

Ayush Care Ltd

Holmesdale House

Inspection report

3 Holmesdale Road
Bexhill On Sea
East Sussex
TN39 3QE

Tel: 01424217953

Date of inspection visit:
05 October 2016

Date of publication:
07 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Holmesdale House provides accommodation with personal care for up to six people aged over 65 years. It is a small, family-run residential care home. The service was last inspected on 4 December 2013. At that time we found the service was meeting the requirements of the regulations we inspected at that time.

This inspection took place on 5 October 2016 and was unannounced. There were six people living at the service at the time of this inspection.

There was a manager at the service who was registered with CQC. 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 was exceptionally caring. People and their relatives were extremely satisfied with the care and support provided and spoke very highly of all staff. The ethos of the service was that of an extended family. The small staff team had developed very positive, caring and compassionate relationships with people. Staff knew each person as an individual and understood what was important to them and placed their wellbeing at the heart of their practice. People were treated with dignity and respect and staff approach was considerate, friendly and personalised. People experienced a lifestyle which met their expectations and preferences, and satisfied their social, cultural, religious and recreational interests and needs.

Staff supported people to engage in a variety of activities and people's independence and choice was promoted. Staff spent time engaging people in conversations and activities.

People said they felt safe. They were protected against the risk of abuse. Staff had been trained to recognise what to look for. The registered manager and staff understood their responsibilities to report any concerns.

Assessments identified people's specific needs or risks, and showed how risks could be reduced. There were systems in place to review accidents and incidents and the registered manager ensured action was taken where necessary to reduce future risks. Medicines were managed safely and people were supported to take their medicines as prescribed.

There was a sufficient number of staff deployed to meet people's needs and staff were trained and competent to meet people's individual needs.

People were protected by good practice in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were offered a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the food. People had access to a variety of health professionals for specialist advice and support

when appropriate.

Staff felt valued and supported by the registered manager and the management team. The registered manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service and aimed to promote links with the community. Consistently positive feedback from people and relatives meant the service had achieved a top 20 care home rating in South East England for the past three years.

There were systems in place to monitor the service to identify any improvements that needed to be made. The management team acted on the results of any feedback to improve the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to manage risks. People were kept safe by staff who were aware of people's risks.

People were safeguarded from abuse as staff were trained and knowledgeable about safeguarding people from potential abuse or harm.

People were supported to take their medicines safely by trained staff.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Recruitment procedures ensured the employment of suitable staff.

Is the service effective?

Good ●

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided. The registered manager and care staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were trained and supported to help meet people's needs effectively.

People were provided with a healthy balanced diet which they enjoyed and which met their needs.

People's health needs were met with access to health and social care professionals when necessary.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

The ethos of care was personalised and valued each person as an individual. People were cared for in a very kind and compassionate way by highly motivated staff that knew them well and were familiar with their needs. People could make their own decisions and were encouraged and supported to retain their independence and achieve their wishes.

People were involved in the planning, delivery and reviews of their care and support.

Care was provided in a way that promoted people's dignity and respected their privacy.

Families and visitors were welcomed into the service and all staff knew them well.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance was made available to staff which enabled them to provide person centred care and support. Staff were very knowledgeable about people's care and support needs and their preferences.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs and preferences.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

The home had an open and approachable management team led by the registered manager. People and staff spoke highly of them.

There were systems in place to monitor and improve the quality of the service provided. People using the service were asked for their views and where necessary action was taken to improve people's experience of the service.

Holmesdale 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 5 October 2016. This visit was unannounced and the inspection team consisted of one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed a 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. We looked at the information in the PIR.

During the inspection we looked around the service and met and spoke with all of the people living there. We spoke with two visiting healthcare professionals to get their feedback about the service. In addition, we spoke with the management team, which consisted of the registered provider's representative and the registered manager. We also spoke with two members of care staff.

We reviewed the care records of four people and a range of other documents, including medicine records, two staff recruitment files and staff training records and records relating to the management of the service.

Is the service safe?

Our findings

Without hesitation all of the people living at Holmesdale House said they felt safe there. Comments included, "Oh I do yes, I feel safe in every way"; "(the registered manager) can quickly pick up if actions are needed"; and "I can go out and tell them where I am going." Another person said, "It is really lovely here. No fears or worries. Just happy to be here." Visiting professionals were equally confident that people safe. One said, "I have never had a concern about this service..." Another commented, "I believe people are safe here. People's needs are fully understood. They are doing a good job..."

