

Prideaux House Care Limited

Prideaux House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Prideaux House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection took place on the 29 October 2018. This visit was unannounced. A second inspection day took place on the 30 October 2018 and was announced.

Prideaux House is situated in Eastbourne and provides accommodation and personal care for up to 20 older people living with Dementia. There were 13 people using the service at the time of inspection. The service also provided short stays for people, otherwise known as respite, however there was no respite care provided at the time of inspection. People's bedrooms were situated over three floors; some people had ensembles and there were communal facilities on each floor for those that did not.

At our last inspection in August 2017, the service was rated 'Requires Improvement'. During this inspection, we found significant improvements had been made to address areas of concern with some areas that were outstanding.

The service had a registered manager. 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.

Everyone we spoke to felt it was "The little touches" that made the service special. People, their relative's and health professionals considered the responsive nature of the service to be outstanding. Staff were extremely responsive to people when their needs changed and took immediate action to improve their wellbeing. People's wishes were considered of utmost importance and relatives gave the highest praise about the care and supported provided at the end of people's lives. Staff were extremely knowledgeable of people's individual communication needs and ensured that these were always met in a person-centred way. There had been significant improvements to the complaints process since the previous inspection. People and relatives were confident any concerns they raised would be listened to and their views valued. They spoke of the registered manager's passion to strive to improve. People had choice and control over the activities they wanted to participate in each day. There were a varied activities programme tailor-made to people's likes and dislikes. Links to the community were valued and continually promoted to improve people's health and social wellbeing.

People were kept safe by staff who had a good understanding of safeguarding processes and how to minimise risks. People received their medicines safely from trained and competent staff. There were suitable numbers of staff to meet people's needs and they were recruited safely. The registered manager and staff team had worked hard to improve areas of risk such as medicines management and falls and this had a

positive impact on people. People lived in a safe environment that was clean and well maintained.

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

Staff received sufficient training to ensure they had the skills and knowledge to meet people's individual needs. They told us that their induction was robust and regular supervision gave them opportunities to express concerns and feel motivated in their role. Staff were also encouraged to develop skills by completing additional qualifications in health and social care.

People's nutritional needs were met and emphasis made not only to the quality of food but to the dining experience. Records showed that the provider sought guidance regularly from health and social care professionals where additional support needs were identified. Professionals we spoke with felt that staff had a good understanding of people's needs and were responsive to any feedback given.

Everyone we spoke to was unanimous that staff were kind, caring and supportive of people. Staff were proud of people's achievements and celebrated them. People's dignity, independence and privacy was promoted and encouraged. Staff knew people, their preferences and support needs well.

People, staff, relatives and professionals spoke positively about the management team. They felt that the service was without any doubt well-led and that an open, transparent and supportive culture was promoted. The registered manager was passionate about improving the service and valued manager forums where new ideas could be discussed and developed.

Further information is in the detailed findings below.

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.

There were robust risk assessments for people and the environment to minimise risk.

Staff had a good understand of the risks to people and actions to take if they had concerns.

Staff were recruited safely and there were suitable numbers of staff to meet people's needs.

People received their medicines safely from trained and competent staff.

Is the service effective?

Good ●

The service was effective.

Staff told us their induction, training and supervision gave them the skills and knowledge they needed to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to have good nutrition and were involved in choosing what they wanted to eat and drink.

People health and wellbeing was maintained with frequent input from a variety of health and social care professionals.

Is the service caring?

Good ●

The service was caring.

Everyone we spoke to felt that staff were kind, caring and knew people's needs and preferences well.

Staff were kind and considerate in their interactions with people.

People had their privacy and dignity respected. They were

supported to be as independent as possible in all aspects of their care.

Is the service responsive?

Outstanding 

The service was outstanding in their response to people.

Staff always took time to listen to people. Staff had a profound impact on people's health and well-being.

People were unconditionally given maximum choice and control over the activities they wanted to do each day. Activities were extremely varied and promoted independence and social stimulation.

Staff, people and their relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

End of life care was extremely caring and dignified and people's preferences always considered the most important aspect of support.

Is the service well-led?

Good 

The service was well-led.

People, staff and relatives spoke very positively about the management team and felt well supported.

There were a number of quality assurance systems that ensured documentation was up to date and relevant to people.

The provider and registered manager were enthusiastic about providing the best possible care for people. They had ideas for improvements and worked with other professionals to achieve these.

