Asa Care Limited

Camowen

Inspection report

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15 July 2016

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 and 15 July 2016 and was unannounced.

Camowen is a care home situated close to the town centre of Worthing and is registered to provide accommodation and care for up to 20 older people with a variety of healthcare needs. At the time of our inspection, 20 people were living at the home. Camowen is a large detached older-style property surrounded by accessible and well-tended gardens. All rooms have en-suite facilities comprising a washbasin and toilet, except for one room which accommodates a person cared for in bed. All rooms are of single occupancy. Communal areas include a main lounge in the conservatory, dining room and two small lounges, one upstairs and one downstairs.

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.

The service was well led by a registered manager who was highly respected by, and supportive of, all the staff at Camowen. Their pro-active and enthusiastic approach and leadership skills had resulted in a well-managed home that delivered high quality, effective care. People, relatives and staff all spoke highly of the home and the service provided. People were asked for their feedback and all responses rated the home as either outstanding or good. A range of audits continually monitored and reviewed the care provided and the service was committed to delivering improvements. People and staff felt they were listened to and that their comments would be taken seriously and acted upon. Feedback obtained by the home and posted on various websites consistently described the service in glowing terms.

People told us they felt safe living at the home and staff had been trained to recognise the signs of potential abuse, knowing what action to take if they suspected abuse was taking place. People's risks were identified, assessed and managed appropriately. Accidents and incidents were acted upon promptly, reported appropriately and care plans reviewed as needed. Staffing levels had been assessed based on people's care and support needs and there were sufficient numbers of staff on duty. New staff were recruited following a robust process and checks undertaken to ensure their suitability to work in care. People's medicines were managed so they received them safely. The home was clean, tidy and free from offensive odours.

New staff studied for the Care Certificate, a universally recognised vocational qualification. Training was provided on a rolling programme and staff had completed and updated training in a range of essential areas. Staff were encouraged to study for additional qualifications or undertake further training. Staff received regular supervision meetings with their managers and annual appraisals had been completed. Mini training sessions were organised at team meetings to update staff knowledge and skills. People had sufficient to eat and drink and were encouraged to maintain a healthy diet. They had day-to-day choices from home cooked food and special diets were catered for. People had access to a range of healthcare

professionals and support.

People were looked after by kind and caring staff who were dedicated to their work; some staff supported people at the home even when they were not due to come into work. People were involved in all aspects of their care and supported to express their views. They were treated with dignity and respect and had the privacy they needed.

Care plans provided comprehensive, detailed information about people to staff and how they wished to be cared for. Information was personalised and captured people's likes, dislikes and preferences, as well as their day-to-day care needs. A range of activities was available to people twice a day and other activities were planned in advance. People told us they enjoyed the activities on offer and were encouraged to participate in activities that were of interest to them. Complaints were managed in line with the provider's policy, but no formal complaints had been received within the last year.

Generally, the premises were managed safely. However, the downstairs bathroom had not been well maintained, as the bath was chipped and scraped, revealing the metal beneath. The bath panel was cracked and broken in places and there was cracked floor tiling by the door. A rim of grime was present around the base of the fixed bath hoist and the underside of the bathseat had not been cleaned effectively. Within days of our inspection, the registered manager and provider had obtained estimates for refurbishment of the bathroom and work was expected to be completed by the end of July 2016.

Whilst people's consent to their care and treatment on a day-to-day basis was obtained in line with legislation under the Mental Capacity Act 2005 (MCA), staff had a limited understanding of the requirements of this legislation. Following the inspection, the registered manager took steps to update the staff's knowledge in this area by compiling a quiz.

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, with the exception of the condition of the downstairs bathroom which required repair and refurbishment. Arrangements were made to complete all necessary work by the end of July. The home overall was clean, tidy and free from offensive odours.

People felt safe and staff were trained to recognise the signs of potential abuse, knowing how to manage this. People's risks were identified, assessed and managed safely.

Staffing levels were sufficient to meet people's needs safely. New staff were recruited once all necessary checks as to their suitability had been completed.

People's medicines were managed so they received them safely.

Is the service effective?

Good

The service overall was effective, although staff had a limited understanding of the requirements under the Mental Capacity Act 2005 (MCA). However, they sought people's consent with regard to day-to-day decision making.

New staff completed the Care Certificate and a rolling training programme ensured that staff were equipped to undertake their job roles effectively. Staff had regular supervision meetings and annual appraisals.

