

Woodean Limited

Sunhill Court Nursing Home

Inspection report

Mill Lane
High Salvington
Worthing
West Sussex
BN13 3DF

Tel: 01903261563

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunhill Court Nursing Home was providing residential and nursing care to 36 older people at the time of the inspection. The majority of people living at the home have a diagnosis of dementia. The service can support up to 40 people. Accommodation is provided over three floors, accessible by a lift and stairs.

People's experience of using this service and what we found

People were safe living at the home. However, we observed an incident at lunchtime when one person was given the wrong meal by care staff. The consistency and texture of the food was not in line with their assessed needs and caused the person to have a coughing episode and a near-choking incident. Staff need to be vigilant to ensure this person receives the correct meal as per their dietary needs.

Risks to people were identified and assessed with clear guidance for staff which was followed. Staffing levels were sufficient and had been assessed based on people's needs; new staff were recruited safely. People confirmed there were enough staff on duty. Medicines were well managed. The home was clean and smelled fresh.

Before people came to live at the home, their needs were assessed, to ensure the home could provide the level of care and support they required. People's care and support needs were continually reviewed and assessed. People received care from suitably trained staff and were encouraged to be involved in all aspects of their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had a choice of menu and were supported to eat a healthy diet. One person commented, "The food is lovely, we have a choice of two meals at lunch. I had a birthday celebration with cake and I enjoyed that". People had access to a range of healthcare professionals and services.

Staff were warm, kind and caring with people and had time to sit and chat. People's diverse needs were identified and catered for, so that care was delivered in a personalised way that met people's preferences.

Care plans were detailed and provided clear information and guidance for staff. Activities were planned according to people's preferences and what they were interested in. People's communication needs had been identified, so that staff communicated with them in a way that suited them. Complaints were managed in line with the provider's policy. If it was their wish, and their needs could be met, people could live out their lives at the home.

People were happy living at the home and spoke positively about their experiences, the caring nature of staff and the registered manager. Feedback was obtained through surveys and friends and relatives' meetings were organised. A robust system of audits monitored and measured the care provided and the service

overall. The service worked in partnership with others to benefit people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection (and update)

The last rating for this service was requires improvement (published 4 April 2019).

At this inspection we found improvements had been made. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Sunhill Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and a relative to obtain their feedback. We spoke with the registered manager, the administrator, the chef, a registered nurse and two care staff. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection people did not always receive their medicines safely and risks were not always assessed appropriately or well managed. Where people had specific health conditions, there were a lack of assessments on associated risks and guidance for staff in relation to the management of their medicines. Other aspects of medicines, such as the way medicines were recorded and medicines administered on an 'as required' (PRN) basis, were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although improvements had been made and the provider was no longer in breach of regulation 12, improvements were still required for staff to support people to eat safely, by following their assessed needs and guidance.

- At lunchtime we observed a person eating a pasta dish which resulted in them coughing while eating. Two care staff supported the person to ensure they were okay, however the person soon after coughed again and appeared to choke. Staff followed first aid protocols and offered reassurance. The staff did not remove the meal and the person continued to eat, even though the person had not swallowed the food already in their mouth. .
- We looked at this person's care plan which showed they required food to be soft and bite-sized, in line with the requirements of the International Dysphagia Diet Standardisation Initiative (IDDSI). The lasagne they had been served was not appropriate for their assessed dietary needs.
- We asked the chef about this incident and of their understanding of IDDSI. The chef had a good knowledge of IDDSI and the different textures and consistencies of diets people might need. The chef told us they had served an alternative meal to the person who had experienced the near-choking incident, but somehow staff had not served this meal to the person. The registered manager told us the person would often swap their meal with the person sitting next to them, even though this might be unsuitable for their dietary needs. However, we observed that both people sitting at the table had been given lasagne.
- Staff need to be vigilant to ensure that people are served the correct meals that meet their dietary needs. This is an area in need of improvement. Some people were observed to be coughing during the lunchtime meal and needed careful monitoring by staff.
- Risks in areas such as falls, nutrition, mobility and hoisting had been assessed and recorded for people, with clear information for staff. There was a falls protocol and a 'head injury check list' for staff to follow. After one person had a fall in their room, a sensor mat was placed by their bed, monitoring by staff was increased and alternative seating discussed with the person's family.