Prideaux House

Detailed findings

Background to this inspection

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

The inspection took place on the 29 October 2018 and was unannounced. It was undertaken by one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second inspection day took place on the 30 October 2017 and was undertaken by one inspector.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the home manager. A notification is information about important events which the service is required to send to us by law. We also viewed the Provider Information Return (PIR). 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.

Due to the nature of people's complex needs, some people were not able to tell us about their experiences. Therefore, we observed the care and support people received to help us understand the experience of people who could not talk with us. We spoke with six people, five relatives and two health professionals about their experiences. We spoke with nine staff, including the provider, registered manager, head of care, seniors, chef, activities co-ordinator and care staff. We spent time reviewing records, which included five people's care plans, three staff files, medicine administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for three people who lived at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, we spoke to another health and social care professional to gain their views of the care provided at Prideaux House.

Is the service safe?

Our findings

People told us they felt safe because, "Staff listen to me and the things I worry about" and, "They keep an eye on me and everyone else here." Although not everyone could tell us they felt safe, we saw that they were relaxed and comfortable around staff that they knew well. Relatives agreed that people were kept safe. Comments included, "We can sleep at night knowing our dad is safe" and, "From the laundry to the safety of the building – everything is spotless." Professionals were also positive and told us, "The home is always clean, it never smells and staff are very aware of risks to people." Another professional said, "They always check my ID and make me sign in, even though I have been there lots of times."

In-depth risk assessments had been completed for people, staff and the building, that were person and task specific. This included risks regarding falls, moving and handling, eating and drinking and managing medicines. For people that could display behaviours that challenged, there was guidance in what these behaviours were, things to avoid and how to support them to feel calmer during that time. For each planned outing, one of the activities co-ordinators visited the place of activity first and assessed resources, accessibility for people less mobile and suitability for each person going. The head of care gave an example for one person who could become distressed and required space to feel calm. This was always considered when planning activities out of the home. The registered manager told us, "This planning ahead ensures we have the right staffing levels and support in place for people to enjoy themselves."

Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. An example of this was in the monitoring and prevention of falls in the home. Staff had worked with the falls prevention team to develop their understanding of falls risks and promoting safe equipment and footwear. Each incident form included observations, actions taken and involvement from the local authority and people's families. Each incident was analysed as well as overall themes such as times and locations of falls. For example, it was identified that falls were happening at a specific part of the day and therefore additional staffing was introduced at that time. As a result of this close analysis and increase of staff knowledge, the number of falls between February and September 2018 had decreased by 65%. The registered manager said, "I am so proud of the staff, they have worked hard and it has had such a positive impact on people."

From our observations and from reviewing rotas, we saw there were sufficient numbers of staff to meet the needs of people. Call bells were answered quickly and efficiently. Continuity of care was important for people. To ensure this happened, staff from Prideaux House and another home from the same provider, worked across both services. This meant that in an emergency, staff from either service would understand people and be able to meet their needs. The head of care told us, "It is rare for us to use agency, but when we do, it is usually the same team of people that we know work well with people and the staff team."

The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. The same process was applied to agency staff. The

registered manager requested staff profiles from the agency to ensure they had the relevant safety checks, skills and experience to support people before they worked at the home. This process ensured as far as possible that staff had the right skills and values required to support the people who lived at Prideaux House.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff were aware of signs of potential abuse and who to report to with any concerns. The registered manager had clear understanding of safeguarding procedures. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed. Staff also had a good understanding of the service's whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. Staff wore a key chain which included a laminated card of phone numbers for whistleblowing contacts and the local authority if they had any concerns.

People received their medicines safely. When the registered manager had joined the service in 2017, they notified us of numerous medication errors regarding poor medicines practice. As a result, senior staff were required to review their training and competencies. The registered manager told us, "It was a difficult time as staff were dejected and needed lots of support." The registered manager worked with the Medicines Dispensing Service (MDS) team to produce a medicines folder for each senior. This included details of what to do when people first moved in, returning medicines and administering efficiently. There was information on medicines policies and frequently asked questions and answers. We saw that since this process had been implemented, the number of medicine concerns had significantly dropped to two minor recording issues. Staff were not able to support with medicines unless they had received relevant training. They also had their competency to administer medicines assessed every year and this process included questionnaires and observations of practice by the registered manager.