People benefited from a safe service where staff understood their safeguarding responsibilities. There were policies in place in relation to safeguarding and whistleblowing procedures. A copy of the local authority safeguarding procedures was also available at the service to ensure staff were aware of the correct procedures to follow. Staff had received training to help them understand the issues associated with safeguarding and preventing abuse. One staff member said "I went on a course. It was an eyeopener. You have to keep a watchful eye; for example if someone didn't want to go out with their family, or if they had unexplained bruising." Staff were knowledgeable about safeguarding issues and said they would not hesitate to report any concerns they may have. They were aware of external organisations to contact if necessary. The registered manager was aware of the local authority safeguarding procedures and when they may need to inform the safeguarding team of concerns or allegations of abuse. Two visiting professionals confirmed they had never witnessed any practice that concerned them. One commented, "I have seen only good practice...staff are brilliant..."

Risks to people's health and personal safety had been assessed and plans were in place to minimise these risks. Risk assessments were in place covering all aspects of daily living, including infection control; trips, slips and falls, outings and fire safety. Assessments considered people's mobility and risk of falling. Where a risk had been identified, information about how to reduce the risk and any equipment used by the person were detailed in individual records for staff to follow. We observed staff assisting people to move around safely using the equipment identified in the care records. To reduce the risk of falls staff ensured equipment and aids needed were within easy reach but not presenting a hazard. One person experienced anxiety and there were clear instructions about how to reduce this; this was written in a sensitive and compassionate way. Staff were able to describe the way they approached the person in order to reduce anxiety, which was in line with information in the care records. Another person was at risk of dehydration and clear strategies were in place to mitigate that risk and ensure the risk of a urinary tract infection was reduced. A visiting health professional said "Risks are well managed and pressure area care is good."

Incidents and accidents were reviewed by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, where a person experienced a fall, contact was made with the GP to check for any underlying health issues that may have caused the fall. The registered manager confirmed no serious injuries had been sustained at the service as a result of an accident since the last inspection.

There were enough staff on duty to care for people safely and meet their needs. People using the service at

the time of the inspection were mainly independent but required support with some aspects of personal care and the management of their medicines. All of the people using the service said there were always enough staff to assist them and they did not have to wait for the assistance required. One person said, "There is always someone (staff) to help me". Staff responded to people's requests for support quickly. For example, we observed there were enough staff available to walk with people who were at risk of falls when they were using their walking frames. We observed staff had time to socialise with people, enjoying a coffee morning during the inspection. Care and support was provided in an unhurried way and at a pace to suit the individual.

There were two staff on duty during the day, one of the management team (usually the registered manager or provider representative) and one care staff. There was one member of staff on duty at night, usually the provider's representative, who lived on site, or the registered manager. The registered manager confirmed people required little support overnight. One person said, "I have a buzzer for the night." They confirmed staff were available should they be needed. The registered manager confirmed there were arrangements in place to ensure any short term absences due to sickness were covered usually by existing staff. This meant people's needs could be met by the staff members that understood them and knew them well. An external company was employed to clean the service, meaning staff were not involved in this domestic task.

There were suitable arrangements in place for the management, administration and disposal of medicines. Safe storage was available for the majority of medicines. Records showed secure storage had been ordered from the local pharmacy to ensure medicines which required additional security were kept safely. We reviewed the stock of these medicines and found records and quantities tallied exactly; demonstrating good controls were in place.

There had been a pharmacy advice visit from the supplying pharmacist in August 2016, which found standards were generally satisfactory. Where recommendations had been made, for example additional secure storage, these were being addressed. We found three handwritten entries on medicine administration records which had not been signed by two staff to ensure accuracy. We recommend the provider follow the guidance issued by the National Institute for Health and Care Excellence (NICE). The registered manager confirmed they would remind staff to follow the guidance.

People were assisted to manage their medicines by staff that were trained and competent. Staff had access to detailed policies and guidance about how to support people with their medicines in a safe way. For example, guidelines for managing medicines in care homes issued by National Institute for Health and Care Excellence (NICE). Staff had signed to confirm they had read the guidance and were aware of the principles. We saw staff supported people to take their medication in an unhurried manner and with plenty of good communication. Medication was given on time and people confirmed staff fully explained what their medicines were for. Comments included, "(Medicines) are always on time"; "They bring it (medication) down to me" and "Yes I know what it is for." The Provider Information Return (PIR) showed there had been no errors in relation to medicines in the past 12 months. This was confirmed during the inspection with the registered manager.