- Medicines were managed safely.
- The provider's medicines policy included guidance for nursing staff on PRN, covert medicines, refrigerated medicines, homely remedies, and National Institute for Clinical Excellence (NICE) guidelines.
- We observed a registered nurse administering medicines to people at lunchtime. The nurse spent time with people and waited patiently with them to ensure they took their medicines.
- Competency of nursing staff to administer medicines was assessed by the registered manager.
- There was detailed guidance for nursing staff on actions to be taken for people where they had specific health conditions, for example, blood glucose monitoring for people living with diabetes.
- Medicines were ordered, stored, administered and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- One person said, "The staff provide good support and care". Another person told us, "Yes, I feel safe here".
- We observed staff using safe moving and handling practices when transferring people using a hoist. Records showed that hoists were safely maintained and serviced regularly.
- Where accidents or incidents occurred, these were recorded and included the outcome and how to prevent similar events from happening. The registered manager said, "We are looking at a new incident reporting form and when we notify Health and Safety. There is a good understanding of health and safety issues here".
- Staff had a good understanding of safeguarding and knew what action to take if they had any concerns with regard to people's welfare. One staff member named the different types of abuse they might encounter and added, "You should tell the people in charge, like the manager, and social services in West Sussex. There's an information leaflet on the noticeboard with all the contact numbers on".

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- We asked people whether they felt there were enough staff and about the availability of staff when needed. One person said, "Yes, there's enough. There's always someone you can go to". Another person told us, "Staff are around when I need them". A relative responded, "Most of the time it's good" and added they had observed staff respond quickly when people used their call bells.
- Staffing levels were assessed and based on people's nursing care and support needs. The registered manager explained, "We do have a dependency tool, some people require two staff because they have a higher risk, of falling for example".
- New staff were recruited safely. Staff files showed that all appropriate checks had been made before staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories were verified. PIN numbers for registered nurses were up to date. PIN numbers are provided by the Nursing and Midwifery Council to validate nursing staff to ensure they are legally permitted to carry out clinical procedures.

Preventing and controlling infection

- People were protected in the prevention and control of infection by staff who had received appropriate training.
- A relative said, "[Named family member] is always clean and well turned-out". The relative talked about taking their family member out to concerts and that staff took care to dress them smartly and applying after-shave. The relative felt this was very thoughtful and became tearful when describing this; it clearly meant a lot to them.
- We asked the registered manager how they had responded to the Coronavirus risk. They told us, "The same as usual really for any infection risk. If anyone has come into contact with this virus, they should not

come into the home. Staff wash their hands regularly". We observed there were several alcohol hand-gel washing stations around the home.

- Staff wore personal protective equipment such as disposable aprons and gloves when providing personal care or serving food.
- The home was clean and smelled fresh.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The registered manager said, "From the home's perspective, I think it's very easy to get complacent about things. Sometimes it doesn't take very much. There could be new nurses or a shift in something happening, then things don't always get picked up quickly enough". The registered manager talked about the lessons learned as a result of areas that required improvement at the last inspection.
- The registered manager told us they always attended handover meetings each day when staff discussed people's care and support needs. The registered manager explained, "We talk about what's happening, people's risks, what would happen if we didn't take any action, and try to make sure staff are looking at risks. We encourage staff to think about things rather than waiting for them to happen".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection people's needs were not always assessed when their health condition had changed, such as when their mental capacity had started to fluctuate and they became less mentally aware. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 11. Where needed, capacity assessments had been completed and were reviewed when people's capacity fluctuated.

- Consent to care and treatment was gained lawfully.
- An Independent Mental Capacity Assessor (IMCA) had been appointed for one person in relation to them continuing to live at the home, so that a decision could be taken in their best interests. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves.
- We asked staff about their understanding of MCA and DoLS. One staff member said, "It's about the resident's capacity to make choices. Some of the residents here have the capacity to make a decision, say about whether they want a drink, but if I ask something more complex, they may not understand". With regard to their understanding of DoLS, the same staff member commented, "It means if the person has capacity to make a decision in their best interests. For example, one person wants to go out, so we make a

best interests decision for them. If their decision is unwise, we need to support them". Staff knowledge and understanding was confused in some areas. We discussed this with the registered manager who agreed they would go over training in relation to this subject to ensure staff understood the topic more fully.