We observed good practice when staff supported people with medicines. Staff talked to people and offered them choices based on their known preferences. One person initially refused their medicines but staff were patient, reassuring and explained the importance of taking it, which resulted in the person having their medicine. The service had joined the Parkinson's society in order to improve their knowledge in supporting one person. With this, they were given a medicines pack regarding the importance of receiving particular medicines on time. There was a sticker on the person's MAR chart and a printed clock in the medicines cabinet to remind staff and seniors had alarms set on their work phones. The person also had a "I have Parkinson's" identification card to go in their wallet and in emergency hospital admission packs. One person chewed their medicine and staff had checked with their GP that this was still effective. Another person received covert medicines; this is when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. There were clear protocols for this that included best interest decisions and involvement from the GP, pharmacist, relatives and staff.

Some people took medicines on an 'as and when required' basis (PRN). Records detailed why the medicine was prescribed, the dose, maximum use within 24 hours and when the GP may need to review. For pain relief medicines, there was also descriptions of how the person would show they were in pain. There were good arrangements for the storage, ordering and management of medicines. Each person had their own medicine's administration records (MAR) folder, which the service had developed with the MDS team, to include pictures of each tablet. This increased staff understanding of what people were taking and would make identification of medicines easier in the event of a medicines error. We viewed the MAR records for people and saw they had received their medicines as prescribed. Each person also had their own medicines identification card which detailed their allergies, preferred medication method and other preferences.

People lived in a safe environment. Monthly safety checks were completed by the registered manager for the building. These included fire safety, maintenance of the building and people's bedrooms, electrical equipment and water temperatures. We found all equipment in the building to have up to date checks and certificates so they were safe to use. The registered manager had a list of when safety checks had been completed and when they were due for review. There was also a liability insurance check list to ensure any professionals coming into the building were safe and competent. There was a maintenance person who managed works in the building. Staff wrote any health and safety concerns in the maintenance book and actions taken to resolve were signed and dated on completion.

There were clear protocols for actions to take in the event of a fire and monthly fire drills to assess staff skills and knowledge. Regular evacuations also took place with people as well as annual fire training from the local fire service. The home had recently received an external fire safety check and the fire officer had fed back that Prideaux House was, "One of the best homes for fire safety in the area." The registered manager told us that they had sought advice from the local fire service regarding concerns they had about people in wheelchairs not being able to access the main fire route. Following advice, a new risk assessment had been implemented. People had their own Personal Emergency Evacuation Plan (PEEP) which gave staff a thorough knowledge of how to support people to evacuate the building in an emergency. There was also a 'grab bag'; this is a bag that staff can 'grab' in an emergency and contained all fire protocols, emergency contact details, people's PEEP's, high visibility jackets, foil blankets and a whistle.

We found good practises in relation to infection control. The building was clean and tidy and staff had understanding of how to prevent the spread of infection. Personal protective equipment was readily available throughout the building and used by staff when supporting people. We saw that there was an organised laundry system with well-maintained sanitiser facilities and any substances hazardous to people's health were stored safely.

Is the service effective?

Our findings

At their previous inspection in 2017, Prideaux House were rated requires improvement in effective. This was because people did not always have mental capacity assessments when they were unable to give consent. During this inspection we found that significant improvements had been made.

People told us they thought the service was effective because, "Staff are well trained and skilful" and, "They know how to support me and what I need." Another person said, ""They come around with a menu so you can choose what you want or in the dining room they will give you something different if you don't like it." Relatives and professionals agreed that staff were "Well trained," "Had good understanding of dementia" and, "Always willing to learn and grow."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. DoLS applications had been made for people that did not have capacity and any conditions were being met. Where a response had not been received from the DoLS regarding applications, the registered manager had followed this up every three months.

People were offered choice in all aspects of their care and staff had a good understanding of how the MCA applied to them. The provider used CCTV in communal areas as a security and reviewing of accidents and incidents tool. The registered manager explained that this had been particularly useful when reviewing people's falls. It was explained to people during initial assessment and their consent obtained. For people that lacked capacity, there were assessments for specific decisions such as consenting to their photograph being used or consenting to care received. These assessments reflected the person's views, how a decision about capacity was reached and included the views of others involved in the person's care, such as professionals and relatives. Any decisions made were in the person's best interest and the least restrictive. An example of this was for a person who had experienced a number of falls in their bedroom. The least restrictive option for equipment was decided, which still gave the person freedom to move around, but alerted staff if they fell. For people that had Lasting Powers of Attorney (LPA), it was clear in their documentation what decisions could be made on their behalf. The registered manager promoted the use of advocates for people unable to make decisions, particularly if they did not have family or others to support. There was easy read documentation explaining about the advocacy service and any involvement was included in MCA assessments.