People were cared for in an environment which was safe. The premises were well maintained, homely and clean and fresh throughout. One relative commented, "The standard of decor throughout the home could not be higher...and the cleanliness throughout is just amazing." Equipment, such as fire safety equipment had been serviced by an external contractor. The PIR confirmed new equipment was tested and appropriate fire checks were carried out. Hot water temperatures were checked daily to ensure they were safe; we found water temperatures were within the recommended levels. Radiators, which may pose a risk to people, had been covered. There were some adaptations within the

premises to help keep people safe, for example handrails to reduce the risk of people falling or tripping and an assisted bath. Following a food hygiene inspection in February 2013 the service was awarded a rating of five. This is the highest rating and shows good standards were maintained in relation to food hygiene. During the inspection we observed the kitchen was clean and organised.

There were procedures in place to protect people from foreseeable emergencies, such as fire. Personal emergency evacuation plans were in place for four people, which provided staff and emergency services staff with information about what to do for each person in case of an emergency evacuation of the building. The registered manager was completing the two remaining evacuation plans.

Regular fire drills and evacuations were undertaken with the full involvement and co-operation of the people using the service. The management team said some people had found this irritating so in order to overcome this, fire drills became an activity with an element of enjoyment, without compromising safety. The result was people were engaged and evacuation times improved. The registered manager also took time to explain the importance of fire safety to people and shared various case studies and discussed the importance and consequences of fire.

Steps were taken to protect people from the risk of acquiring an infection. Daily bedroom and communal area checks were completed to ensure the environment was clean. Laundry was segregated and if any soiled items needed attention they placed into biodegradable bag and cleaned at the required high temperature. Staff had received relevant training and there was an infection control policy providing guidance for staff to follow. The staff were knowledgeable about how to promote good infection control. Staff had access to personal protection equipment such as aprons and gloves and followed good hand hygiene practice. Liquid soap and disposable towels were available in communal bathrooms to promote good hygiene.

Recruitment procedures were in place to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People using the service expressed their confidence in staff's skills and knowledge. Their comments included, "...all (staff) marvellous" and "Excellent staff." Health professionals were also confident in staff's competencies. One said, "Staff are happy. They understand people needs and they are knowledgeable and well trained." Another said, "Staff are lovely. They are certainly competent...I see good practice there."

Staff confirmed they had received training relevant to the roles and responsibilities and felt they were well supported by the management team. One member of staff said, "We have good support from (the management team). This is a good place to work. It is like an extended family." They described some of the training they had received, which included training related to health and safety as well as to people's needs. They added, "I am learning from the service users too, especially about their mental health..." The management team had arranged for staff to shadow staff at a local nursing home in order to develop their skills, knowledge and competency in relation to people with complex needs. The registered manager explained this helped staff understand issues such as the use of covert medication, feeding people safely, and understanding various types of dementia. Staff were then able to share their experiences and best practice at Holmesdale House.

New staff were supported to complete an induction programme before working on their own. The PIR showed four of the five care staff employed had completed the Care Certificate, which followed nationally recognised induction standards for care staff. Staff records were up to date with all the qualifications and training that staff had completed. This included safeguarding, person centred care, food hygiene, communication, incident and accident reporting and privacy and respect.

Staff confirmed they received formal supervision usually every three months. Staff explained as the staff team was small there were plenty of informal opportunities to give and receive feedback with the management team. The management team worked with the care staff daily delivering care and supporting people and were well placed to monitor staff practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 were able to make their own choices and decisions about their care. Their wishes and preferences had been followed in respect of their care and treatment. One person said, "I am fully involved with my care." Another told us, "They (staff) are very good at involving us in decisions." During the inspection we observed staff involving people in decisions and obtaining their permission before care or support was provided. For example when assisting one person to move safely, a member of staff checked with the person

how they wanted to be supported.

