by the provider in August 2016. When asked 'Are you made to feel welcome when you visit?' They recorded, 'Yes quite like coming for a catch up with all the staff and residents'.

We were shown thank you cards received from people and relatives. One thank you card recently sent said, 'The care and friendliness is exceptional. Quality of care is nursing home standard. Nothing is too much trouble all staff are so helpful.' On the care home.co.uk website a relative had written a review on Tuesday 4 October 2016. They wrote 'I cannot rate Sandhurst Rest Home highly enough for the care that they gave my 98-year-old mother during her stay. From the moment they assessed her on the first day through to the last day...she was given every kindness and care possible. The staff are bright and cheerful and this gives the place a real feeling of being home and residents are gently encouraged to join in the program of daily activities and to socialise with other residents. The home works closely with local district nurses and doctors to provide excellent health care and the manager is good at communicating with relatives.' Another said 'We will miss coming to Sandhurst.'

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. People were treated as individuals; the staff took the time to ascertain their interests and details of their life stories by completing a document with the person called, 'My life before you knew me'.

Each person had their needs assessed prior to going to the home. The information gathered was then transferred to a care plan of how their needs were to be met. The plans included what mattered to the person and how they and their family could be supported. There were care plans in place for people's personal safety, medication, communication, breathing, eating, drinking, elimination, personal washing and dressing, mobilising, socialising, sleeping and death and dying. People's wishes and instructions were taken into account so the care was person centred and they remained in control of their lives. One person said, "My care was discussed with my daughter and me and a list came from the hospital." Another said, "I like the staff, (a member of staff) was so kind when I came here, it was so reassuring."

The care plans were set out by identifying the concern which the person needed support with and then the plan of care. Each care plan set out the desired outcome which was trying to be achieved. For one person it was recorded, 'for the person to feel secure knowing that staff are always available when needed'. For another person who was independent with their eating and drinking. Staff were guided regarding their ability to tell staff their likes and dislikes. The person was also aware to let the staff know if they needed help and for staff to offer alternative meals if they did not like what was on the menu. People were involved in developing their care plans and asked to sign if they agreed with the information recorded.

People had two care folders. One contained people's personal information and identified the relevant people involved in people's care, such as their GP, optician and chiropodist. They also contained care plans and assessments. There was information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. The second folder contained a resume of people's support requirements and daily records of care.

Staff said they were told about new people at the service at handover. There was a resume for each person which recorded what people liked to be called, personal care requirements and what checks had been agreed. This was so staff had a quick reference they could use. They also had the opportunity to read the information contained in people's care files which enabled them to support people appropriately in line with their likes, dislikes and preferences. Care plans included information about people's history, likes and dislikes. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support.

Care plans were up to date and were clearly laid out clearly, making it easier to find relevant information. Care staff confirmed that they read the care plans and it was clear from our conversations with them that they understood people's individual needs.

People were given the opportunity to be involved in reviewing their care plans. Every month people's designated keyworkers would sit with them and read through the care plan to ensure it was accurate and reflected the support they required. People were then requested to sign the care plan to show their agreement with its content. For example "I feel I have been fairly considered and thank all the staff. I am well cared for by all the staff. They are willing to make my stay comfortable and happy. My thanks to them all" and "The staff here are first class and I am very happy here."

Activities formed an important part of people's lives at the service. Staff undertook the provision of activities on a daily basis. There was a four week plan. There was a list of the daily activities to advise people. We saw seven people involved in an exercise session to music. They were all fully engaged and enjoying themselves. People were very positive about the activities at the home. Comments included, "Is excellent, I enjoy quizzes"; "I love the activities, it is up to the individual, I like quizzes and exercise"; "I am not interested in activities, I go out for walks and my family visit me regularly"; "I do some of the activities, I see the hairdresser every week and the chiropodist comes often"; "I do some of them if it is a special thing" and "Yes I enjoy the activities, (member of staff) is very versatile, nice sense of humour." One person shared with us that they were supported to make beautiful cards in her room. On the day of our inspection there were Halloween decorations in the office. The owners said they had just taken them down and that they liked to decorate the home to celebrate special occasions. Some of the recent activities were a choir for the harvest festival, skittles, 'sherry and reminiscence', various quizzes, art sessions, bean bag throwing, darts, basketball, hoopla and dominoes. One care worker was praised for his skill in running activities. One care worker said "All the residents clap at the end of his sessions!" The local church also visited and offered communion to those who wished to observe this. Sometimes there were trips out in the minibus. For example, down to the beach for ice creams or to the garden centre.

Some people did not wish to join a larger group for activities and preferred to stay in their rooms. Staff were able to spend time with them, such as painting nails for the ladies or just chatting. There was a plan to assist each person at the home make an individualised Christmas card.

People's rooms were very homely and personalised with their personal possessions, photographs and furniture. The communal areas were well spread out meaning people could socialise or have some time on their own. For example one person liked to sit in the conservatory area as she had a lovely view of the garden.

