

Royal Bay Care Homes Ltd

# Royal Bay Nursing Home

## Inspection report

86 Barrack Lane  
Aldwick  
Bognor Regis  
West Sussex  
PO21 4DG

Tel: 01243267755  
Website: [www.royalbay.co.uk](http://www.royalbay.co.uk)

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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

The inspection took place on 11 and 13 July 2017 and was unannounced.

Royal Bay Nursing Home provides care and accommodation, including nursing care, for up to 35 people. There were 18 people living at the home when we inspected. People living at the service were all aged over 65 years and had needs associated with old age and frailty as well as dementia. The service also provides care for people who are at the end of their lives.

At the last inspection of 29 and 30 November 2016 we rated the service as Inadequate and it was placed in Special Measures which meant we monitored and reinspected the service within six months. This was due to concerns we identified at the inspection regarding the following:

- ☐ The provider had not ensured the risks to service users were adequately assessed and action taken to mitigate the risks.
- ☐ The provider had not ensured staff always had the required qualifications to provide safe care.
- ☐ The provider had not ensured medicines were safely managed.
- ☐ The provider had not ensured equipment was safe for people to use.
- ☐ The provider had not ensured people's nutritional needs were met.
- ☐ The provider had not ensured there were systems to assess, monitor and improve the quality and safety of the services provided.
- ☐ Care records were not always secure.

We took enforcement action in the form of warning notices regarding these failures to meet standards.

We also found the provider had not met the required standard for the following:

- ☐ The provider had not ensured that care and treatment met the needs and preferences of people. This included failing to ensure needs were always assessed and that the design of care and treatment met service user's needs and preferences.
- ☐ The provider had not ensured staff received appropriate training, support, and supervision.

We issued a requirement for these failures to meet standards to be addressed.

The provider sent us actions plans of how these matters were to be addressed. We carried out an inspection on 7 February 2017 to check if the provider had taken sufficient action regarding the warning notices we issued. We found the provider had taken sufficient action for us to judge the matters highlighted in the warning notices had been addressed. At this inspection we found the provider had continued to make improvements. The requirements made at the inspection of 29 and 30 November 2016 were now met. We judged sufficient improvements have been made that the service no longer needs to be in Special Measures.

At the inspection of 29 and 30 November 2016 we also found the service did not have a registered manager and that management arrangements were unclear. For example, there was a lack of clarity regarding who made decisions regarding nursing care. Since then the provider has appointed a manager who is now registered with the Commission. 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 service now has a deputy manager who is a registered nurse and has responsibility for decision making regarding nursing care. There was a management team of: the registered manager and a deputy manager who has a lead responsibility for coordinating nursing care as well as a head of care. The management team were committed to making improvements.

Whilst we noted considerable improvements have been made to the service we judged sufficient time has not elapsed for us to say these changes were fully sustained and embedded. We also took account of the fact the service only accommodated 18 people when it is registered for up to 35. We were therefore only able to assess the performance of the service at just 50 per cent occupancy. Sufficient numbers of care and nursing staff were provided to meet people's needs although some staff and a person at the home felt there were times when additional staff were needed.

Staff gave us mixed views on the support they received from the management team. These ranged from staff saying they felt valued and were supported to other staff saying they did not feel valued and that the registered manager and head of care were too isolated from the care staff team and the care of people. The management team acknowledged this and stated their commitment to address the staff concerns.

People and their relatives said the staff provided safe care. Staff had a good awareness of safeguarding procedures and what to do if they had any concerns of this nature.

Risks to people were assessed and there was corresponding guidance for staff to follow to mitigate these risks.

Checks were made on newly appointed staff to ensure they were suitable to work in a care setting.

Medicines procedures were safe, although we noted minor edits were needed to a care plan regarding 'when required' medicines for one person.

Staff were well trained and skilled in providing care. Regular supervision and appraisal of staff took place.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the MCA and DoLS. People's capacity to consent to their care and treatment was assessed and applications made to the local authority where people's liberty needed to be restricted for their own safety.

People's nutritional needs were assessed and there were clear care plans for supporting people who were at risk of malnutrition or dehydration. There was a choice of nutritious meals.

People's health care needs were monitored and addressed. Referrals were made to health services when this was appropriate.