People were supported to have sufficient to eat and drink and had access to a range of healthcare professionals and services as needed.

Is the service caring?

Good

The service was caring.

People were looked after and supported by warm, kind and caring staff. People spoke highly of the staff at Camowen and felt they were involved in all aspects of their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that reflected their needs and preferences. A range of activities were available to people on a twice daily basis and other events were planned for the future.

Complaints were managed in line with the provider's policy. No formal complaints had been received within the last year.

Is the service well-led?

Good

The service was well led.

The home demonstrated and delivered a high quality of care, a commitment to drive continuous improvement and a good service overall. The registered manager and her staff were committed to ensuring that people led meaningful lives.

Where issues had been raised at inspection, the registered manager had dealt with these promptly, showing a pro-active and 'can do' attitude. People, their relatives and staff spoke highly of the registered manager and the happy, homely atmosphere at Camowen.

Camowen

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 12 and 15 July 2016 and was unannounced.

One inspector 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 four care records, four 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 five people living at the service and spoke with one relative. 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 care co-ordinator, three care staff and the cook.

The service was last inspected on 27 January 2014 and there were no concerns.

Good

Is the service safe?

Our findings

Fittings in the downstairs bathroom had not been maintained appropriately and the bath had chips and scrapes at the bottom and to the side which were deep enough to reveal the surface beneath, which was black and uneven. The bath panel affixed to the side of the bath was broken or cracked in places and we observed a couple of cracked floor tiles by the bathroom door. Cracked or broken surfaces would have been difficult to keep clean and, as well as being unsightly, were a potential risk to people's safety. We observed a rim of grime around the base of the fixed bath hoist and the underside of the bath seat had not been cleaned effectively.

We discussed the above with the registered manager at inspection. On the second day of our inspection, the registered manager confirmed that the provider had made arrangements for necessary work to be carried out to correct the defects identified at inspection. On 20 July 2016, we received an email from the registered manager to confirm that work would commence on 21 July and all necessary refurbishment was scheduled to be completed by the end of July 2016.

People confirmed that they felt safe living at the home. A relative told us, "I come in most days of the week and I feel my mother is safe and in the right place. She is safe in every way". People were protected from abuse and harm by staff who had been appropriately trained to recognise the signs of potential abuse. One member of care staff talked about safeguarding and said, "To ensure they're safe. We never give information over the phone unless we know the person". Referring to action they would take if they suspected abuse, they said, "I would speak to them or other staff" and they would notify the person's family, the Commission and, if necessary, the police. They went on to name different types of abuse such as financial, physical, neglect or mental abuse. Another member of staff confirmed they had received safeguarding training and talked about their understanding, saying, "A lot of it's body language and the way they react to us. Sometimes people can withdraw. We know our residents quite well".

Risks to people were identified, assessed and managed appropriately. One person said, "I like this place so much, though living in my own home was always the best. Although I walk with the help of this frame, they make sure that I use it correctly, they make sure I'm safe". Another person referred to a fall they had sustained last year, resulting in a fracture and the prompt action taken by staff in calling the paramedics. A third person said, "The girls respect my independence, but they also keep an eye on me to make sure that I don't have any accidents. They allow me to do anything as long as they feel happy I can try to do them safely. They treat me with great respect and they are always kind to me. I wouldn't worry about anything when I am with them". Risk assessments within people's care plans provided information to staff on potential risks and guidance on how to mitigate the risks. Risk assessments for people had been completed in a range of areas such as pressure areas, using Waterlow, a tool specially designed for the purpose, and the risk of malnourishment, using the Malnutrition Universal Screening Tool (MUST). People's risks of falls and their moving and handling requirements were also assessed. Because of the hot weather, free-standing fans were in use to moderate the temperature in some people's bedrooms. Notices on their doors alerted staff and other visitors to this effect and stated, 'Please be aware that there is a free-standing fan in this room. Please be aware of any leads/wires'.