People's nutritional needs were met. The chef was made aware of people's allergies, dietary requests and preferences from individual dietary information sheets. Several people were receiving a fortified diet; this

means that additional nutrients were added to meals without increasing the portion size to aid the person to gain weight. The provider had used a Malnutrition Universal Screening Tool (MUST) to assess whether people were at risk from being underweight or overweight and at risk of health complications. Those assessed as being underweight were weighed regularly. Some people required food to be soft or pureed to reduce the risk of choking. They had swallowing assessments completed by the Speech and Language Therapy (SaLT) team. We observed that people received support in line with this guidance and that food was blended separately and looked appetising. For people that required support with food and drink, this was recorded and input monitored. If someone was not eating and drinking as well as they usually did, this was highlighted on handovers and closely monitored. The registered manager had also implemented 'Hydration stations' throughout the home to encourage people to drink. This included signs that directed people towards jugs of drink and water coolers.

People told us that they enjoyed the food. The chef told us that monthly meetings were held with people to decide menus as well as a six-monthly food survey to understand people's preferences. They also held "Fruity Fridays" once a month that were designed to be a sensory experience where people could smell, taste and experience different types of fruit and vegetables. The atmosphere at lunch time was pleasant and people socialised with each other and staff. There were fresh linen tablecloths, cutlery, condiments and flowers on each table. People were asked what they wanted to eat. Where they were unable to verbally express their choice, plated examples of each meal were offered as well as food picture cards as a visual cue.

Staff had the skills and knowledge to meet people's needs. They told us they had received practical and online training that included health and safety, moving and handling, safeguarding, food hygiene, first aid and mental capacity. Staff had also received more specialised training in dementia and falls prevention to meet the needs of people. Staff told us they felt training, "Gives us the tools we need to meet people's needs" and, "Even when refreshing knowledge, you learn something new." The head of care told us that following oral care training, names and dates had been added to people's toothbrushes, "So that we know who they belong to and can ensure they get changed regularly." There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard. Several staff had expressed an interest in building their skills and knowledge to develop into a managerial role and were being supported to complete their NVQ 5 in leadership and management. The provider was passionate about encouraging people to develop their skills. They told us, "It is important for staff that want to become managers one day to have the opportunities to run a shift and have greater responsibilities. It's about looking to the future and listening to aspirations."

Staff spoke very positively about their induction. They said that as part of the process they met people they would be supporting and shadowed more experienced staff so that they could fully understand people's care needs. New staff also completed the Care Certificate as part of their induction. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Following induction, staff were supported in their role by receiving regular supervision and appraisals. One staff member said, "If I have something to say, I don't wait for supervision to say it – have a good relationship with supervisors so feel comfortable saying how I feel."

The service supported people to maintain good health with input from health professionals on a regular basis. Records showed that people were supported to have access to health professionals such as their GP's, dentists, chiropodists and nurses when they were unwell. An optician came out to the home twice a year to visit people. One person had lost weight following illness and the service had sought advice from the

GP and nutritionist. The person's food was fortified and as a result they gained weight and were now back to their usual diet. The registered manager had implemented an information pack for staff on how to effectively take people's observations. This included how to take blood pressure, how to interpret test results and signs and symptoms associated with dehydration. People's normal health levels had been advised by their GPs and used as a base rate to determine whether a result was unusual for them. A staff member said, "It's also about recognising people's reactions and facial expressions when they can't tell you verbally." They gave an example of a person who had been touching their face a lot and stopped eating their favourite food. When staff asked if they were in pain, the person was unable to tell them. A referral was made to the dentist and following treatment, the person began eating properly again. One professional told us, "I think staff are very good. They are open to suggestions, follow advice we give and always ring us if they are concerned." Another said, "Everything I asked for, they did. I was really impressed by them."

The design of the building had been adapted to meet the needs of people. There was specialised equipment, such as hand rails around the home to support people to mobilise. The décor in the dining room and lounge was representative of a village and shops, which people touched and talked about. There was a large post-box that people could post letters or concerns into. The registered manager told us of plans to create a tuck shop that people could be supported to work in or buy sweets that they enjoyed from their childhood. There was lots of signage, which included pictures and photos on people's doors and communal areas to support with orientation of the building. There was a large, well maintained garden area with decking and places for people to sit. There were also raised flower beds for people that enjoyed gardening.

Is the service caring?

Our findings

People were positive about the caring nature of the staff at Prideaux House. We were told, "I love it here, it's lovely, I want to stay here for life", "I was so lonely until I came here" and, "They are all so nice and smile here." One person told us they knew staff were caring because they watched how they supported others. They said, "Look how staff hold his hand and look how they put their arm around his shoulder. That's why they're caring."

