West Sussex County Council

New Tyne

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 22 March 2016 and was unannounced.

New Tyne is a home that provides care and accommodation for up to 20 people who have a diagnosis of dementia; some have additional health or sensory needs. Referrals for people to be admitted to the home come through social care professionals from the local authority. Accommodation is provided for 15 permanent residents and five rooms are dedicated to provide care to people on short-term breaks or respite. At the time of our inspection, 19 people were living at the home. New Tyne is situated in a residential area on the outskirts of Worthing. People have their own rooms with en-suite facilities. Communal areas comprise a large reception and seating area, dining room and sitting room. In addition, there is a sun lounge and separate small lounge. A day centre is located next door to the home and some people spend time there.

A registered manager was in post. 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.

Staff had not received training on the Mental Capacity Act 2005 and associated legislation on Deprivation of Liberty Safeguards. Staff did not always gain people's consent in line with the requirements of this legislation because of their lack of understanding about consent, people's right to take risks and the necessity to act in people's best interests who lack capacity. However, the registered manager was aware of their responsibilities and acted in accordance with the legislation.

Staff were trained in a range of areas including safeguarding adults at risk, infection control, health and safety, moving and handling and dementia awareness. New staff followed the Care Certificate, a universally recognised care qualification and safe recruitment practices were in place. Staff received supervision meetings, although some staff had not received supervision every six weeks in line with the provider's policy. Staff meetings were organised, but attendance was not consistently high, although staff could read the minutes of the meetings afterwards. Staffing levels were adequate to keep people safe and meet their needs.

People were supported to have sufficient to eat and drink and people at risk of malnourishment had plans in place to manage their food and fluid intake. People had access to a range of healthcare professionals and services. The home was adapted to meet the needs of people living with dementia. Medicines were managed safely and administered by trained staff. People were looked after by kind and caring staff who understood their likes and dislikes and treated people with respect. People were encouraged to express their views and to be involved in planning their care, as were their relatives.

People were protected from the risk of abuse and harm by staff who had been trained in this area and knew

what action to take. Risks to people had been identified and assessed and support was in place to mitigate risk. Premises and equipment were managed safely and checks undertaken. Care plans provided comprehensive, detailed information about people and their care needs. Staff had information on how to care for people in a person-centred way. A range of activities was on offer at the home and, where possible, outings organised into the community.

Complaints were managed appropriately in line with the provider's policy. People and their relatives were asked for their feedback about the home through questionnaires; staff were also asked for their views. Overall, people were happy with the quality of care delivered and with the management and leadership of the home. Relatives' meetings were organised every month which provided a forum for carers to meet with each other and have access to care professionals who attended the meetings. A robust system was in place to measure and audit the quality of care delivered.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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 abuse and harm and staff knew what action to take if they suspected abuse was taking place. People's risks were identified, assessed and managed safely.

There were sufficient staff in place to meet people's needs and safe recruitment practices were followed.

Medicines were managed safely and administered by trained staff.

Is the service effective?

Requires Improvement

One aspect of the service was not effective.

Staff had not received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and did not know how to gain people's consent in line with the requirements of this legislation. Staff had received training in a range of other areas.

Staff did not always receive supervision in line with the provider's policy. Attendance at staff meetings was not consistently high.

People had sufficient to eat and drink and were supported to maintain a healthy lifestyle. They had access to a range of healthcare professionals and services. The home had been adapted and decorated to meet people's needs.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well.

People were treated with dignity and respect and were encouraged to express their views and to be involved in all aspects of their care.

Is the service responsive?

Good

People received personalised care in line with their identified support needs. Care plans provided comprehensive, information and guidance to staff on how people should be cared for.

Activities had been organised for people and the majority of relatives spoke positively about the activities on offer.

Complaints were listened to and managed appropriately.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff were asked for their views about the service and their feedback was acted upon. Good leadership and management was visible at all levels.

A range of audits was in place to measure the quality of care provided and action was taken as needed.

New Tyne

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 22 March 2016 and was unannounced. Two inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in older people and dementia care.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including five care records, five staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with three people living at the service and spoke with seven relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the deputy manager, six care staff and the cook.

The service was last inspected on 6 May 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People and their relatives told us that the home was a very safe place with comments from relatives such as, "She is definitely very safe here" and, "There are no issues about her safety here". Another relative told us, "The staff are wonderful. They keep people safe, but not in a way that's over-protective. I trust the manager and staff completely. The care they give is excellent". One person said, "It's nice here and I do feel safe; I've been here a while". People could keep any valuables securely as each room was fitted with a lockable safe. Some people had keys to their rooms and could lock their doors, so their personal belongings remained safe.