Accidents and incidents were dealt with and managed promptly and recorded in an accident book. Any issues or concerns were discussed at the handover meeting when staff changed shifts. Where required, risk assessments were reviewed and updated as needed.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "I feel that the staffing level is sufficient and the staff know what they are doing. They are friendly and loving people". Another person told us, "Perhaps they could do with a little more staff, but those that are on duty are always friendly and hard-working. I know that they cannot spend a lot of time on just me as there are others to be seen I suppose". We observed one person wanted to go back to their room, but was unable to stand independently. They waited a little while before a member of staff came to their aid and were happy when they were given the assistance they needed. Staffing levels were assessed based on people's needs and dependency assessments had been completed for each person. Staff felt that there were sufficient numbers on duty and one member of staff said, "We all muck in together." The registered manager told us there was no need to use agency staff as any gaps in shifts were filled by existing staff working flexibly. Staffing rotas confirmed that at least three care staff were on duty during the day and two waking staff at night. In addition, the care co-ordinator and registered manager were also available to provide support if needed. On the first day of our inspection, the registered manager was interviewing potential new staff to fill existing staff vacancies. We asked staff whether they had time to sit and chat with people. One member of staff said, "Sometimes not, but nine times out of ten we do. Mornings are pretty busy and afternoons are better".

Safe recruitment practices were in place. Staff files showed that, before new staff commenced employment, they were verified on their suitability to work in care. Two references were obtained and checks with the Disclosure and Barring Service (DBS) were completed. In the Provider Information Return (PIR), the registered manager stated, 'We will be looking to make our interview process more robust by giving potential candidates the opportunity to work alongside our staffing team to assess their suitability prior to induction'.

People's medicines were managed so they received them safely. One person felt their medicines were kept safely by staff and explain their medicines had been reviewed recently by a GP. Another person said, "I get my medication regularly and when I need it. Everything is done here on time". A third person told us, "I get my medication regularly when I am going to sleep. They have never missed a day". We observed staff administering medicines to people during the lunchtime meal. The staff member wore a tabard to indicate they should not be disturbed whilst administering medicines. Medicines, in the main, were dispensed from a monitored dosage system with tablets from blister packs and liquid medicines measured into individual dosages for people. We observed people were asked if they would like any additional medicines as needed, for example, paracetamol for any pain. One person said, "Though I'm 95, I don't need any medication and have never needed any apart from the tablet that they give me at night. They ask me if I need any before they give it to me". Where people had difficulty in expressing whether they were experiencing pain, the Abbey Pain Scale was used. This Scale uses drawings of facial expressions which people can point to, as an assessment of pain.

The home was clean, tidy and free from offensive odours. The day care supervisor checked people's rooms daily after they had got up in the morning. One person said, "The home is very clean. They clean my room every day and I like that". Another person told us, "I like my room. I hardly go out of my room really. Everything is done here including washing. My room is kept clean at all times and the bedding's changed".

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One person said, "I am happy with the staff here; they know what they are doing in helping me in everything I need. I am quite happy with things here really". Another person told us, "Yes, they must be well trained, wouldn't they? Or else how would they manage to look after us old people with our grumpiness this well! I think they are and I have nothing to complain about. What matters really is that we are being looked after very well here".

New staff completed the Care Certificate qualification, covering 15 standards of health and social care topics. 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. Existing staff were encouraged and supported to achieve additional qualifications, for example, a National Vocational Qualification (NVQ) in Health and Social Care. The cook explained they were being supported to study for an NVQ in catering. The training plan showed that staff had completed all essential training in areas such as fire safety, health and safety, moving and handling, first aid, infection control, safeguarding, mental capacity and medication. Some staff had also completed additional training in end of life care, care planning and records and learning disability awareness.

Staff told us that their training needs were discussed at their supervision meetings which were held at least every three months and records confirmed this. One member of staff said, "[Named registered manager] does supervision. She asks how we're feeling, have we had enough training, whether we're happy with our hours. We talk about family life too". Staff also received annual appraisals and we looked at records of staff supervision meetings and appraisals. In addition to regular training and annual updates on training where needed, the registered manager also delivered mini training sessions at team meetings. A member of staff explained, "[Named registered manager] does little sessions throughout the year on things like temperatures, Modified Early Warning System (MEWS – a tool to monitor and intervene promptly where clinical help is required) and urine testing". They added that they always tried to take advantage of any additional training that was offered and said, "It's finding the time to do it. I find training gives me confidence to do my job". The registered manager had developed staff competency assessments on mental capacity, mental health and dementia. These assessments enabled staff to demonstrate their understanding on certain topics was current and up-to-date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An application for DoLS for one person had been

submitted to the local authority, on the advice of their social worker. However, no-one living at the home was currently subject to DoLS and the front door was secured by a key coded pad, the numbers of which were on display next to the pad. In practice, people chose not to leave the home independently.