People were cared for by compassionate staff who promoted their dignity and privacy. Care was provided in

a way which reflected people's preferences and choices. People were consulted about their care. Staff promoted people's privacy.

People's care needs were comprehensively assessed and care plans gave staff guidance on how to provide care. People said their care needs were met. People's social and recreational needs were assessed and there was a range of activities for people which they enjoyed.

People and their relatives said they knew what to do if they had a complaint. There was a complaints procedure and complaints were looked into and responded to.

The provider sought the views of people and their relatives about the service. People and their relatives said they had contact with the service's management team. A number of audits were used to check the quality and safety of the service. Records showed audits of incidents and accident included measures to be taken to reduce the risk of a reoccurrence.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Sufficient numbers of staff were provided to meet people's needs, although there was evidence that staff were not always available in sufficient numbers at certain times.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance provided for staff to mitigate these.

Sufficient numbers of staff were provided to meet people's needs.

Medicines were safely managed.

### Is the service effective?

**Good** 

The service was effective.

Staff were skilled and well trained and had access to a range of training courses. Staff received supervision of their work.

The staff were trained in the Mental Capacity Act 2005. Where people did not have capacity to consent to their care and treatment their capacity was assessed. Applications to deprive people of their liberty under a Deprivation of Liberty (DoLS) were made when appropriate.

People were supported to have a balanced and nutritious diet and there was a choice of food.

Health care needs were monitored and arrangements made for people to receive health and medical care when needed.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people with compassion. Staff interacted well with people and consulted them.

People's care was personalised to reflect their choices were acknowledged.

People's privacy was promoted.

### Is the service responsive?

Good 

The service was responsive.

People's needs were comprehensively assessed. Care plans were individualised and reflected people's preferences. A range of activities were provided to people.

People knew what to do if they wished to raise a concern. There was a complaints procedure displayed in the home.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

Not all staff felt supported by the management team whom they described as not spending enough time away from the office.

People and their relatives had opportunities to express their views about the service. The service focussed on meeting people's needs and preferences.

The provider used a number of audits to assess, monitor and improve the service.

# Royal Bay Nursing 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 was unannounced and took place on 11 and 13 July 2017 and was carried out by one inspector, a specialist advisor in nursing care, two pharmacy inspectors 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.

Before the inspection we checked information that we held about the home and the service provider. 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 did not request a Provider Information Return (PIR) to be sent to us by the registered manager. The PIR 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.

During the inspection we spoke with ten people who lived at the home and to five relatives of people. We also spoke with five care staff, the cook and two registered nurses as well as the registered manager and the head of care who had a management responsibility at the service.

A number of the people at the service were not able to communicate with us very well so we spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for eight people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents, and complaints. Medicines records for 11 people were looked at. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records. We also looked at the training records for all staff.

We spoke with the local authority commissioning team and NHS clinical commissioning group (CCG) who funded placements at the service.



# Is the service safe?

## Our findings

At the inspection of 29 and 30 November 2016 we identified that the provider had not notified us of a safeguarding investigation they were conducting with the local authority safeguarding team. This was a breach of Regulation 18 of the (Registration) Regulations 2009. At this inspection we found the registered manager was fully aware of the need to report any concerns of a safeguarding nature.

At the inspection of 29 and 30 November 2016 we identified that the provider had not taken steps to ensure people received safe care and treatment. This included a lack of safety checks on electrical equipment and not taking steps to ensure people were safe where they were exposed to hot surfaces and hot water. First aid kits were not adequately stocked and there was a lack of first aid training for staff. Records did not show health care needs were followed up. Arrangements regarding pressure areas on people's skin did not show these were safely managed to prevent any deterioration. Systems regarding the management of medicines were not safe. We took enforcement action and issued a warning notice to the provider on 21 December 2016. We carried out an inspection on 7 February 2017 to check whether the provider had taken action to address the concerns raised in the warning notice. We found action had been taken to meet the warning notice and the regulation was met. At this inspection we again checked these areas and found the provider was meeting this regulation.

Whilst we noted improvements had been made there was evidence that in staffing levels and medicines procedures that further action was needed. For example, there was evidence from staff and people that there were not always enough staff on duty to meet people's needs. Guidance for staff for 'when required' medicines protocols needs to be clearer for one person.