- Capacity assessments for people, where required, were well recorded for each decision. Where needed DoLS had been applied for. We asked the registered manager about any conditions relating to DoLS that had been authorised. They said a condition for one person was that their need for bed rails was risk assessed every three months. This had been done.
- Where relatives, or other people, had been granted Power of Attorney to act on people's behalf, copies of these records were kept on file.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they came to live at the home.
- The registered manager explained the process of assessment and that many referrals came from the funding authority. Pre-admission assessments included information in relation to personal care, communication, mobility, continence, medicines and people's past history.
- People and their families were involved in the assessment process. Assessments when completed provided the basis of people's care plans.
- When they moved into the home, people's care and support needs were continually reviewed and monitored, in line with current best practice.

Staff support: induction, training, skills and experience

- Staff completed a range of training that was relevant to their role and specific to people's needs.
- Staff felt the training they received was useful and informative. One member of care staff told us about all the training they had undertaken which included studying for vocational qualifications. They said, "For example, I've done training on dementia, oral hygiene, Parkinson's disease, fire safety and moving and handling. When I did my induction I shadowed the team leader for four days and she showed me everything from the fire alarm and assembly point and about every resident on the ground floor".
- A nurse told us they could ask for training on anything they needed and the registered manager would arrange it. The nurse added they also had access to West Sussex Learning Gateway and their programme of training.
- Records confirmed that staff training was up to date.
- Staff told us, and records confirmed, that staff received regular supervision with their line managers.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to meet their needs.
- One person, when asked about the meals, said, "Fine. It's okay. There's always a choice and lots of snacks". Another person commented they enjoyed the food. A relative told us, "[Named family member] has fork mashable, but then he nearly choked, so he had a speech and language assessment, and his food is now pureed. The pureed food looks good and is nicely presented. [Named family member] commented he likes the food".
- We spoke with the chef who showed us the menu plans for the next four weeks. The chef told us they really enjoyed working at the home and cooking with fresh ingredients every day. They had a good understanding of people's dietary needs and told us, "One lady has allergies, so if I serve fresh pineapple, I always put a note with it to remind staff this person can't have it. I don't do much different for people with diabetes, but I do have diabetic jelly and yogurt and diabetic-friendly biscuits".
- Small bowls of food were available to people in communal areas and people could help themselves to snacks any time they wanted. Drinks were freely available to people, from staff or in their rooms.
- The chef told us people could choose what they wanted to eat from the menu the day before, but if people

changed their minds on the day, they could make an alternative choice. The chef added, "We have a broad range of old-fashioned foods, like liver and bacon, fish and chips on a Friday, that sort of thing, which people like. We always bear in mind what people have asked for. We can cook things differently. For example, when I cooked liver and bacon once, many people left the onions, so now I cook with less onions. Where people need a higher calorific intake, I just fortify everything".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals and services.
- The home worked with healthcare professionals. The registered manager told us, "We receive advice and support from the community dementia nurse specialist and from the admissions avoidance matron. If I have any concerns about people, professionals will come and have a look. The admissions avoidance matron will look at anyone who has been unwell and she is quite good at getting in assistance, for example, tissue viability nurses".
- Care plans recorded when people received support from a range of healthcare professionals, such as GPs, chiropodists and dentists. People had oral health plans which included their dental history, mouth assessment, whether they had their own teeth or wore dentures, gum health and mouth cleanliness.