People's capacity to make decisions had been assessed. The management team confirmed people using the service had the capacity to make decisions about their daily care and routines. Where one person may require additional help and support with more complex decisions, the service had recorded information about the arrangements for their power of attorney. The management team were aware of the process to follow to ensure any decisions were made in people's best interest. Staff understood that people could make their own choices about anything. One spoke of someone who liked to go into the garden, but could be at risk. They said they would always ask "Would you like me to come with you?" If they didn't, they would keep a watchful eye. They added; "Never assume they haven't got capacity. They all have their rights."

At the time of our visit nobody at the service was subject to any Deprivation of Liberty Safeguards. The management team were aware of the legislation and processes to follow where necessary.

People's wellbeing was promoted by regular visits with healthcare professionals. People were supported to attend health appointments or health professionals visited people at the service. Health professionals told us staff were quick to seek advice where there were any concerns about people's health. Professionals confirmed they received appropriate and timely referrals from the service and their recommendations were always followed by staff. One said, "It is very nice here. I would like to end up somewhere like this...people are fully involved. They (staff) are doing a good job." Another professional said, "It's a lovely service, small and more of a family atmosphere. I have never had a concern about the service..." People confirmed and records showed they had access to a variety of health professionals. For example, GPs; community nurses; specialist nurses; mental health professionals, chiropodists and optician.

People were supported to have a balanced and varied diet. People's dietary needs were discussed and the management team and staff, who prepared meals, were familiar people's dietary needs and preferences. Care plans included eating and drinking assessments. People at risk of dehydration or malnutrition were appropriately assessed. Records showed that where necessary, food and fluid intake was monitored to ensure the person was receiving sufficient fluid and nutrition for their health. There was a food diary and all meals were recorded. There was a wide range of meals offered. The majority of meals were prepared freshly each day from scratch.

People were offered choices of what they wanted to eat and they helped to plan the menus a week in advance. People said the food was very good. Comments included, "They (staff) will always accommodate my likes and dislikes"; "Very good. No complaints." One person added "My favourite is roast beef with Yorkshire pudding. I get this frequently". We observed people eating their meal in the dining room. The atmosphere was convivial and relaxed with light music playing in the background. People were smiling and chatting whilst enjoying their meal. The food looked and smelled appetising and people were asked if they wanted more. Meals were often taken with the management team, which presented an extended family feel to the service. Plenty of drinks and snacks were on offer throughout the day; with 10am and 3pm times when people could meet in the coffee lounge for a chat with each other and staff if they wished. Sometimes people decided to help make lunches; such as chopping up vegetables or making the salads. One person cooked a meal for everyone once a month. One person said "The food is very good. I eat most things. Breakfast you can have what you want. In the evening I have what I like, just like you'd have at home".

Is the service caring?

Our findings

People received outstanding care from staff who developed exceptionally positive, caring and compassionate relationships with them. People said they were very happy with the care and support they received. They described staff, including the management team, as "wonderful; kind; caring; respectful and brilliant." One person said, "They are all very kind and wonderful..." another said, "Absolutely can't fault the staff." Another described how hard staff worked to ensure people had everything they needed to be comfortable and happy. They added, "Very good staff. We are very lucky. They help me in every way." Other comments included "(Name of staff) is a little angel and (name of staff) is a bundle of joy"; "Everyone is good, if I wasn't happy I would say so, the atmosphere is always good. It feels like home here."

The provider information return showed the service was one of the Top 20 recommended care homes in the South East for three consecutive years. The CareHomeUK website uses feedback from people and relatives from the online reviews. Holmesdale House had a review score of 9.9 (maximum of 10). The review score was based on 29 reviews. These comments and ratings were independently verified by CareHomeUK. All of those responding said they were 'extremely likely' to recommend the service to others. On-line feedback demonstrated the caring ethos at the service. Comments included, "When we viewed the home we found the staff to be welcoming and pleasant. They clearly enjoyed their work and mum immediately felt comfortable and at home"; "Staff are friendly and nothing is ever too much trouble" and "I was very concerned when news came to me of my aunty going into a care home especially with so much media attention. However, Holmesdale House proved me wrong! Great care, great people..."

Staff at all levels interacted warmly with people and it was clear positive bonds had been formed with people, who consistently said they felt comfortable, relaxed and well supported. People were particularly positive about one member of staff. Comments included, "(Staff name) is tremendous, she anticipates needs, which is a good thing." Feedback from one relative described the "strong and positive relationships" which had been developed with the entire staff team and their family member. They added, "Their regular and positive interactions gave (person) a great deal of joy..."