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. Staff had received training on MCA and DoLS and had limited understanding of their responsibilities under this legislation. One member of staff, when asked about their understanding of the MCA, said, "If they can decide for themselves" and talked about people's capacity to make day-to-day decisions. They commented, "It's about 50:50 where people can make decisions independently". Another member of staff said, "Making sure that somebody understands what you're asking them to do. Make sure they can make decisions for themselves". A third member of staff thought the MCA was about, "Just letting them choose and make their own decisions". When asked about their understanding of best interest meetings, one staff member appeared to lack understanding of this topic. We discussed these issues with the registered manager. On the second day of our inspection, they showed us a quiz they had compiled, which all relevant staff would be required to complete, to update and consolidate their understanding of MCA and DoLS.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People's nutritional needs were identified, monitored and managed safely. Special diets were catered for, such as for people living with diabetes or people who required a high calorie intake to promote weight gain. Where needed, food and fluid monitoring charts were completed where people were underweight and required close monitoring. We talked with the cook who knew all the residents well, their dietary needs and food likes and dislikes. Menus were planned over a four weekly cycle and the menu for the day was posted up on the dining room door. Meals were also illustrated in picture form to aid understanding. The cook was keen to provide people with food that was appealing and a cooked breakfast was also on offer. At a recent 'Ice-Cream Day', the cook had made a giant ice-cream cone cake. Morning biscuits were freshly baked and enjoyed by people.

We observed people eating their lunchtime meal in the dining room. The dining room was tastefully decorated and tables were attractively laid with tablecloths, flowers, condiments and serviettes were placed in wine glasses. We asked people for their views about the food on offer. One person said, "The food is very good". Another person said, "Here they 'kill' us with food! There is plenty of it and it is excellent. The girls are always talking to me. My choices for example on what I want to eat or drink are always respected". A third person told us, "They know that I like my food and plenty of it. Really I have nothing to complain about. They give us good variety: breakfast, lunch, supper, hot drinks, cold drinks – all kinds are available". We saw that people were offered a glass of sherry or other alcoholic or soft beverage with their lunch. People could choose whether to have their meals in the dining room or in the privacy of their bedroom.

People were supported to maintain good health and had access to a range of healthcare professionals and services. One person said, "I get to see a doctor as and when, though I haven't seen the need to see one for a very long time". A second person told us, "You will get to see a doctor if you need one. There is even a doctor who comes in here to check on us routinely. I don't think I could do without the kind of care and help I am getting here. They ask you every morning if you are feeling well and if you are not, they call the doctor or give you something to keep you comfortable. But most times I have only taken my usual tablets in the morning, lunchtime and when I go to bed". A relative spoke positively about the help received by their family member recently. They said, "My mother had a turn for the worse recently. I thought I was going to lose her but thankfully she came back to life. The staff here were so good. They made sure she received the best of care from the doctors and I was kept informed all the time. The girls are so competent in what they do". Care records documented the involvement of health professionals such as GPs, district nurses,

chiropodist, optician or dentist.

People's rooms were attractively decorated and they were encouraged to bring their own furniture when they moved to the home. The registered manager said that, if possible, rooms were redecorated and refurbished before people moved into the home and said that, at the very least, new bedding would be purchased.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Everyone we spoke with were complimentary about the staff and commented on their friendly, compassionate and warm approach. One person said, "The staff here are so caring and they listen to me and my concerns as much as possible. Of course I know that they have other things to do, but they make every effort to attend to me". They added, "They look after us and talk to us about anything. Yes we have a laugh and lots of fun". Another person told us, "I can do most things for myself, but because of my disability I cannot do much on my own, but the staff are so helpful. They always ask me if I need anything done or help with anything". A third person said, "The girls here are all good and kind. The only trouble is that I don't remember all their names – I'm getting old!"

We observed staff caring and supporting people throughout the time of our inspection. It was clear that staff knew people well and genuine, reciprocal relationships were evident. Staff enjoyed the work they were doing and demonstrated a lively sense of humour and enthusiasm. We were told that one member of staff went round the home singing all day and that residents enjoyed hearing her. The registered manager referred to the equality of the relationships between people and staff; there was no 'them' and 'us'. They said, "I'd like to think we're a good team that care". A member of care staff said, "I'm quite chatty. I try to 'click' [with people]. I find it easy to communicate". Another staff member told us, "The atmosphere's good. The residents are lovely. It's like a second home to me really". The home had a warm, friendly atmosphere with a homely, comfortable, family feel.