Relative's views of staff were also very positive. Comments included, "Staff are so caring, they really go above and beyond", "Patient, great humour, they do such a fantastic job. I cannot praise them enough" and, "They absolutely have the interests of people at heart – I'm very impressed by them." One relative told us that the best thing about the service was their kind and caring staff; "We are so lucky to have found this place. My mum is really happy. Staff are always smiling. My husband has recommended this place to a friend we like it so much." Professionals agreed, one telling us, "Staff are very friendly, people seem happy and well looked after, staff are attentive, present and take an interest, they know people very well." Another said, "Staff seemed to have a good rapport with people and people have positive experiences."

Staff told us how much they enjoyed working at Prideaux House. One staff member said, "This is a really nice place to work – everyone is friendly, people are happy and the atmosphere is positive." Staff told us they were happy to put in extra time and effort if it was needed and the registered manager said, "Staff always stay late – they are passionate and choose to stay later than they should because they genuinely care about people a great deal." They gave an example of when the entire staff team came in at the weekend to work as a team to improve medicines practice. One staff member went to see a person every day in hospital even though they were on annual leave. Another member of staff used their own money to purchase a piece of equipment so they could download people's favourite music on it. The staff member told us, "It was worth it because people loved it. One person sang for hours."

People and staff shared successes and celebrated achievements together. There was a notice board in the communal area with 'Achievement of the month'. One person had received this for their hard work and determination in improving their mobility. There was also 'Employee of the month', which staff had received for particular projects, or receiving praise about their conduct. The most recent employee of the month had received this because of continuous praise received from relatives and professionals. There were photos of each person or staff member receiving a certificate and flowers or chocolates.

We observed staff to be kind and considerate in their interactions with people. One person became distressed after they spilt their drink and staff were patient and reassuring. Another person was - distressed and staff immediately responded, crouching down beside them and holding their hand. This seemed to reassure the person and they smiled. We were told another person could become agitated when supported with moving and handling. Two staff were supporting them and they were calm and gentle in their approach, constantly checking that the person was comfortable. They asked if the person was cold and got them a blanket. The person appeared calm throughout the support. Some people became confused and asked repetitive questions but staff responded patiently and cheerfully each time.

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. We saw staff supporting people to mobilise independently with walking aids and they were patient, encouraging and praising. When one person was being supported with moving and handling, staff gave them the remote control to operate the equipment themselves at a time they were ready. Another person was being supported to take their medicines by staff, using hand over hand guidance.

People told us their privacy and dignity was respected. Their rooms were considered their own personal space and decorated how they wanted. Some people had brought their own furniture when they moved in and this was respected. People had 'Do not disturb' signs on their bedroom doors which staff adhered to and we observed that staff always asked permission before entering. Staff had a good understanding of the services' confidentiality policy and how it related to the people they supported. We saw that staff went into the office to ensure any conversations about people were private. People's documentation was stored securely in locked cupboards and online documents were password protected.

Staff had a good understanding of equality and diversity and respected people's differences. Those who wanted were supported to go to church. Others went to Parch, a church service where people celebrating diverse religions come together to do activities. Although no-one had specific dietary or care requirements related to religion, staff had assessed people's preferences and how they liked to be supported. People's religious and spiritual needs were enquired about during the initial assessment process. The registered manager told us, "This is so we know exactly what support people need and can research into their preferences before they arrive."

People were supported to actively express their views and be an integral part of their support and the home. They met regularly with staff to discuss preferences with their care, the environment, menus and activities. Any feedback received was valued and listened to. The activities co-ordinator gave an example of a meeting where people had expressed that they did not like a certain entertainer and so they did not come back to the service. People had also been involved in deciding the new décor in communal areas.

The caring principles of the service included the well-being of their staff. Staff said the provider and management team were, "Genuinely caring" and "Supportive" of work and personal matters. One staff member told us how staff had volunteered to cover shifts for them when they had their first grand-child. Another staff member was providing care to a family member outside of work and said, "They support me when I need to go to appointments and never insist I make hours back. They always listen as well."

Is the service responsive?

Our findings

People and relatives felt that the responsive nature of the service was of the highest standard and had a profound impact on people's lives. People told us staff were, "The best" and, "So concerned for our well-being – like a family member would be." The staff team consistently received high praise for the care and support they provided people. One letter from a relative stated, "I cannot recommend this care home more highly. The care my mother received was outstanding and attentive and staff are unfailingly bright and responsive." Another relative wrote, "The staff are amazing. Their care and compassion for my uncle when he died was second to none. They stayed late every day to provide the best comfort to him." Relatives were equally as positive about the responsive nature of the staff and management team. One relative told us, "My relative needs constant stimulation so they don't get anxious and staff do that and more. They are involved in so many activities, it's wonderful." Another relative said, "I continue to be impressed by their skill, patience and kindness with all people." A professional agreed, telling us, "This is one of the best dementia homes I've been in."