Throughout the day staff were friendly in their approach and manner towards people. There was lots of chatting and smiles and people were at ease with the staff team and the atmosphere was a happy and relaxed one. We saw staff supported people with a range of activities in a caring and sensitive way. It was very apparent that the managers and care staff knew people extremely well and could anticipate individual's needs. Equally people had had nothing but praise for all the staff. Relative's feedback included, "My mother is treated as family, not just a resident and the attention to detail in respect of every aspect of her care is second to none"; "The staff are friendly, warm and nurturing" and "... (person) thrived in the friendly welcoming environment... I have already put Holmesdale top of my own short list for when the time is right."

People mattered and care and attention was given to every small detail. For example, some paintings and pictures around the service were strategically placed. They had a personal value to people. For example, outside one room there was a painting of a Fighter Jet which one of the residents flew during the war. The

registered manager said the person had enjoyed flying the jet and loved to tell stories, which were "very inspiring." Another person explained they had difficulty sleeping initially due to a light shining in their window in the morning. They said, "So, they (the provider) got me a blind which has made quite a difference." One staff member said "I knew (name of person) liked the colour yellow, so I bought her yellow flowers when she moved in". When asked what they would do to improve the service they answered "I'd like (name) to feel better" (someone who was feeling unwell at the time of the inspection). People were encouraged to bring their own items to the home, such as a large gong or a kitchen clock. Bedrooms were personalised and reflected individual tastes.

People were treated with respect and dignity and valued as individuals. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. For example some females wore jewellery and their outfits were co-ordinated. People enjoyed regular visits to the hair dresser. People's personal clothing items were laundered and cared for. Any personal care provided was delivered in private. When people received visits from health professionals, consultations and treatment took place in private. People could greet their visitors in private or in one of the communal areas. Staff listened to people and respected their wishes; they gave people time to answer questions and respected their decisions. One person who was a retired health care professional had their own copy of a medicines manual to check their medicines.

People were empowered to make choices and have as much control and independence as possible. The management team and staff encouraged and promoted people's independence. One relative asked the provider to pass their written comments to us about their family member's experience of the service. They described how the management team and staff supported their relative to achieve their wish of returning to their own home. They said, "... (Person) received attentive care and personal attention to her needs... and she gradually regained weight..." They described how the person's confidence had "soared" and the number of friendships that had made at Holmesdale. As a result of the improvement in the person's health and confidence they returned home "fully confident and happy". After a number of months at home the person had another stay at Holmesdale House and decided to make it their permanent home. Their relative said, "It was a great relief for (person's) family to know that she was in a family home style environment and receiving dignified care and respect from everyone around her."

Staff were exceptional in enabling people to remain independent. People were able to go out independently using mobility scooters or a taxi. Staff ensured people's mobile phones were charged and they had the direct contact numbers for the service. Staff ensured they were aware of what time people planned to return to ensure their safety. People were encouraged to help prepare vegetables for the meals; make puddings; set the table, wash up, dry up, hang washing, and fold washed clothes into piles. During the inspection we saw people enjoyed taking part in these meaningful tasks. The registered manager explained, "These tasks allow the residents to feel they are at home and performing a "duty" that they did when they were in their own home with their respective partners. This is a routine they had at home and it's imperative we preserve this." A visiting professional said people were "fully involved" and often busy at the service. They added "They (staff) keep people active. They are not taking away their independence..." People could choose when they wished to go to bed. One person said "I go to bed when I like, 10.30pm -11pm".

The provider understood the importance of family and friends and we were told they were always welcome at the service. One person said, "Visitors can come anytime and we know (the management team's) family very well. We know them all!" Another person said, "Visitors enjoy coming here; even taxi drivers comment that people seem very happy." Comments from relatives and friends included, "When I visit I am made very welcome and I feel like a family member now. Everyone seems so happy there and are well catered for" and "You are made to feel most welcome when you visit."

The management team said they wanted to ensure people were "in touch with the outside world" by using various methods. Five people had a phone line in the bedroom. The management team had ensured phones were appropriate for people. For example, partially sighted people had large white phones with large buttons; for those who had a hearing impairment a louder ring tone was used. As people received many phone calls throughout the day a cordless phone with two handsets were in place. This meant the phone was accessible; one placed near their chair and the other by their bed. This way people did not have to rush to grab the phone with a risk of falling and it also enabled them to take the phone around the house.