The service had sufficient numbers of staff to meet people's needs. We based this judgement on our observations, what people and their relatives told us, and discussions with the service's management. Staff said they generally considered there were enough staff on duty but also had some reservations regarding whether there were enough. For example, one staff member said there had been occasions where the planned number of at least four care staff had not been fulfilled. We were not able to confirm this from looking at the staff duty rosters or from discussions with the management team. Another staff member, said, "We could do with a little bit more." A comment was also made that the ratio of staff to people was not enough as a number of people required staff to support them and this placed pressure on completing all the care tasks. People said they considered there were enough staff but one person said staff were late getting them up on the day of the inspection.

We observed there were enough staff during the time we were at the service and this included the lunch time.

The head of care and registered manager said staffing levels were adjusted as the numbers of people accommodated changed and that the needs of people were also taken account of. The use of a dependency tool to assess the staffing levels needed was discussed with the service's management as something they may wish to consider in calculating the staffing levels needed to meet people's needs especially as some staff felt there were not enough at certain times. Staffing was organised on a duty roster and showed at least one registered nurse and three care staff on duty each day. On the first day of the inspection for the hours

8am to 8pm there were three care staff and a team leader on duty plus a registered nurse. The registered manager and head of care were also present between 8am and 6pm. Additional staff was provided such as an activities coordinator, a cook and a kitchen assistant as well as cleaning staff.

The service had four registered nurses, which included the registered manager. The provider was actively recruiting more registered nurses to reduce the number of shifts being covered by agency nurses. In view of the comments from staff and from one person we spoke with about having to wait to get up in the morning the provider may wish to monitor the staffing levels to ensure people's needs are always met.

We reviewed 11 medicines administration records (MARs) and five care plans. Medicine records contained details about a person's ability to communicate their need and 'how I like to take my medicines'. Registered nurses recorded their signature when they gave medicines to people. These records were entered on an electronic IT system, which staff accessed from specific smart phones. Information on allergies was recorded on the MARs and information about how to manage people living with conditions like asthma was recorded within their care plans. The service was in the process of writing "when required" medicines protocols to give additional guidance to staff about when these medicines might be needed. We saw one when required protocol had been written to support a person with their medicines for anxiety. One person's protocol regarding 'as required' medicine for pain relief said 'every four hours.' The deputy manager said this meant, staff had to ask the person every four hours if they were in pain, and, if so, to offer them pain relief medicine. The deputy manager agreed the protocol needed to be more specific to reflect this procedure.

People's relatives described that staff provided safe care. People and their relatives said there were generally enough staff on duty. Staff always apologise if they can't help immediately." People were satisfied with the arrangements for receiving their medicines. For example, one person said, "The nurse gives them to us," and, another person said, "The nurse gives them to me. They're in little boxes.

Staff told us they were trained in the safeguarding of people and knew how to report any concerns if they had them. Training records showed all the staff were trained in the safeguarding of people. Each person had an assessment regarding any risks regarding possible abuse.

Steps were taken to ensure any risks to people were assessed and that there was guidance for staff on how to mitigate these risks. Risk assessments were reviewed and updated. People's care records showed environmental risks were assessed so people lived in a safe environment. These included risk assessments where it was deemed necessary for people to have bed rails to prevent them falling out of bed. We observed that where bed rails were in place cushioning was used to help prevent any injuries.

Assessments were carried out where people needed support from staff to move around the home and these included guidance on the numbers of staff and any equipment so this was done safely. A relative told us this had previously been a concern when they observed staff not lifting a person in a safe way but reported this was now much improved. There were risk assessments regarding the likelihood of falls to people and the actions needed to prevent this. Where people had fallen this was recorded and looked into along with any action needed to try and prevent a recurrence.

We looked at the procedures for assessing, preventing and managing any pressure areas to people's skin. The risk of pressure areas was assessed and there was guidance on action to take to prevent these developing into pressure sores, such as repositioning people at intervals. Records of when staff repositioned people were maintained and matched the guidance in the care plan. Air flow mattresses were also used to reduce the pressure on people's skin and these were set at the correct pressure.

People had access to a call point in their rooms so they could ask for staff assistance. We observed staff

responded to people when people asked for help. The ability of people to make use of their call point was assessed and recorded so staff would know to check on those not able to use them. For example, one person's care plan said the person was not able to use the call point so needed to be checked regularly by staff. The management team were able to monitor how long it took staff to respond when someone asked for assistance by using their call point. A sample of records over several days showed staff had responded promptly.