People were protected from avoidable harm and abuse. Staff recognised the signs of potential abuse and knew what action to take. Staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify the correct safeguarding procedures should they suspect abuse. Staff were aware that a referral to an agency, such as the local Adult Services Safeguarding Team, should be made, in line with the provider's policy. One staff member told us, "I would speak to a colleague if they weren't treating someone well, but I'd still report them to the manager". Another staff member said, "I know the manager would act if someone was being abused here, but that wouldn't happen here". Two recent safeguarding issues, which had been notified to the Commission, had been dealt with appropriately.

We examined the provider's incident and accident records. There had been 94 accidents or incidents in the previous 12 months. We looked at 20 of the most recent records and noted action was taken in most cases to minimise the chance of a re-occurrence. There was one incident which had been dealt with satisfactorily by the provider, but had not been reported to the local authority safeguarding team or notified to the Care Quality Commission. All accident and incident records contained a clear description of the event and indicated whether it should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Risks to people and the home were managed so that people were protected. People told us that the response from staff when they used their call bells to summon help was reasonably quick. People's risks had been identified and risk assessments were recorded in people's care plans. Information and guidance for staff on how to support people safely covered a range of areas such as falls, continence, accessing the gardens and risk of malnourishment. Risks were assessed in a person-centred way and records included information under headings such as, 'What you need to know', 'Areas of high risk for me' and 'What you must do to keep me safe'. Foreseeable risks had been assessed and evaluated and were reviewed monthly. In addition, people had Personal Emergency Evacuation Plans (PEEPs) in place, should these be required in the event of an emergency. People's risks were also discussed by staff at their supervision meetings.

We asked staff about their understanding of risk management and keeping people safe, whilst not restricting their freedom. One staff member said, "Some of the people living here have dementia, but that doesn't mean they can't do anything". Another staff member told us, "Keeping people safe is important, but it's not everything".

Premises and equipment were managed to keep people safe. A relative told us, "This place is brilliant, we never experience any odours". Another relative said, "The home is very clean, they are always cleaning and the cleaners do her room every day". Communal areas, bedrooms and bathrooms were clean and we observed housekeeping staff cleaning around the home on the day of inspection. People were able to move freely around the home, although access through the front door was restricted by the use of a coded keypad. A relative referred to their family member and said, "She is free and can move around on her own". Another relative told us, "You can take her out at any time and if she wants to stay in bed, she is able to". Window restrictors were in place around the home to prevent people from opening the windows and climbing out. Access to the garden was through the dining room and conservatory and was secure. Monthly checks of water temperatures were carried out and the risk of Legionella bacteria entering the water supply was assessed and controlled.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. A relative told us, "There is no major turnover of staff" and, "There are enough staff on duty usually". One person said, "There are enough staff about and I get help quite quickly". We asked staff about staffing levels at the home. One member of staff said, "There aren't enough staff. Sometimes we only have three staff on in the afternoons for 19 residents". Another staff member told us, "It's difficult as it varies a lot, but I think we should have more staff". A third staff member said, "We do a lot of extra shifts and there are agency staff. It's okay most of the time". We observed a handover meeting between shifts and detailed information was shared with staff coming on to shift about people, their moods and any issues relating to their care and support needs.

We looked at the staff duty rota for the four week period from 19 February 2016 onwards. Staffing levels were consistent across the time examined, with one senior care staff and four care staff during the day, in addition to the registered manager and deputy manager during the week. There were two care staff on duty at night, with a third staff member 'on call'. Domestic and maintenance staff were also on duty during the daytime. The provider made extensive use of both existing staff and agency staff to cover vacant shifts. For example, in the week commencing 19 February, nine shifts were covered by agency staff. In the week commencing 6 March, a total of 22 shifts were covered by existing staff working extra hours. We asked how safe staffing levels were established by the provider. The provider did not use a formal dependency took to assess the care needs of people living at the home. The registered manager told us there were plans to recruit additional staff in the near future to reduce the number of shifts covered by permanent staff and to cut down on the high use of agency staff.

Safe recruitment practices were in place. Appropriate checks were undertaken before staff commenced employment. Staff files showed that criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This ensured that staff were of suitable character to work in the care profession. Staff files also contained copies of other relevant documentation including character references, interview notes and copies of identification documentation, such as passports.