People could choose what time they wanted to get up and go to bed and whether they preferred male or female staff to support them. One person said, "I like my independence. I get up and go to bed whenever I want. I sometimes have my meals in my room and they respect that". We observed that people were treated in a sensitive and reassuring way by staff. One staff member explained, "Some people can become agitated with personal care. We chat to people and reassure them. Sometimes other staff can have more success, then we handover to other staff". There was an in-house 'shop' where people could purchase sweets, crisps or toiletries from a trolley that was brought round by staff. This was not a profit-making venture, but was convenient for people to use if they had been unable to go shopping. The registered manager said that sometimes when people were admitted to the home directly from hospital, they often came with no toiletries. Then staff would take what was needed from the 'shop' with no charge to the resident.

People were supported to express their views and to be actively involved in making decisions about their care and treatment. One person said, "They care and value my opinions, though they may not agree with what I have to say every time. I feel that I am involved in identifying my care needs and they respect what I have to say". Another person said, "My son and daughter are both involved in planning my care needs with the staff here. They meet up with staff regularly". We asked staff whether people were involved in planning their care and one staff member said, "We always involve people. We always explain, 'Do you want this or that done?' People can choose". In the Provider Information Return (PIR), the registered manager stated, 'A keyworker system is in place to ensure that our service users' needs are best met. This also ensures that continuity of care is provided and our service users can be understood and supported appropriately'. A

keyworker was allocated to each person and co-ordinated all aspects of their care; they were the first point of contact and also ensured that people had everything they needed in relation to their day-to-day needs.

People were treated with dignity and respect and had the privacy they needed. One person told us, "They do respect my feelings and my personal dignity is always respected. I am happy here and it seems all my friends here are happy too. They [referring to staff] sit and chat with us or play games with us. They are absolutely caring people". Another person referred to staff and said, "They are really good and kind people. They look after us very well and they respect our personal choices which of course is good. They treat us with dignity and respect all the time here". A relative commented, "I would say that all the staff here are very caring and kind people. They seem to like what they are doing. They treat the residents with dignity, respecting their personal choices. I guess that comes with training and good experience. I am confident that my mother is well looked after here and I have nothing to complain about really". We observed that staff were caring and sensitive to people's needs. We asked one staff member how they treated people with dignity and respect and they said, "The way you talk to them, the way you give care. Making sure things are done behind closed doors. Taking time to sit with people, knocking before entering [the room]".

In the PIR, the registered manager had identified an area for improvement and stated, 'We will appoint and train Dignity Champions within the service who will actively support staff to ensure our service users experience good health outcomes and quality of life'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Five people were cared for in bed and for two people, this was their choice rather than because of any medical condition that necessitated it. Care plans provided detailed and comprehensive information and guidance to staff about people's care needs, how they wished to be supported and their likes and dislikes. Care plans recorded information in a person-centred way and covered areas such as people's medicines, health, personal care, mobility, nutrition, orientation and understanding including capacity, families and friends, hobbies, interests and community involvement. People's spiritual needs were also identified. People's personal histories and life stories were also recorded, out of which the care plan was developed when people were admitted into the home. Important information about people that staff should particularly note had been highlighted with marker pens, so that staff could easily see and refer to any changes, for example, to people's care needs. Daily records were also completed for each person and included details of the care people had received, any appointments, food and fluid intake, weights and how they were feeling. Entries were made to daily records three times a day as staff changed shifts. Handover meetings were held between shifts each day. One of the care staff explained, "We discuss residents' changes, what they've been doing, any involvement of health professionals, dressings, whether they're well, whether they've eaten that day". The registered manager was in the process of reformatting care plans to enable information to be recorded directly on to a computer, rather than being consistently handwritten.