Adapting service, design, decoration to meet people's needs

- The home provided an accessible environment for people, with a lift to the first floor and gardens with ramps for wheelchair users.
- Rooms were personalised with pictures and photos that people had chosen. Some rooms were being refurbished and sensor lights detected physical movement, so would switch on when people came into the room.
- Some parts of the home had been themed. For example, one part had murals of the solar system and another part had a jungle theme, with artificial creepers and vines and jungle animals hanging from the ceiling. These themes helped people to orient themselves in their surroundings, knowing where their room was located within which theme.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well.
- One person said, "I've no fault with them, staff are fine. They're well trained, polite and very kind. They leave you alone and I like that". A relative said, "It's wonderful. They're good at dealing with difficult behaviour. I'm impressed with the care. They know the residents individually and what people want. The home runs for the people and not staff convenience".
- We observed the registered manager chatting with one person who kept asking to go out of the front door as they needed their car. The registered manager was very patient and kind to the person and told them that someone would be arriving soon to take them out. The person was talking about their car, so the registered manager immediately steered the conversation towards driving; this calmed the person and they became animated, talking about their car.
- Another member of staff told us about one person who had a fear of water and was reluctant to bathe or shower. The staff member explained how they would talk with the person, then, whilst they were sitting on the shower chair, gradually introduce the shower over them. This technique worked, so the person was usually happy to receive personal care.
- People's diverse needs were catered for and care plans contained information about people's religious and spiritual needs. For example, one person was a Quaker and attended meetings locally. Another person, was a devout Roman Catholic, so would want to receive the Last Rites as they reached the end of their life.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in all aspects of their care.
- Care staff told us they always tried to encourage people to be involved in decisions relating to their care. One person said, "I see staff in the morning and they ask you what you want for lunch". Another person told us, "[Named activities co-ordinator] sat down with us and asked about things I like to do". This person's relative said they were fully consulted and received copies of paperwork relating to care and the person's daily routines. A third person said they were involved with their care review and asked if there was anything else they needed help with.
- We observed staff continually checked with people with regard to day-to-day decisions, for example, where they wanted to sit at lunchtime.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and encouraged to be as independent as possible.
- However, when we observed a registered nurse administering medicines to people in their bedrooms, they

did not always remember to knock on the door before entering. One person told us this member of staff would sometimes forget to knock on the door before entering. Nevertheless, we saw this staff member was kind and caring with people and was extremely nervous about being watched when taking medicines to people. We shared what we had observed and what this person had told us with the registered manager during feedback. They said they would remind staff of the importance of knocking on people's doors before entering.

- A relative told us they would be asked by staff to leave their family member's bedroom when personal care was provided. They said, "The staff treat people with kindness, with respect and as individuals. I'm impressed with the action they take regarding privacy and dignity".

- A staff member told us they tried to encourage people with positive risk taking and said, "It's the tiny things that make the most difference and it's good to persuade people to try something new, even if it's just a different type of ice-cream".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and care plans were written in a person-centred way. Staff followed the guidance contained within the care plans to ensure people received the support they required in line with their preferences and wishes.
- People told us that their care reflected what they wished and followed their preferred routines. One person added, "I do what I want, when I want to".
- Staff told us about the 'resident of the month' scheme, which was an in-depth way of reviewing each person's care and support needs. One staff member said, "We talk about the care a person needs, what we can do to make their day better, activities and it's all about person-centred care".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- The registered manager explained different ways staff communicated with people. For example, one person was profoundly deaf and communicated with staff through writing on a whiteboard. The person could lipread when staff spoke with them. The person had a relative who lived overseas, so the registered manager was the intermediary between the relative and the person enabling them to communicate with each other. Photos were also shared so the relative could see what their loved one was doing and vice versa.
- Another person with a particular health condition had resulted in them being unable to see. The person enjoyed listening to music rather than being involved in activities that they would struggle to participate in because of their visual impairment and cognitive difficulties.
- Each person had a communication care plan which provided guidance for staff on the person's preferred ways of communicating and this was followed by staff.
- Where people had limited communication, for example because of their dementia, staff could read their body language as people communicated with signs, smiles and gestures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were planned according to people's interests and what they would like to do.
- An activities co-ordinator helped to plan activities. Nursery school children visited the home which people

enjoyed. A gardening club was popular and enabled people to go out into the fresh air and do some planting.