Is the service responsive?

Our findings

The service provided was responsive to people's needs and preferences. People expressed their complete satisfaction with the service.

The management team were mindful of the difficult decisions to be made when people were considering a move to a care home. Therefore admissions to the service were managed carefully and in a sensitive way. They always met with a person considering a move to discuss their needs, preferences and what the service could offer them. Some people had stayed for short respite breaks so knew the service before deciding to move in permanently. Comprehensive assessments were undertaken to ensure people needs and preference could be met. Feedback from a relative via the CareHomeUK website included, "(Person) has settled in extremely well despite being reluctant to go into care. It's hard to put into words, the complete admiration I have for the team and for the professional but friendly way they operate..." Another said, "It is more like a hotel than a rest home."

The management team were planning 'open days' for potential users of the service to find out more about them by "having the conversation with them" and to enable people to ask questions in a comfortable, warm unrushed manner and get advice regarding aspects such as funding, types of care providers, what one can expect in a care home and alleviate any anxiety.

People and their relatives (where appropriate) were involved in developing care and support plans, which were personalised and detailed about the specific needs and preference of the individual. For example general healthcare needs and health history, information covering all aspects of daily living and a range of risk assessments. One person required their food to cut up due to their eye sight problems. Staff were aware of this and ensured the person was able to eat as independently as possible. Where people required specific aids to support their mobility this was recorded and we saw people had the appropriate equipment to use. Care records contained detailed personal histories, which gave a sense of the person's past life and interests. Staff were aware of these important details and showed respect and understanding for people's past experiences. Care plans were reviewed regularly and people had been involved in reviews of their care and support. One person told us, "Yes I am fully involved and it is amended when necessary". Another said, "Yes my family were involved with my risk assessment." Every month the families received an update about their relatives wellbeing. The registered manager emailed relatives to invite them to be part of the care plan review.

Daily records were respectfully and sensitively written. They showed staff involved people in how and when their care was delivered, as well as showing what care and support was delivered, and reflected on the person's wellbeing.

Staff were aware of people's individual needs and preferences; they said the care records were used daily and handover provided an opportunity to be up-dated on any changes to people's care needs. One member of staff said communication between the small team was "very good." They added, "As we are small, we have got to know people very well. We can tell if something is wrong or if someone is unwell..."

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to do. In addition to group activities, people also pursued hobbies and interests and met with family and friends outside of the service. People's spiritual and religious beliefs were respected and people confirmed they were free to follow these. One person told us, "...spiritual needs can be supported" at Holmesdale House. Another person said, "I go to church on a Sunday..." Organised activities included, regular coffee mornings; film afternoons; creative minds pottery, drawing and painting class; Tai Chi exercise class; pampering sessions, external entertainers and quizzes and games. A recently introduced "Scrabble Premier League" was proving to be popular and competitive! A "shopping spree" was organised every fortnight. People also had access to the day care service run by the provider, but not regulated by the Care Quality Commission. The activity records for one person showed they had been engaged in their preferred activity throughout the month. People said they enjoyed the activities on offer. Comments included "I like them all" and "I like all the activities, I am scrabble champion!" Another person said they had enjoyed a recent painting class. Examples of people's pottery work were displayed in the dining room.

The management team continued to explore new social opportunities for people and were keen to forge links with the local community. The registered manager had recognised the pleasure and enjoyment people experienced when young children had visited the service. For example, when their children visited Holmesdale House, they described how the "dynamics completely change" and "...the residents are so happy and motivated." The registered manager planned to speak with a local children's nursery to organise a half-day session at Holmesdale House. They planned to get the bouncy castle out, and order pizza! People told us how much they enjoyed visits from the registered manager's children and how this enhanced the feeling of a 'family home'. One person said, "We know (the management team's family very well..."

The management team used creative ways to make sure people had accessible, tailored and inclusive methods of communication and access to information. Wi-Fi was available throughout the service so people could use smart devices and access free video calls with friends and family should they wish. One person was particularly interested in technology and enjoyed using smart devices and the internet. They enjoyed accessing historical and current information via the internet as well as books. One relative's feedback on the CareHomeUK website included, "Holmesdale organises regular entertainment events and these are stimulating and well received."