A range of activities was organised for people and two activities were available each day. People chose what they wanted to do activity wise on the day and the activities staff then organised it. One person said, "They do encourage me to take part in activities which I do occasionally. I like the card game, the ladies running it are lovely. We have a natter or two believe me". A relative told us, "I feel that my mother would have liked to get involved in activities, but she is limited by her state of health on a day-to-day basis. If anything, she can only do a little in her room as she does not go out much, but the staff always try to offer her something to get her involved". We observed people playing cards in the conservatory and they appeared to be enjoying the activity. Some political discussion and current affairs were also being talked about by people and what was happening nationally. After lunch, four people were involved in painting animal figures which had been made using special moulds. One person said, "This sort of thing helps me to use my hands actively and also engages my mind".

One of the activities co-ordinator told us that they always tried to introduce new games and activities to create some sort of variety for people. When people chose to stay in their rooms, there were plans to introduce one-to-one interactive games or activities that might suit them, but this was reliant on additional resources for staffing. Staff organised a range of indoor and outdoor activities for people. We saw a book containing the types of activities that had been organised and plans for activities in the future. Staff said they tried to involve every resident in at least one activity. Outings into the community had been organised in the past, but the registered manager told us that no-one had been particularly interested in these. Instead themed activities had been organised in the home, an 'Ice-cream day' recently and a Beach Day was planned on the second day of our inspection. Even staff who were not due to come into work, had come in especially to join in with beach activities, with sand, buckets and spades and even fish and chips eaten out

of newspaper! One person who rarely left their room had made a point of coming downstairs and appeared to be enjoying the event. The registered manager said, "We try and bring the outside in". People did go out to the shops and other local areas of interest, accompanied by staff. We were told that staff would often come in to the home in their free time to take people out. Seven or eight people would go out regularly with their relatives. We saw notices depicting future events that were planned including cookery/baking, flower arranging, a staff sports day, gardening and a residents' cream tea party. Some external entertainers came to the home and these were funded through monies raised internally, for example, if relatives or friends stayed for lunch, a donation for their meal was paid into a kitty to fund residents' activities. People had also decided to sponsor a donkey 'Teddy', through a rescue charity. A monthly newsletter provided information to people and their relatives on what was happening at the home.

Complaints were listened to and managed in line with people's expectations. One person said, "If there is anything I like or don't like, I talk to them [staff] directly – they know me, I have nothing to hide. At my age, there is no room to hide things". Another person said, "I cannot complaint about anything, but if there was anything, I know who and where to go to". No formal complaints had been received or recorded within the last year. The registered manager said that if people or their relatives had any concerns, these were dealt with promptly. The provider's complaints policy was on display in the hall of the home and showed that complaints would be responded to, investigated and completed within 28 days of receipt. The registered manager told us, "If there's something wrong, they tell me, or the girls come and tell me".

Good

Is the service well-led?

Our findings

People spoke highly of the service they received and felt the home was well managed, providing quality care and support. One person said, "They ask and value my opinion on the care that I get. My daughter who found this place for me is also well informed by the staff about my well-being. She has regular meetings with the staff here". Another person told us, "I feel that staff understand their responsibilities in looking after us very well and they are a hard working lot. They are very good, though at times I wish I could spend a little more time with them. My son-in-law and my grandchildren see the manager regularly about how well I'm doing here". A relative felt, "There is an excellent level of communication here. I feel like I am part of the service. Speaking for my mother, I feel that staff are competent and able to carry out their responsibilities effectively. I make regular questionnaire feedback and sometimes make them anonymously by choice. I also meet the staff and manager here regularly. They know when I come in and they seem to be happy with my visits".

Relatives were asked for their views and feedback about the service through surveys rather than formal meetings, which had been tried in the past, but had not proved successful. In the latest survey, 21 responses had been received, all of which rated the home as either excellent or good. Comments included, 'Very friendly and skilful staff, '1st class manager' and 'My family and I are very pleased with the progress [named family member] has made since she has been with you'. People were also asked for their feedback through a survey and 14 responses had been received recently. People were asked to rate the service from excellent, good, average to poor. A separate survey about the food on offer was completed in April 2016. The majority of people rated the home as excellent, with the balance rating it as good.