Staff said the people at the home received safe care. For example, when we asked a registered nurse about this they replied, "Yes. The service is definitely safe. 100%."

Appropriate checks were carried out when staff were recruited to ensure staff were safe to work with people. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Checks were made by suitably qualified persons of equipment such as the passenger lift, hoists, fire safety equipment and alarms, electrical wiring, gas heating and electrical appliances. The risk of legionnaire's disease was checked by a suitably qualified contractor. Fire safety equipment was checked and serviced. Records showed the fire alarms were tested each week and the emergency lighting each month. There was a record to show fire drills took place. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. The service had a plan of what to do in the event of an emergency such as a fire or flood. The service had a fire safety risk assessment.

Measures were taken to prevent people experiencing scalds from hot water from a hot water urn and from temperature controls on bath taps.

Checks were made and recorded to ensure the first aid box was appropriately stocked and sufficient numbers of staff were trained in first aid.

# Is the service effective?

## Our findings

At the inspection of 29 and 30 November 2016 we found the provider had not ensured people's nutritional and hydration needs were met. We took enforcement action and issued a warning notice to the provider on 21 December 2016. We carried out an inspection on 7 February 2017 to check whether the provider had taken action to address the concerns raised in the warning notice. We found action had been taken to meet the warning notice and the regulation was met. At this inspection we also checked these areas and found the provider was meeting this regulation.

At the inspection of 29 and 30 November 2016 we found the provider had not ensured staff received adequate supervision, appraisal and training to carry out their roles. We issued a requirement in the report for the inspection of 29 and 30 November 2016. The provider sent us an action plan of how they would be addressing this. At this inspection we found staff training, supervision and appraisal was more organised and this regulation was now met.

People and their relatives said they received care from skilled staff. For example, one person said, "The staff are 100%." A relative said, "The staff are lovely. They are concerned for people's welfare. They call me in the night if needed."

Care staff and registered nurses said they received regular supervision in the form of one to one meetings with their line manager. One of the staff responsible for supervising staff showed they were committed to supporting staff who they valued highly. Staff said they could go to their line manager for advice and guidance. Records showed staff received regular supervision with their line manager.

Staff said they attended a range of relevant training courses, which included training considered compulsory for their role. Staff commented that the training was of a good standard. The management team maintained a spreadsheet record of the training being completed by staff, which included dates when the training needed to be renewed. The spreadsheet showed staff training had been completed in moving and handling, infection control, food hygiene, care of those living with dementia, diet and nutrition, pressure area care and end of life care. Staff who handled medicines were trained and assessed as competent in this. Records also showed staff attended courses in areas such as catheter care, falls safety, communication, record keeping and specific medicines procedures such as syringe drivers for administering pain control medicines. Staff were observed to be competent and effective when they supported people. This included when assisting people to move by using moving and handling equipment and assisting them to eat.

Sixteen of the 21 care staff were trained to National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care at levels 2 or 3 or above, which included two trained at NVQ level 5. A further two staff were competing the Diploma in Health and Social Care at level 2 at the time of the inspection. The registered manager and the deputy manager were enrolled to complete the Level 5 Diploma in Leadership for Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The provision of staff training showed the provider was committed to the support and

development of staff skills.

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).

The service had policies and procedures regarding the Mental Capacity Act 2005. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had a good awareness of the principles of the MCA and of the need to get people's consent. We observed staff communicated well with people and gained their agreement before supporting them. Care plans included details of people's communication needs so staff had guidance on this. Care records showed people's capacity to consent to their care and treatment was assessed. Where people did not have capacity to consent to stay at the home applications had been made to the local authority for a DoLS authorisation. Where staff made decisions on behalf of people for specific procedures or care there was a record of this being a 'best interests decision' as required by the MCA Code of Practice.

People gave positive comments about the food. For example, one person said, "The food's good. We get a reasonable variety." People confirmed they were able to make a choice of food and the provision of food was discussed at the residents meetings where people could make suggestions about meals. A relative commented, "It's quite good. Proper, homemade and fresh made meals. The cakes and biscuits are homemade. Good vegetables. There's always a choice and the staff will respond to specific requests. There's lots of fluids and staff record a chart of what she has had."