People's medicines were managed so they received them safely. One person told us, "If I had a headache, they would give me tablets" and a relative said, "They give her paracetamol for her knees and medication as she needs it". We spoke with a senior staff member about medicines management. We asked how medicines were acquired, administered and disposed of and examined the Medication Administration Records (MAR) for 10 people. We observed the dispensing of medicines and looked at the provider's medication management policy. We asked if staff received regular training or updates and staff told us that regular training in medicines management was provided; records confirmed this. Staff underwent a process of regularly having their competency checked to administer medicines.

The administration of medicines followed guidance from the Royal Pharmaceutical Society. Medicines

trollies were locked when left unattended. Staff did not sign MAR charts until medicines had been taken by each person and there were no recording gaps in the MAR charts. MAR charts contained relevant information about the administration of certain drugs and each person taking medicines on an 'as needed' basis (PRN), had an individual protocol held with their MAR charts. This described the reason for the use of the particular medicine, the maximum dose, minimum time between doses and possible side effects. Staff were knowledgeable about the medicines they were administering.

All medicines were delivered and disposed of by an external company and this was managed safely and effectively. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Medicines were stored in a lockable room. Medicines requiring refrigeration were stored in a fridge dedicated for the purpose. The temperature of the fridge and the room in which it was housed was monitored daily to ensure the safety and efficacy of medicines. No-one at the home self-medicated or were given their medicines covertly.

Requires Improvement

Is the service effective?

Our findings

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. We asked staff about issues of consent and their understanding of the MCA. None of the staff we spoke with had undertaken recent specific training in this area. They did not have a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. No staff could tell us the implications of DoLS for the people they were supporting. Only one staff member had completed recent training in the MCA, despite the fact that all people living at the home had a diagnosis of dementia and had issues with mental capacity.

The above evidence shows that staff who obtained the consent of people who used the service were not familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about this and were told future training on this subject would be organised for all staff. The registered manager had a good understanding of the MCA and DoLS and had applied for DoLS authorisations to the local authority as required. Where necessary, decisions were made in people's best interests, for example, an Independent Mental Capacity Advocate (IMCA) had been involved in a decision relating to a medical procedure being carried out for one person.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Comments from relatives included, "The staff are very skilled at what they do. They keep me informed about my wife" and, "The staff are well trained, I'm generally satisfied. They frequently consult me about her care or call me at home". All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics, which the provider had introduced. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Two senior staff were training as assessors for the Care Certificate and monitored progress of new staff in their learning. We spoke with staff about their experiences of induction following the commencement of employment. One staff member told us, "It was fine. I learned quote a lot".

We spoke with staff about the training opportunities on offer. One staff member said, "There's plenty on offer". Another staff member told us, "Yes, I've done my mandatory training and some other stuff too". Staff

had access to the local authority's Learning Development Gateway for on-line learning. The 2015 training matrix provided details of training that staff had completed and any required updates to training. Subjects on offer were relevant to the care needs of people at the home and included: Infection control, health and safety, moving and handling, fire awareness, safeguarding vulnerable adults, first aid and food hygiene. Other training undertaken by staff included: Dementia awareness, diabetes awareness, learning disabilities and dementia and continence management.

We asked how staff were formally supervised and appraised by the provider. Most of the staff we spoke with had not received recent, formal supervision or a yearly appraisal. One staff member said, "I've been here eighteen months and only had supervision twice. I had to ask for that". Another staff member told us, "No, I haven't had supervision recently, but the manager is very approachable". We discussed the frequency of staff supervisions with the registered manager, as the provider's supervision policy stated that staff should have supervision meetings every six weeks. The registered manager agreed that staff had not always received supervision in line with the policy in the past year. We looked at the 2016 supervision planner. Supervision sessions and yearly staff appraisals for all staff had been planned, in line with the provider's policy.

We looked at the minutes of the last two staff team meetings which were for both senior care staff and general staff meetings. Staff were able to discuss matters of importance to them and the people they were looking after, however, the meetings were not well attended. Staff who did not attend read the minutes afterwards and signed a book when this was done. The staff that did attend complained of low morale and felt they were expected to cover vacant shifts. The minutes did not contain a review of the minutes of previous meetings or action plans for the current ones. This meant it was not possible to ascertain whether issues raised previously had been resolved.