People were made aware of how they could raise a concern. The complaints procedure identified outside agencies people could contact. People said they would feel happy to raise a concern and knew how to. Comments included, "Yes I really like the staff, I have no complaints at all, I have all that I need here"; "I would go to the Manager if I had a complaint"; "I would go to (registered manager) with a complaint"; "Yes I would know who to complain to" and "I would go to any of the girls if I had a complaint." A relative commented "Never made a complaint." The provider had received one complaint in 2016. They had taken appropriate action and had used the services of an external legal advisor to ensure they undertook actions appropriately.

Is the service well-led?

Our findings

People, relatives, health professionals and staff all gave us positive feedback about the home and the management team. The registered manager was in day to day control at the home supported by the two owners who were regularly at the home. At the time of our inspection the registered manager was on leave and the owners had taken on the day to day running of the home in their absence.

The management team had a clear understanding of their responsibilities and were available at all times. The registered manager was supported by a deputy manager, senior care workers and care workers to support people's needs. People and their visitors described the management team as very approachable and always available if they wanted to talk with them. Comments included, "The ladies in charge are very kind and helpful"; "I know who the manager is, she is very good and pleasant"; "She is very good"; "(Registered manager) is very nice, have a good laugh, she has a good sense of humour, I have no concerns, none whatever, I am very happy here"; "(Registered manager) is very considerate, no concerns at all"; "You can see her (registered manager) anytime, very easy to see her, I have no concerns"; "I like (registered manager), she works very hard, I sometimes see things she could do better but she is very approachable, I have no concerns." A relative told us, "The managers are lovely and (registered manager) is super, the culture at Sandhurst is friendly, family orientated, no beaurocracy, people can mix or not as the case maybe. We are involved with Mum's annual review, we have no complaints." One care worker said "The residents are happy, it's a sociable place. I'd never get told off for sitting in a resident's room for 20 minutes having a chat". Another said "(Name of owner) is great. They are here for all the people to make their lives as best as they can". One care worker said "I love this job. I go home and I feel I have given something back. You have to earn their (people's) respect before they can trust you."

The owners met with the registered manager each month and completed supervision with them. They used the same format as used for all staff supervisions. They discussed their work performance, training support needs and development, work targets and standards required. The owners said it was important to have these meetings to be able to support their registered manager. The policies and procedures in place covered a wide range and were regularly reviewed to ensure they were up to date and effective.

People's views were sought. Residents/relatives meetings were held regularly and there was evidence of continuous improvements being made in response to people's feedback.

The registered manager and owners met most people daily and asked them their views and kept them informed of things happening at the home. People, relatives, staff and health professionals were asked annually to complete a survey to ask their views of the service. The last survey in August 2016 had received 11 responses from people and seven from relatives. Everyone had responded to questions with ticks of good and higher. Where comments had been made these were addressed. For example snacks required and larger meals. The last health professional's survey had three responses, all of the responses were positive. Comments included, 'One of the better care homes in Bexhill, highly recommended' and 'This is a very good home.'

The provider wanted to ensure people were happy with the information they received about the home and how they were treated when they arrived. After people were admitted to the home they were asked to complete an 'admission to the home feedback sheet'. This asked if they and their relatives were given enough information about the home to help decide to move in and were they clear about the reasons for applying to come into the home. They were also asked did they think they were treated well and listened to when they first arrived.

There were staff meetings every three months. Six care workers had attended the previous meeting. Minutes recorded a real appreciation of staff's efforts and a reminder that they should not feel under pressure to fill in shifts if someone went off sick. This was because they could use agency staff. Meetings for people who lived at the home were every two month. Minutes showed that 12 people had attended the last meeting. People had discussed different menu suggestions for supper time. Minutes were given to people who had not attended the meeting and they also had the opportunity to make suggestions.

Staff said they felt well supported by the registered manager and owners and issues were dealt with quickly and appropriately. Comments included, "It's a good team here. A good manager and brilliant owners. Staff are all very friendly and helpful" and "If you let the owner know, they will sort it out." Staff said they had paid breaks and lunches provided for them if they worked long days. The owner had bought a fridge for the staff room so staff could keep their own bottled water and food somewhere safe.

The provider had a range of quality monitoring systems in place which were used to continually review and improve the service. These included medicine audits and environmental checks. The owners undertook a monthly audit where they interviewed people, relatives and staff members to ask about their views and experiences. They completed an inspection of the premises which included signage, lounges, corridors and external areas. They checked staff appearance and attitude and addressed concerns if required. They also undertook an audit of records which included accident records, care plans, fire records, medicines, human resources files, staff training and maintenance. An action plan was developed after each review and was monitored and checked at the next audit to ensure it had been completed. Maintenance was managed well. There was a maintenance book and most concerns had been repaired within two days.

In August 2016 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored five with the highest rating being five. This confirmed good standards and record keeping in relation to food hygiene had been maintained. Where they had recommended actions these had been acted upon. For example, comments were made about the microwave so a new microwave was purchased.

Incidents were appropriately monitored and acted upon. The owners said they were aware on a day to day basis of incidents and accidents that happened at the home. This enabled them to be able to analyse trends over time to establish whether there were any patterns to help reduce the risk of recurrence.

The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as death or injury to a person occurred. We discussed with the owners an incident which had happened at the home which we had not been notified of. We were assured by their understanding of notifications and that they had not needed to notify us on that occasion. The provider provided additional information promptly when requested and were working in line with their registration.