We observed lunch and saw people enjoyed the food and were offered a choice of meals. The day's menu was displayed in the dining room and showed a choice of meals. The menu was in pictorial format as well so people could understand it more easily. People were asked in advance what they would like to eat for the forthcoming meals.

People helped themselves to fresh fruit which was on each dining table in fruit bowls. The meals had plenty of fresh vegetables. We noted that people talked to each other about how much they liked the food. Staff assisted people when this was required.

People's nutritional needs were assessed using a tool called a Malnutrition Universal Screening Tool (MUST). These identified where there were risks of people losing weight. For example, one person's care plan and records showed the risk of weight loss was identified and that a discussion took place between the staff team about this. A plan was recorded to give the person food supplements and their weight was maintained. Another person's records showed they received food and fluids via a percutaneous endoscopic gastronomy (PEG). There were well recorded care plans about the management of the PEG, how much food and fluid was needed and procedures for maintaining its cleanliness. Charts were recorded for the person's food and fluid intake and these showed the amounts followed those advised in the care plan. Records showed the risks of choking when eating to people was assessed where relevant and the chef had written guidance about providing food to people in these circumstances. Where people were identified as losing weight there was a record to show this was referred to the dietician services. Details about people's preferences for food were recorded and where people needed food to be pureed. People who spent time in their rooms or in bed had access to drinks.

People and their relatives said the staff made arrangements for people to be assessed and/or treated by health care services. For example, a relative said of their relative living at home, "She was not well and they picked up on it and called the G.P. Luckily it's the same surgery as she had at home and now we have a follow up hospital appointment tomorrow." There was evidence in care records that health care needs were identified and promptly acted on. For example, one person's care plan showed a wound was identified and was treated and had healed successfully. Breathing and blood circulation were assessed on a regular basis. Records showed medical assistance was sought for one person who had a cough; staff had taken the person's body temperature and called the GP who attended to the person the same day. Other people's care records also showed health care need were identified and acted on. There were care plans for oral health care and we observed people's oral health was well maintained.

## Is the service caring?

### Our findings

Staff provided compassionate care to people who they treated with respect. We asked people if they were treated with respect and dignity; people replied: "On the whole yes." Another person said, "It's a family home, we all use first names here," and, a third person said, "With my bits and pieces around me it's my home from home. I walk out in the garden often and can walk down to the gate and back."

Staff treated people in a way which made them feel they mattered. For example, a relative said, "The staff genuinely care. They are fond of her and get distressed too if she is upset." Another relative said, "It's the little touches we notice. Like they know which football team she supports and talk to her about it. We wanted to have a birthday party for mum They were very good to us here. They laid on a special tea in the small conservatory." The staff told us there was a 'resident of the week' event where people were chosen in turn to have a special day and were able to choose the meals. People said this made they feel they mattered. For example, one person said, "When I was resident of the week I had fillet steak, it was lovely."

Staff were trained in subjects such as equality, diversity and inclusion as well as compassion awareness. Staff demonstrated to us that they had values of compassion and of valuing people as individuals. Staff said they treated people how they would like to be treated themselves, or, how they would like a member of their family treated. Staff recognised the importance of providing care which was individualised and promoted people being able to make choices and to maintain their independence. For example, a staff member said they were trained in person centred care and described how this was put into action by giving people choices about the times they got up and how they spent their day. Care plans included details about people's likes, dislikes, preferred daily routines and any spiritual needs. There was guidance in care plans about how people communicated when they were not always able to verbalise what they needed. There were posters in the home stating the staff promoted the dignity of people and that people were at centre of how the service ran.

Care plans including details about psychological needs and where people might experience distress. We observed staff treated people well by speaking to them in a friendly and reassuring way. Staff asked people how they wanted to be helped. At the lunch time meal staff and people conversed freely and it was clear people and staff knew each other well and enjoyed chatting and joking.

People's privacy was promoted. We observed staff knocked on people's bedroom doors and waited for a response before entering. Staff said they knew it was important to ensure people's privacy was upheld when they provided care.