People were supported to have sufficient to eat, drink and maintain a balanced diet. We observed that a choice of drinks was available for people throughout the day, with snacks, such as biscuits, cake or fruit. People and relatives told us the catering was good at New Tyne. One person said, "The food is very good and if there is something I didn't like, you could have something else". A relative told us, "She likes most of the food and they don't force her to eat". Another relative said, "The food is excellent; she enjoys the food. They help them at mealtimes". A third relative told us, "The food is generally good. They do special meals on resident's birthdays. They would do something different if she didn't like the meal".

We observed people at lunchtime in the dining room. People chose what they wanted to eat when they were sat at the table and there was always an alternative choice on offer, usually vegetarian. For people living with dementia, choosing what they wanted to eat hours before a meal might mean they had forgotten their choice by the time their meal was served. The cook was working on introducing picture cards, which showed the various meals on offer in a visually accessible way. Some relatives had joined their family member for lunch as an Easter party had been organised for the afternoon. People and visitors were served by several staff who wore protective aprons. The lunchtime meal comprised two courses – jacket potatoes with a choice of filling with salad followed by a dessert. Other food choices were also available. The main course looked appetising and people appeared to enjoy the food on offer.

We spoke with the cook who told us that menus were offered on a three weekly rotation and these were planned with people and their relatives. Menus offered a variety of food choices and the cook said that meat pies, stews and roasts were people's favourites. He added that he tried to ensure that people had a healthy diet and tried to include '5 a day' of vegetables and fruit. Breakfasts consisted usually of a choice of cereals and toast and there was also an option for people to have a cooked breakfast twice a week. Special diets were catered for, including diabetic and high calorie diets. Some people preferred to eat 'finger foods',

rather than use cutlery. A list of people's food likes and dislikes was on display in the kitchen.

People's care plans included information about their dietary needs. For example, one care plan stated, '[Named person] has a lip plate, finger foods and needs a high calorie diet. On Fresubin – high calorie - prescribed'. People's weight was also monitored regularly and monthly nutritional risk assessments were in place. Where one person had lost weight, the advice of their GP had been sought, who had advised that their high calorie food supplement should be increased to being given twice a day. Some weight charts for people had been recorded using metric weights (kilos) whilst other records were written in Imperial measures (stones and pounds). We discussed this with the registered manager as recording weight for people using two different systems concurrently could lead to confusion and might make monitoring difficult in terms of assessing whether people had lost or gained weight. Where one person had been assessed as being obese, smaller portions had been advised by their GP. The care plan advised staff, 'Try and withhold second helpings'. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Tool, a tool designed specifically for this purpose.

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support. We were told that access to healthcare provision was organised by staff. The GP visited weekly and could be called to see people at another time if they were unwell. A relative told us, "They keep me informed if they have to call the doctor. Another relative said, "They are excellent at getting her to see the doctor quickly". One person told us, "If you want the nurse or the doctor, you can see them anytime. When I go to the hospital, someone goes with me". People had access to their GP, community nurse, chiropodist and optician and care records confirmed this.

People's individual needs were met by the adaptation, design and decoration of the home and colours had been used to good effect, for example, a different colour for the bathroom door for easy identification. People could choose the colour they wanted when their room was redecorated. We observed a volunteer decorating one person's room on the day of our inspection. The registered manager told us that one person had always forgotten to put their bedroom light on when they went into their room. This was a possible risk at night-time, so a light sensor had been fitted which meant the light automatically switched on when a person entered the room. We visited this person's room and saw this was the case. Accessible gardens were available for people to enjoy and funding to revamp the gardens was being raised through a series of events, such as raffles. In the Provider Information Return (PIR), the registered manager stated, 'Continue with redecoration and refurbishment programme and upgrading or replacing furniture and fittings across site as required throughout the year'.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People and their relatives we spoke with all felt the care delivered was very good and that staff were friendly, kind, caring and respectful; we observed this on the day of inspection. When people asked for help, they were responded to by staff within reasonable time. A relative told us, "Most of the staff are very pleasant and patient with them all. The degree of patience here is very good". Another relative said, "The staff are helpful and experienced; they are also very patient with residents". A third relative said, "The care here is absolutely excellent. All the staff are lovely and people are not left unattended". A fourth relative said, "The staff are extremely good. You can ask them for anything and we are treated like a family".

We observed care in communal areas throughout the day. The care was safe and appropriate, with adequate numbers of staff present. We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting people. Staff had enough skills and experience to manage situations as they arose and care given was of a consistently high standard. For example, at lunchtime, we observed that people who required assistance with food and drink were attended to by staff. Staff were kind and attentive and treated people with dignity and respect.