People, relatives and staff told us that it was "The little touches" that "Made the service so special." The registered manager told us that when people viewed the building as part of initial assessments, they were given a box of chocolates just as a thank you for considering them. People and relatives also told us that the provider paid for their toiletries. During the initial assessment process, management would find out what personal care products people liked to use and then create a 'Welcome hamper' with these items in. This included specialist toiletries to meet people's needs. For example, one person had swallowing difficulties and so the provider purchased a specialised toothpaste that doesn't foam. One relative told us, "It is such a nice touch and it's one less thing for us to worry about. I've never seen this anywhere else."

Staff were very responsive to changes in people's needs and were proud of the way they supported individuals. One staff member said, "I think one of the things we are best at is supporting people to improve their mobility. People arrive in wheelchairs but they don't stay that way for long." One person had gone into hospital following a change in their health which meant they needed a period of rehabilitation to build their mobility and strength. They were assessed as requiring a nursing care home environment but the person wanted to return to Prideaux House. The registered manager met with staff to gain their views and asked the local authority to allow them 6 weeks to support the person to improve their mobility before alternative accommodation was sought. The registered manager said, "Staff were unanimous that they wanted to do all they could to support the person. Especially as all they wanted to do was come back to us. We worked very closely with physiotherapists and occupational therapists to create a robust mobility programme as well as providing reassurance and encouragement." As a result, the person's mobility improved and we observed them mobilising around the home confidently with a mobility aid. Staff were so proud of the person that they awarded them the, "Achievement of the month" award. The registered manager told us, "When we gave the person their award, the happiness and pride on the person's face was so emotional - there wasn't a dry eye in the house. Their relatives joined us too and we all celebrated their achievement together." The relative had written a letter to the registered manager thanking staff for their, "Sheer hard work, encouragement and dedication" in helping their relative to achieve their wish to remain at home.

Staff were particularly responsive when supporting people who experienced high anxiety. When one person moved into the home, they were experiencing extreme anxiety and needing 'as required' medicines regularly to manage this. Staff reviewed this with the person's GP and worked hard to understand the person's preferences and the types of things that made them feel anxious. With involvement from the behavioural support team, a positive behaviour assessment was implemented. This included the continual reinforcement of positive routines and reassurance and reviewing emotions with the person on a daily basis. To manage anxiety associated with change, staff took time to explain and provide emotional support. As a result of this support, the person had not required their medicines to feel calm and happy for several months. The person told us, "I love living here. Staff are so sweet and lovely. I feel relaxed and happy now." Another person could display behaviours that challenged when supported with moving and handling. Staff implemented a twiddle muff; this is a double thick muff with items attached so that a person with dementia can twiddle with their hands. These are used primarily for anxiety as people with dementia can often have restless hands. Staff had personalised the twiddle muff with sensory items that the person preferred and used it as a calming tool. We observed staff using this when supporting the person and they were relaxed and engaging with staff throughout.

People were treated with the utmost dignity and respect at the end of their lives and their preferences and wishes were the forefront of all support needs. One person talked to staff about their old church and how much they liked their priest, who they hadn't seen for years. Staff located the priest and asked them to come in and support the person with communion, which had a positive emotional effect on the person and their beliefs. Another person expressed their wish to "Always feel glamorous" and staff respected this. Even when they were unable to do things independently, staff supported them to wear their favourite clothes and hats and apply their preferred make-up. When one person passed away, a rose was planted in the garden among their favourite flowers. This was also used to support other people to remember their friend that had passed. The relatives were so grateful to the staff for their support that they bought a summerhouse for the service as a way of saying thank you.