Every morning at 10am coffee was served in one of the lounges where everyone would sit together with a care worker and talk about the day and what was planned. This was a very sociable and inclusive meeting, and we could see how everyone really enjoyed this part of the day.

People really enjoyed the beautiful enclosed large garden and would walk independently around and sit in the patio area, which had seating and shade by a large gazebo.

The registered manager explained that as a result of staff supervision it was suggested an in-house shop was introduced. Due to space restrictions an actual shop was not possible but a trolley shop was established, which was referred to as the tuck shop. People could purchase small items such as chocolates and snacks.

The provider had a complaints process in place and people were aware of how to raise any concerns or complaints. People using the service and visiting professionals said they did not have any concerns about the service or staff. People said they would be confident to raise any concerns with the management team. One person said, "no concerns whatever, I have been very happy here for two and a half years, they look after me very well." A comment from a relative included, "I have visited for 3 years and have never heard a complaint from anyone. Long may they continue." The registered manager said no concerns or complaints

had been received in the past 12 months.

Is the service well-led?

Our findings

People who used the service, staff and visiting professionals were very complimentary about the way the service was managed. People expressed confidence in the management team and staff. Comments included, "They are very good"; "(senior manager) is lovely. I really get on with her. We have a joke, so easy to get on with..."; "The manager is very good, communications are good; good sense of humour" and "The managers are very good, it is home." Visiting professionals told us, "The service is well organised. The records are well kept; risks are well managed and they are doing a good job..." and "This is a lovely service. very well managed." And "I have heard about other homes in the news and heard bad things. I don't believe that could; ever happen here. We have good food and little extras".

The service was one of the Top 20 recommended care homes in the South East area with a review score of 9.9 (maximum of 10). The review score was based on 29 reviews in the last two years. Feedback from relatives and people who had used the service via the CareHomeUK website included, "I would consider the home very well run, and ideal for a person looking to the smaller care home and more personalised service." Other comments included, "We recommend the owners as individuals and Holmesdale House with its commitment to providing a 'proper' home of good overall standards for frail older people" and "The owners are very pleasant and lovely to deal with."

Staff were positive about the support they received from the registered manager and management team. They said they could approach the management team with concerns at any time and they were confident they would be listened to and supported. They described them as, "very hands on" and "Totally supportive". The management team were very visible at the service and worked along staff providing care and support. One staff member said "They are exceptional bosses; they like to make sure everyone's needs are catered for. They are very approachable; there is nothing we couldn't discuss with them".

The two provider representatives were well organised and each had their own specific responsibilities. One was responsible for the running of the home, health care needs and supervision of the staff. The other was responsible for the business side, contact with relatives, maintenance, contracts, and human resources issues.

The service had a strong, visible person centred culture. The management team explained the ethos of the service as being "a home away from home..." and they wanted to ensure people were involved in the running of the service. Our observations confirmed staff shared this vision and encouraged and supported people to be as involved and independent as possible. The registered provider told us, "Holmesdale House is not about 'I' it's about 'us' and 'we'". The management team had very good knowledge of each of the people living at the service.

The registered manager and the wider management team provided clear leadership and aimed for a totally inclusive culture. In 2015 the registered provider decided to include information about 'valuing diversity' in people's contracts in order to establish a "zero tolerance" of discrimination in any form.

There were regular checks in place to make sure the service was safe and providing good care. Checks included fire safety, cleanliness, electrical testing, and fridge temperatures. The service had actively sought and acted upon the views of people using the service and others. Satisfaction questionnaires were sent to people using the service, which showed people were very satisfied with all aspects of the service they received. Comments from these included "I love my room"; "The emergency bell makes me feels safe", and "I am in my own home". People confirmed regular meeting took place which enabled them to make suggestion and share their views. People's suggestions were acted upon, for example when planning menus and group activities. The provider had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

The records reviewed were up to date, for example staff personnel files, daily notes and audits. All records requested during the inspection were readily available. Staff personnel records and individual care records were securely stored.

People benefitted from the partnership working established with other health and social care professionals. Feedback from professionals was very positive and no concerns were raised by professionals with us during the inspection. Professionals described positive and effective working relationships with the service. This ensured people received appropriate support to meet their health care needs.

The registered manager was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service.