- People spoke positively about the activities on offer. One person said, "They offer activities, outings and the like and always ask if you want to go". Another person told us they joined in with activities sometimes if they felt like it. A relative said, "A lot goes on. Activities are organised around what people like. I was given a list of activities my father has done, like gardening, cake baking, arts and crafts, breeding butterflies, a dove release, singing, pet therapy, barbecue, lots of nice things".
- People were encouraged to stay in touch with family members and friends. The home had a Facebook page where people had given their consent to share information. The registered manager produced a monthly newsletter to update everyone. Visitors to the home were welcome at any time.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- People and their relatives were aware of the complaints procedure and provider's policy.
- One person said, "If I had a complaint I would tell the boss. The staff are nice, friendly you know". A relative knew how to raise any concerns they might have and said they had a good dialogue with the registered manager who always responded to any query. The relative added they felt comfortable to approach the registered manager who would listen and take action over any concern they might have.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- If it was their wish, and their needs could be met, people could live out their lives at the home.
- The registered manager said, "We keep an eye on people and whether we need extra staff, and existing staff will always come in. Families come and sit with people and staff will take over when families need a break".
- People's end of life wishes were recorded where people had been happy to discuss these. The registered manager explained, "We try and do as much as we can on end of life care and with families. A couple of residents do not want to speak about it. Other people have been frank about what they want. One person who died yesterday had sorted everything out before they passed away".
- Staff confirmed they had completed end of life care training so were confident in supporting people and their families as needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection systems and processes did not always ensure robust oversight which led to discrepancies between electronic and paper-based records, for example, in relation to medicines audits. Audits were not always effective and had not identified the medicines or diabetes management concerns found at the last inspection. They had not identified the shortfall in relation to mental capacity assessments and lack of staff training in certain areas of practice. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 17. Systems had been implemented that were robust and effective.

- All aspects of medicines were managed safely, including the management of people's specific health conditions. People's capacity to make specific decisions had been appropriately assessed. Staff completed training in areas that the provider considered essential to undertaking their roles and responsibilities.
- The registered manager's office was based close to the front door of the home. The registered manager said, "People can see me anytime and we can sort things out". We observed people and any visitors had immediate access to the registered manager, who was keen to address any concerns promptly.
- Staff felt supported by the management team. One member of care staff said, "Yes, I do feel supported, by the manager and by the team leader, who showed me how things should be done. We have staff meetings and we write in the maintenance book anything that is wrong. We check people's rooms every day to make sure everything is okay". The same staff member added, "I like the people here and working with dementia because people's moods change so frequently. If you know how to speak with them and earn their trust, it's a nice feeling".
- A robust system of audits measured and monitored the care and service overall. We looked at audits in relation to diabetes care plans, wound management, nutrition and choking, incidents, capacity and Deprivation of Liberty Safeguards. In addition to audits completed by the registered manager and provider, an external consultant also completed audits, so any improvements could be identified and actions taken.
- Family and friends meetings were organised, but the administrator said these were not usually well-attended. We were shown a record of one meeting where events, Christmas arrangements and alterations to the conservatory were discussed. Family questionnaires had been sent out in June 2019, with 10

responses; feedback was positive overall.

- The registered manager understood regulatory requirements and notifications which were required to be sent to CQC by law had been completed. The rating achieved at the last inspection was on display at the home and on the provider's website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities under duty of candour. They told us, "It's making sure that if things haven't gone quite right, if we have made mistakes, we own up to them. We apologise and do everything we can with family and friends to smooth the pathway over, to make sure things get back on an even keel".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in developing the service.
- A relative confirmed they were invited to relatives' meetings but did not usually attend. The relative referred to the, 'You said, we did' board in the communal area. This recorded suggestions people and/or relatives had made and the actions taken. The relative told us information on the board was changed and updated regularly to evidence that people's views were acted on.
- One person said, "The home is run and managed very well". A relative said, "The manager knows everything going on. If you raise something, she knows about it already. I have observed her supervising and reminding staff when needed".
- Compliments about the home had been recorded. One relative had written, 'I wanted to say thank you for taking good care of my Mum during the last two weeks of her life. I know she was only with you for a very short time, but in that time we were much at ease in that she was in a loving and caring environment and that her last days were happy and comfortable ones'.
- Staff had been involved in planning the vision and values and had applied these in their work.
- Where staff required adjustments in the workplace, these had been made. For example, one staff member struggled with the small print on their mobile device related to people's care needs, so they had access to care plans that were printed off and more easily readable.

Working in partnership with others

- Effective working partnerships had been developed.
- The registered manager told us they were a member of West Sussex Partners in Care and said, "We can use their policies and procedure if we need to. Meetings are good and informative and you get to talk to other managers".
- Since the last inspection, when improvements were needed, the home had received support from the local authority's business support team, to identify actions and make the necessary improvements.
- The registered manager told us they took advantage of any training days in the locality for care home staff.