We spoke to two relative's whose relative had passed away recently and they had nothing but the highest praise for staff. One of them told us, "Everything was exceptional during his time at Prideaux House. I couldn't have asked for better. It was so reassuring to know that he wasn't alone, but with staff who knew and loved him as much as we did. They did everything they could to make him as happy and comfortable as possible." To show their appreciation towards the staff, they had continued to support and be a part of the service by remaining on the relative's committee. They said, "This is our way of giving back to them just one small part of the gratitude we feel. Not only the support they gave to our relative but that they continue to give to us as well." Each person had a spiritual well-being assessment which detailed people's preferences for end of life care and funeral arrangements. The staff worked closely with the local hospice and other end of life support services, such as 'Living wills' and, 'Dementia friends' to ensure they had strong resources for people.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were extremely knowledgeable of people's communication needs and used innovative ways to understand people's preferences and wishes. An example of this was during initial assessment, where dementia cards were used with people to gain their views, histories and preferences. These covered various topics including travel, school days, music, hobbies and first jobs and was used as a reminiscence tool. Information gathered from people's reactions to the cards, was then used to formulate their care plans. The registered manager said, "We have found these so useful in that we get so much more information from people when pictures trigger memories for them." For people that required

pictorial or easy read documentation for communication, these were available. Menus were written in large font with simple language and pictures of each meal so that people could choose easily what they wanted to eat or drink. Meals were also plated up as examples to show people so they could have an additional visual cue.

People were consistently offered a wide range of activities to promote people's health and social wellbeing. Each person had their own memory boxes, which contained photographs of their lives and postcards with places of interest which could be used to engage and reminisce. People were consulted with about their hobbies and past interests and activities implemented to include these. For example, one person used to be an artist and went to the Towner Art Gallery with staff support. Another person was passionate about flowers and was supported to go on the 'Bluebell walk' to see their favourite flower. Another person used to work with animals and enjoyed several trips to local farms. There was an activity timetable clearly displayed for people to see. This included other activities such as massages, church groups, music for health, pet therapy, cooking and trips out for fish and chips or afternoon tea at local hotels. One person loved gardening and was supported to go to their local garden centre for seeds. They were then given their own private section of the garden to plant and grow flowers and vegetables. The staff regularly supported people to a dementia friendly café where they enjoyed cake sessions and socialising with people from other homes. The two activities co-ordinators had also built community links with a local school and nursery. During the inspection, they were planning a Halloween event for the following day where people and children were making Halloween decorations and having a party to celebrate. Several people had fed back during a meeting that they would like to have pen pals and this was being implemented with the school. The service had also recently held a 'Prideaux Olympics', where people had taken part in various sporting activities. Activities were varied and suited to people's physical abilities so that everyone could take part. Medals were given as awards and everyone who participated received a certificate. People were still talking about how much they had enjoyed this activity during the inspection.

Staff were passionate about engaging and involving the community as much as possible. There was a family committee of people's relatives who also got involved with events and raise money for charities. People decided who they wanted to raise money for. The service had held several successful fundraising events where members of the public were invited. For one event, people and staff made over 300 cupcakes to fundraise for the Alzheimer's and dementia society. Raffle and auction prizes were received from a variety of local businesses and the event was attended by the local mayor and member of parliament.

Each person had a care plan that was specifically designed around their needs, goals and aspirations. People's support plans were on an online system and they also had a paper 'snatch file' which contained person centred information about people, their histories, hobbies and life stories. There was detailed information about what people could do independently and what they needed support with. There were symbols on the side of each snatch file. For example, a red dot meant that the person had a Do Not Attempt Resuscitation (DNACPR) form. A sunflower meant that they wore dentures and a fallen star for if they were at risk of falls. This meant that before even reading the care plan, staff had a quick reference to people's support needs.

People told us they were confident that any concerns they had would be treated with respect and that their views were valued. There was a clear complaints policy and everyone was confident of the procedure to follow if they had any concerns. The registered manager regularly analysed complaints for themes and trends. When they started with the service, they found that the quality of the laundry was a recurrent theme and worked alongside people, staff and relatives to improve. We viewed complaint responses from the registered manager and found them to be professional and sent within appropriate timescales. When responding by letter to people and their relatives, the registered manager explained what actions they were

going to take to improve and asked if they could contact them a month later to gather their feedback to whether this had worked. Those involved were contacted as promised and feedback from people and relatives highly praised the changes made. The service had also introduced a 'Resident's ambassador'. This was a member of the domestic team who the registered manager described as, "Perfect for the role as they are incredibly person centred and passionate about promoting the best interests of people." The purpose of the role was to work directly with people to gain their views of the service, act as a welcome ambassador for people who moved in and to be an additional voice for those who could not speak for themselves.

Is the service well-led?

Our findings

At their previous inspection in 2017, Prideaux House was rated requires improvement in well-led. This was because people's records did not consistently reflect the care provided by care staff. During this inspection we found that significant improvements had been made.