The service is accredited with the National Gold Standards Framework in End of Life care. The National Gold Standards Framework in End of Life Care is an evidence based approach to optimising End of Life Care and involves distance learning for staff. At the time of the inspection the service was not providing end of life care to any people, so were unable to check this.

## Is the service responsive?

### Our findings

At the inspection of 29 and 30 November 2016 we found the provider had not ensured the assessment and design of care reflected people's needs and preferences were being met. This included lack of details in care plans as well as a lack of details about people preferences. We issued a requirement in the report for the inspection of 29 and 30 November 2016. The provider sent us an action plan of how they would be addressing this. At this inspection we found improvements had been made to the assessment and care planning for people and this regulation was now met.

People and their relatives said the staff met their care needs and that their wishes and preferences were taken account of. People said their needs were assessed and discussed with them when they moved into the home. For example, one person said, "I came here from hospital. They arranged it all with staff, it's good here." Another person said, "One of the nurses talked to me about the care I needed when I came here." People said they were satisfied with the standard of care, which included support with personal hygiene. For example, a relative told us, "It's the best thing I've done finding Mum a bed here. I can ring her three or four times a week. The nurses take the cordless phone to her and we can talk together."

Most people were aware they had a care plan. People said copies of their care plan were in the bedroom but commented information was being transferred to an IT system which staff entered on smart phones, so it was not as easily available to them.

People's needs were comprehensively assessed and recorded. These included an assessment using a dependency tool which gave a score; this was reviewed and updated each month. There were assessments of continence needs, risks of pressure areas developing, breathing and circulation, oral health care, personal hygiene, sleeping and needs regarding food and fluids. Care plans were devised of how to meet these needs and gave instructions of what staff needed to do. These were recorded to a good standard and gave staff clear instructions. For example, where people were fed by a PEG there was clear guidance about the procedures staff should follow, the amounts to be given and the cleaning and changing of equipment. Care plans included guidance for staff to follow where people needed specific staff intervention at regular intervals such as repositioning to prevent pressure areas on people's skin developing or food and fluid at intervals. We saw the chart records for food, fluid and repositioning people matched the guidance in the care plans.

Care plans incorporated people's preferences for how they wanted to be helped as well as their daily routines. Staff asked people how they wished to be helped. Staff showed they were committed to meeting people's care needs and to providing a good standard of care.

People's social and recreational needs were assessed. People had a care plan for activities and a care plan called 'working and playing.' People confirmed they enjoyed the activities. For example, one person said, "I like the activities here. Sam is very good and produces an activity sheet. I like hoopla, snakes and ladders and play your cards right. We have quizzes and on a Thursday a man comes in for gardening with us. Once a month Millie the Pat Dog comes in, a lovely old Labrador." Another person said, "Occasionally we go out.



They are planning a trip to Littlehampton soon." Relatives confirmed activities were provided and arrangements made for people to celebrate their birthday. Other people said they enjoyed relaxing and watching what went on; for example, one person said they enjoyed the view from their bedroom window and that, "There's a nice gardener here, he waters my pots for me. It's nice to talk to him." A relative said activities were provided in group a setting and on an individual basis if this was what people preferred.

The service employed an activities coordinator from 9.30am to 4.30pm five days a week. There was notice of activities for each day of the week and these included reminiscence, a gardening club, quizzes and games. We observed people taking part in a quiz in the afternoon which they enjoyed.

People said they knew what to do if they had any concerns and confirmed they felt comfortable approaching the management team if they needed to. A relative said they had a good relationship with the management team and staff and that any concerns or issues were quickly resolved if they were raised. The complaints procedure was displayed in the home. Since the last comprehensive inspection there has been one complaint. Records showed this was investigated and responded to.

## Is the service well-led?

### Our findings

At the inspection of 29 and 30 November 2016 we found the provider had not ensured there was an adequate system to assess, monitor and improve the quality of the services provided. In addition, care records were not stored confidentially and the views of people was not always sought and acted on. We took enforcement action and issued a warning notice to the provider on 21 December 2016. We carried out an inspection on 7 February 2017 to check whether the provider had taken action to address the concerns raised in the warning notice. We found action had been taken to meet the warning notice and the regulation was met. At this inspection we also checked these areas and found the provider had continued to make improvements and was meeting this regulation. The local authority commissioners also identified improvements with the service. We did, however identify some areas which the management still needed to act on.