Where possible, people were involved in expressing their views and were actively involved in making decisions about their care. There was a high level of engagement and people, where possible, were empowered to express their needs and receive appropriate care. One relative confirmed they were involved in reviewing their mother's care plan and were invited to annual reviews. They also told us that their mother could make day-to-day decisions. Another relative said, "They let me know how much she has had to eat and involve me in medical matters with the doctor". A third relative told us, "We don't get involved in her care plan, but they will tell us everything about her care". Separate annual reviews were held with social care professionals who reviewed people's care. The registered manager told us that they planned to organise regular review meetings with all people and their families in the future. In the Provider Information Return (PIR), it stated, 'We plan to introduce annual reviews for all customers over the next year. Individuals, their families, carers and other relevant people will be invited and this will provide another opportunity to examine how effective our service is'.

People were treated with dignity and respect. One person told us, "They are very private with you in your room". A relative said, "They treat them all with respect" and another relative said, "They are very respectful when dealing with her in her room". We asked staff how people's dignity was maintained. One staff member told us, "Yes, we always knock before we go in people's rooms". Our observations on the day of inspection confirmed this. Another staff member said, "We know this is their home. We try to treat people with respect all the time".

The registered manager had plans to enhance the skills of staff in how they cared for people. In the Provider Information Return (PIR), the registered manager had identified an improvement as, 'Develop a 'Championing' initiative for various areas of our work, including 'Care Champions'. These workers will maintain a particular focus on the caring aspect of our work and help the team to further develop their

caring skills and knowledge'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative, referring to their mother, told us, "She loves it here. She broke her hip and had to move to a nursing home. Everyone was good to her here. They got her walking again. They keep her absolutely spotless". Another relative said, "They are very attentive to her health issues. They know her likes and dislikes", adding, "They know her very well and I was delighted when she was able to come here".

We asked staff what they understood by the term 'person-centred care'. One staff member told us, "It's putting people at the centre of things. We work around them". Another staff member said, "I can give you an example. We have a lady with dementia here who has a doll she thinks is her grandchild. Rather than upset her by telling her it isn't, we care for the doll as if it is her grandchild. This gives her comfort and makes her happy".

Care plans provided comprehensive information about people in a person-centred way. Each person had a 'one page profile' which recorded, 'What's important to me', 'What people like and admire about me' and 'How to support me'. For example, one care plan stated, 'Likes having a newspaper, crossword puzzles and looking at photos'. Care plans provided information on people's backgrounds, skills and interests, critical care and support needs. For example, one care record provided advice and guidance to staff about the person's cognitive ability. It stated the person could feed themselves and drink from a cup and that they would join in with activities if encouraged, but they found it difficult to wash and bathe independently. The record included, 'How you can help me to do the things I can still do and support me with the things I find difficult'. Daily records completed by staff included information about people's personal care and continence, food and fluid intake, emotions, family contacts, activities, medicines and contact with health care professionals.

On the day of our inspection, an Easter party was in progress. People were wearing Easter hats which they had helped to decorate and a raffle had been organised. A singer entertained people with songs from the 40s, 50s and 60s. A programme showed the activities that were organised for each day of the week and plans for future activities were advertised. In the Provider Information Return (PIR), the registered manager identified one area for improvement and stated, 'Implementation of the role of Activity Co-ordinator and recruitment of volunteers and drivers to provide extra support and regular outings into the community'. Some relatives felt that there were not enough activities organised for people, but the majority were happy with the activities on offer. One relative said, "There is always something going on and they seem to do things on special days". Another relative told us, "There is always something being organised for residents. The garden is well used in the summer and they do what they can to keep people entertained". However, another relative stated, "Sometimes there could be more entertainment". A member of staff said, "We try to do things on an 'ad hoc' basis, even if only for 15 minutes or so". Outings into the community were arranged when a driver was available and trips to Sea Lane café, Swanbourne Lake and Brooklands had been enjoyed by people.

People were encouraged and supported to develop and maintain relationships with people that mattered

to them. One person said, "My visitors can come at any time". A relative told us, "The staff are very friendly towards visitors. We can visit at any time". Another relative had written, 'As a family, we were all made to feel so welcome when we visited and we are grateful for that'.