At the time of inspection, the management team consisted of the registered manager, head of care and one senior. There were also two 'acting up' seniors, who were learning about the role and able to lead on shift when the senior was not available. The registered manager was also managing another service owned by the same provider and split their time between the two homes. The registered manager said, "It can be challenging sometimes running two services but that is why I implemented a head of care in each one. It has worked really well." The head of care said, "I always feel supported and the registered manager gave us the tools we needed to manage services in their absence."

People were complimentary of the registered manager and described her as, "Kind", "Friendly" and "A lovely person through and through." We observed the registered manager to have built good relationships with people. They knew people and their support needs well. People were smiling and happy as they talked with the registered manager and several people greeted them with a hug. Relative's also spoke highly of the registered manager and felt the service was well-led. One relative told us, "They are so approachable, easy to talk to and part of the family." Another relative said, "The registered manager is so full of life. They know everybody and really drive the place forward. They even gave their personal mobile out to other relatives abroad so they could contact them. In my opinion they go above and beyond the call of duty." A professional described the registered manager as, "Passionate and engaging. They have a good oversight of systems and I was very impressed by their knowledge."

Staff were unanimous in their positive views of the registered manager. We were told, "There has been lots of positive changes since they started" and, "They are very good. They came in and really wanted to improve so they made lots of suggestions to keep things fresh." Staff also spoke highly of the provider. The registered manager said, "I have never met a provider like them. They are supportive, hands on, genuine and listen to us. We talk on the phone every day and the main thing is they really care about people." They gave an example of when the provider was having a cup of tea with a person. The person was experiencing sore feet and told the provider that they used to have a machine at home that made it all better. The provider went out and bought the person a new foot spa which had enormously helped with pain. One staff member said, "The provider puts in a lot of time and money for people. The registered manager wanted improvements to the environment and it happened. We needed more staff and staffing levels were increased. It makes us feel listened to and that our opinions matter."

There were several quality audit tools in place. Every month the registered manager reviewed people's care plans, staff files, training, activities, health and safety and infection control. Meals and nutrition were audited as well as the food experience for people. The registered manager said, "Although it is important that people enjoy the food, they should also enjoy the experience and it be positive and social for them." Any safeguarding, accidents and incidents were reviewed for themes or trends which meant that the registered

manager had continuous oversight of risk. The head of care and seniors did additional medicines and environmental audits. External teams had also conducted audits and the service had received mock inspections and input from the business support team.

Staff told us, "We have a tight knit team who really support each other" and, "It's like being a part of a large family. I've never felt so welcome." They told us they had regular meetings where they could discuss people's needs, incidents, training and any concerns. During each meeting there was a subject and policy of the month. At the most recent meeting, this had been about a type of cancer that a person had been diagnosed with and included learning from easy read documentation by the NHS. As well as main staff meetings, each month the registered manager met with the management team, kitchen, maintenance and night staff. This ensured consistency of information and training amongst all staff.

The provider sought out views about the quality of care and valued feedback given. Every year, people, relatives and staff were given satisfaction surveys. There were also six-monthly meetings with relatives. We viewed the latest surveys and found all feedback was positive. The registered manager had analysed the feedback and fed it back to the staff team during meetings. The service had also received numerous compliments from relatives and professionals, including a letter from the Eastbourne Mayor following the success of a fund-raising event.

The registered manager was passionate about embracing and promoting change. They had worked hard with senior staff to improve medicines practice and reduce the number of medicines errors. They were proud of the improvements made to managing risk with falls. They had also sought out views from people, relatives and staff when they started at Prideaux House and worked hard to develop strong, open relationships, particularly when managing complaints. The registered manager was part of the registered manager's forum run by East Sussex County Council. This is where managers from a variety of services meet to discuss issues and brainstorm ideas. The registered manager was also involved with 'Storm Circle', a networking group for managers on social media. It was through this forum that the registered manager was working with other managers of dementia services to create a dementia friendly complaints form. The registered manager was passionate about working with others and developing links with the community. They had recently met with tutors from Sussex Down's College to discuss how they could support students on Health and Social care courses. The registered manager told us, "The idea is that the students do their placements with us and it will be a part of their learning. We will support to mentor them and develop their understanding of providing care."

The provider and registered manager were passionate about sharing their successes and progression. To promote this, they had recently implemented a new and improved website. This contained lots of photographs and testimonials from people, staff, relatives and professionals. There was a video which provided a tour of the service and interviews with people, relatives and the registered manager. The provider told us, "We wanted to really promote our service and what we do for people."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their ratings in a conspicuous place in the entrance hall and also on the new website.