At the time of the inspection of 29 and 30 November 2017 the service did not have a registered manager and there was a lack of leadership regarding decisions about nursing care. Since then the provider has recruited and registered a new manager who is also a registered nurse. A deputy manager has also been recruited who has a lead responsibility for managing nurse staff and taking nursing decisions; she is also a registered nurse. There was also a head of care who had a management role at the home. We found the management team were committed to making improvements at the service. They had taken action to meet the warning notices and requirements we made at the previous inspections and had plans to continue making improvements. The deputy manager gave us a number of examples of how the standard of care and performance of the service had improved such as building up the skills of staff, working closely with community health care professionals and a greater use of effective auditing.

The management team were open to suggestions about any improvements they needed to make or to improve and provided us with information and records when we asked.

There were mixed views from the staff regarding their contact with the home's management team and the support they received. For example, some staff felt supported and said the management team were approachable and listened and acted on what they said. Other staff, however, felt their work was not appreciated by the management team which in turn had a negative effect on staff morale. One staff member said an issue they raised about the care of someone was not acted on when they raised this with the management team. We were not able to follow up as we did not have any dates for when this occurred. This staff member said this occurred on one occasion and was not a pattern. Three staff and a visitor commented on the registered manager and head of care not spending enough time with the registered nurses and care staff when they worked with people. These staff said they felt supported by the deputy manager who they had closer contact with. These issues were discussed with the registered manager and head of care who said this was something they would look into with a view to making improvements. The registered manager also commented the management team had been focussed on ensuring the performance of the service had improved due to the recent enforcement and that this had entailed office based management tasks. We recognised that the management team had made improvements and had addressed the concerns we found at previous inspections. However, in order to ensure the improvements

already made are embedded, additional work is required to improve engagement with staff.

The service had introduced a new system of recording people's care plans and care delivery by the use of hand held 'tablets' which recorded care needs on an electronic system. This was being done gradually and at the time of inspection was limited to daily care records such as repositioning and food and fluid charts, incidents and accidents as well as daily reports. There were plans to extend this to the records regarding the assessment of each person's needs and individual care plans. Staff expressed some reservations about this and the management team recognised they will need to support staff with this. The provider will need to ensure people are able to access their care records if they wish when the new system is fully implemented. Records were well maintained and were both secure and confidential. People also made a comment about accessing their care records when they are on the new IT system. This was raised with the manager for future consideration in implementing the new system. We noted the guidance regarding 'when required' medicines for one medicine for one person needed to be amended.

The culture in the service, was person centred and focussed on meeting people's needs. Staff showed they were conscientious and cared about people. Staff said the home had a family atmosphere and this view was also expressed by people and their relatives. Staff also said the service provided a good standard of care and gave examples of good quality food being provided and a staff team who promoted choices for people. The deputy manager said staff were motivated and went "above and beyond" to ensure care needs were met.

People and their relatives said they had contact with the management team. People said they knew who the registered manager was and had frequent contact with him. For example, one person commented that the registered manager had joined in activities by playing his saxophone.

There were notices in the building of forthcoming residents' and relatives' meetings. This allowed people and their relatives to receive and discuss information about the home and to raise any concerns. Relatives and people confirmed these meetings took place. For example, people made the following comments, "Yes. There's residents' meetings, there's one tomorrow. If there is anything you are worried about you tell them. I'm sure they'd help you out. Richard is the manager," and, "There's a residents meeting on Thursday. You suggest things that never happen." Records of these meetings were made and we saw people were able to make suggestions about the menus and activities they would like to attend.

The head of care said people and their relatives were given a satisfaction survey questionnaire to complete in order to get their views on the service, but none had been returned.

Staff meetings were held and were recorded. These showed staff training and the care of people was discussed. The records of the meetings showed staff were compassionate about the well-being of people as well as when people passed away. We noted there was a notice board with the names of staff and a relevant area of care practice they were taking a lead in developing knowledge and skills in; these staff were called 'champions' by the provider.

A range of checks and audits were made regarding procedures for managing pressure areas on people's skin, checking equipment including the pressure of air mattresses, medicines procedures, information governance, record keeping and details about monitoring nutritional needs and weights. There was also a monthly accident audit where each accident or injury was looked into along with any action to be taken to help prevent a reoccurrence.