The service demonstrated strong management and leadership. People's comments about the management of the home were very encouraging and included, "I feel the communication between us and the staff is very good. I am free to ask anything I want. Yes, in my opinion the home is well managed. The manager is superb if you ask me. I feel that if I wanted to ask the manager or staff anything, they would listen to me". Another person said, "The home is very well managed. I am not sure how they are led, but I think they are well led. They are always a happy bunch of people". A member of staff told us, "The home is well managed and the manager always encourages feedback for improvement. I feel that the management here, together with the members of staff, care for the residents very well. The residents' personal care and safety are a top priority here". It was clear from our observations that staff had a good rapport with each other and with the registered manager. The registered manager led by example, working alongside staff throughout the day so that they knew what was happening in every part of the home. Their passion and enjoyment in their role was obvious and they provided an excellent role model for the staff team they led. We asked the registered manager to describe the culture of the home. They told us, "The atmosphere, the team spirit, the compassion and empathy between people and staff". In the Provider Information Return (PIR), the registered manager had stated, 'We will promote the home's ethos of honesty, compassion, dignity, equality and diversity' and this was evident from our observations at inspection.

Staff felt supported and spoke extremely positively about the registered manager. One staff member said, "If I have any problems, I can go to [named registered manager] or the team. It's fun, we all help each other

out. If someone finishes early, then we help each other. It's a friendly place with comfortable surroundings". Another staff member commented that the home was well-run and said, "We're very lucky with our manager. They're quite open here. You can go into the office, shut the door and have a word if you need to". The same staff member, when we asked them what they felt was 'good' about the home said, "A mixture of everything really, the care's good. If you've got a good care team and staff, it's like a big family really. It's fun here, we have a laugh at the right time. It's not too serious, being relaxed makes it enjoyable". The registered manager had high expectations of their staff and from comments they made and our observations, staff thought highly of her. The registered manager had initiated a staff development form which included observations of staff's appearance, punctuality, reliability, flexibility, motivation, initiative, honesty and kindness. All these areas, and some others, were assessed and fed back to staff to monitor and maintain the professionalism and caring attitudes of staff. This ensured that people received care that was of a consistently high standard, from staff who were encouraged and supported by the registered manager to achieve this.

The registered manager was committed to delivering high quality care and to drive continuous improvement. They told us, "You have to strive and improve and change things in every area". The registered manager's pro-active and 'can do' attitude was clearly demonstrated throughout our inspection. For example, we had discussed the staff's incomplete understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation. By the second day of our inspection, the registered manager had devised a quiz which they planned to share with staff to update their training in this area. This would ensure that staff had a thorough understanding of this legislation and the quiz was an effective and fun way of engaging staff to update their knowledge. Our concerns relating to the state of the downstairs bathroom were listened to and immediately acted upon, with a complete bathroom refurbishment to be completed by the end of July. People were supported to live a meaningful life and every area of the home reflected that their views were listened to and they were at the heart of the home and the service delivered. A member of staff explained, "I like to see people looked after properly. I treat them like I would want to be treated. Some people don't have family. Every day you come in, you know you've made a difference". The registered manager said, "I'm proud of my girls. I want to do more. I'm one of the team. I'm one of the cogs in the wheel".

A range of audits was in place to measure and consistently monitor the care delivered and standard of the service overall. Audits had been completed on either a monthly or three monthly basis and related to areas such as medicines, care plans and risk assessments, weight monitoring and nutrition, Legionella and infection control. An analysis of any accidents or incidents had been completed to identify any evolving trends or patterns. A recent fire safety report had required the implementation of fire risk assessments and we saw that all work identified by the fire and rescue service had been completed.

The provider worked in partnership with other organisations to ensure staff were trained to a high standard in a wide range of areas. Staff took advantage of training courses offered by the local authority, in addition to completing training provided by an external organisation. The provider was a member of West Sussex Partners in Care, a consortium of care providers working together with the aim of delivering excellent care across the county. The registered manager had attended a recent quarterly meeting with other managers in the industry, to share best practice.

On an NHS website, the provider had written, 'We are committed to creating an atmosphere where the past can be remembered with affection and the future can be looked forward to with optimism'. It was evident at our inspection that this vision was central to the success of the home. Comments had been left by relatives on a review website for Camowen. We read, 'The home is one of the very best. I was very lucky to have got my mum in. My mum does need a lot of help. The staff are very caring, very friendly and can't do enough for

my mum in all ways. My mum has had more than most people, trips to hospital. The staff are always there for her on her return. I know that I can go away knowing my mum is in the best home and getting the best care'. Another post stated, "My mother has been at the Camowen for a few years now and I can only praise all the staff for their care and patience for her day-to-day wellbeing. The home is nicely decorated and always very inviting. If my mother has been out, upon her return she says she is home, which makes the family feel very reassured and happy'. (Review posted December 2015).