People's concerns and complaints were encouraged, explored and responded to promptly. Some people living with dementia found it difficult to communicate in a meaningful way and a professional qualified in dementia visited three times a week to talk with people individually. If people had any issues they wanted to raise or any concerns or complaints, these were discussed, recorded and brought to the registered manager to be addressed. Three complaints had been received within the last year. Action had been taken appropriately and the complaints dealt with to the satisfaction of all concerned. The provider had copies of West Sussex County Council's leaflet on how to raise a complaint available to people in the reception area of the home. One person told us, "I've never complained. They would listen if I had a complaint". A relative told us, "Relatives feel part of what goes on at the home and I've never needed to complain; they come to me with any issues".

Good

Is the service well-led?

Our findings

People and their relatives were very complimentary about the registered manager and management of the home in general; they told us the registered manager and staff were approachable. Relatives told us they were asked to complete questionnaires which gave them the opportunity to feedback their views about the home. A survey had been completed in December 2015 and 12 responses received. Relatives were asked to comment on the catering, the support provided to their family member, the environment and whether they considered the home to be well managed. Positive feedback had been received overall. A relative told us, "It's an open style of management, they listen". Another relative said, "I deal with the deputy manager. They are very friendly and you can go to them with any issue". Relatives' meetings were held regularly and on the first Wednesday of every month, carers and relatives met together to provide peer support and discuss matters of importance to them. Sometimes health professionals would come along and provide information, advice and guidance on specific topics. A relative told us, "As carers we share our experiences together. We had a meeting about filling out information if she needs to go to hospital". Another relative said, "I attend the carers' meetings. The support between carers is a good meeting. I look forward to it".

An area for improvement within the Provider Information Return (PIR) was identified: 'Try to develop management/resident contact across the year to involve residents more closely in issues relating to service and organisation. This may be achieved in part during regular resident group meetings. Encourage more opportunity for management/family/carer engagement – inviting stakeholders to social functions and utilise these to engage on service provision topics'.

Good leadership and management was visible at all levels. One person told us, "You'll not get a better place. I'm completely satisfied here and I would recommend it to anybody". They added, "This place is well managed, I can't complain". A relative told us, "The management here is absolutely excellent". Another relative said, "This home is lovely. She is happy here and I'm happy she's here. They just seem to work as a team".

A staff member said, "The manager and deputy get out of the office and engage with residents". Staff confirmed the registered manager operated an 'open door' policy and they felt able to share any concerns they may have in confidence. One staff member said, "I've been working here for about 10 years and this is a very good employer". Another staff member said, "I've been working here for about eight years. There are a lot of older, permanent staff, that must say something. I think this is a happy home".

Staff were asked their opinions on their experiences of working at the home. These were sought via completed satisfaction questionnaires on a yearly basis. Eighteen out of a possible 46 had been returned. Common themes identified by the survey were poor staff morale and motivation. Some staff felt there was no clear vision for the service. Other staff felt undervalued and several staff mentioned ongoing conflict between staff members. The registered manager was aware of the fact that staff sometimes felt obligated to work long hours and additional staff were to be recruited. They said, "When the chips are down, we pull together. You've always got smiles on your face". In addition, staff were involved in contributing to planning the future strategy of the home. In the PIR, the registered manager stated, 'To introduce a measurable

Service Development Plan for 2016/17, this includes relevant input from stakeholders. We are working with the organisational development team to design a simple pulse survey that will ask key questions to key stakeholders about our performance and how we can improve'.

When asked about the culture at New Tyne, the registered manager felt it was, "Home from home. This is where they feel comfortable and relaxed; it's a welcoming place. Staff are loving and caring. We try to be less institutionalised and respect people as individuals". They added, "The atmosphere is welcoming and relaxed". We asked staff about the vision and values of the home. One staff member said, "We try to keep people comfortable and safe". Another staff member told us, "I think we try to give people a good life".

A system was in place to measure the quality of the care delivered and drive continuous improvement. The last comprehensive audit had been undertaken by health and safety staff employed by the local authority. The results overall were rated as 'Excellent'. Where actions had been identified, a plan was in place to ensure steps had been taken to address any issues. The audit measured the management of areas such as: health and safety, catering and nutrition, risk assessments and staff training, first aid, infection control, clinical waste, medicines, reporting of accidents and incidents, moving and handling, staff health and wellbeing, fire safety and premises management.

Letters from relatives on file confirmed their satisfaction with the quality of care delivered. One relative commented, 'Thank you for the excellent care given to my mother at New Tyne. Your cheerful and friendly staff made the new experience for my mother very easy and comfortable for her. I have to say that the atmosphere is more akin to a guest house or holiday home, rather than a care home, which made it very relaxing'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: Staff had not received appropriate training to enable them to fulfil the requirements of the role. Regulation 18(2)(a)