Realmpark Health Care (Petworth) Limited

Barlavington Manor

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 4 and 10 January 2017 and was an unannounced inspection.

Barlavington Manor is a care home registered to provide accommodation and personal care for up to 64 people. The home consists of two parts: residential care for 35 people known as the 'Main House' and specialist dementia care for 21 people in what is known as the 'North Wing'. There are also a number of bungalows located in the grounds but these did not form part of our inspection since people living there do not receive personal care from the service. The home is situated in a rural location, close to the town of Petworth. At the time of our visit, there were 56 people living at the home. The registered manager explained that they would be able to accommodate a maximum of 58 people. We will work with the provider to ensure that their registration information is updated to reflect this change.

At the last inspection, in October 2014, the service was rated 'Good'. At this inspection, we found that the service remained 'Good'. Furthermore, the registered manager had overseen improvement in the two areas we found in breach of regulations at our last inspection. The first was to ensure staff acted in line with the Mental Capacity Act 2005 (MCA) in gaining consent from people or acting in their best interests. The second was in how people's care needs were recorded. We found that action had been taken in both areas and that the requirements were met.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback from people, relatives and professionals was very positive. People told us they felt safe at the service, that they enjoyed support and friendship from a regular staff team and that they were regularly asked for their views and opinions. One person told us, "I love it here. The staff are so good and it makes me feel safe".

People told us that they felt safe at the service and that staff treated them respectfully. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People received their medicines safely.

People had developed good relationships with staff and had confidence in their skills and abilities. There was an established team of staff at the home, which offered continuity of care for people. Staff had received training and were supported by the management through supervision. Staff were able to pursue additional training which helped them to improve the care they provided to people.

People were involved in planning their care and staff understood what was important to them. Staff

understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People enjoyed home-cooked food and were offered a varied menu. Staff were attentive and supported those who required assistance to eat or drink.

Staff responded to changes in people's needs and adapted care and support to suit them. Where appropriate, referrals were made to healthcare professionals, such as the GP, community nurses or CPN and their advice followed.

People were supported to participate in activities that interested them. There was a full activity programme on offer at the home which people told us they enjoyed. People who were not able to join in group activities were supported on a one to one basis by staff.

There was strong leadership within the home. The registered manager monitored the delivery of care and had a system to monitor and review the quality of the service. Suggestions on improvements to the service were welcomed and people's feedback encouraged through regular meetings and surveys.

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 said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were enough staff to meet people's needs and keep them safe.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received training to carry out their roles and received regular supervision and appraisal.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

The home offered a variety of communal spaces for people to enjoy and was adapted to promote independence and safety.

Is the service caring?

Good

The service was caring.

People received individualised care from staff who cared and who knew them well.

People were involved in making decisions relating to their care and were supported to be as independent as they were able.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care was planned and monitored to promote good health. Staff found the new electronic care system helpful and improvements were being made to ensure that information was consistently recorded.

Staff understood how to support people and responded quickly to any changes in their health.

People enjoyed a variety of activities.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open. People and staff felt able to share ideas or concerns with the management.

People and staff spoke highly of the registered manager and staff said they felt supported.

The registered manager used a series of audits to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

Barlavington Manor

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.

This inspection took place on 4 and 10 January 2017 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 service. The expert by experience at this inspection had expertise in caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed three previous inspection reports and notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

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 also observed care in the communal areas of the home during the morning and afternoon. We looked at care records for five people, medication administration records (MAR), monitoring records, accident and activity records. We also looked at four staff files, staff training and supervision records, staff rotas, quality feedback surveys, audits and minutes of meetings.

During our inspection, we spoke with 11 people using the service, four relatives and friends, the registered manager, one deputy manager, one deputy's assistant, two senior care assistants, two care assistants, two activities staff, the chef and the administrator. We also met with a community nurse and community psychiatric nurse (CPN) who were visiting the service and asked them for their views. Following the inspection, we contacted a GP, pharmacist, community nurse and a chiropodist to ask for their views and experiences. They consented to share their views in this report.

Good

Is the service safe?

Our findings

People told us they felt safe living at Barlavington Manor. One person said, "This place is wonderful, I feel completely safe". Another told us, "I've only been here a few weeks but they have been so very good to me, nothing is too much trouble, I feel so safe". A relative said, "My brother and I are very happy indeed with the level of care. It's been a hard decision but we both agree that our mother is extremely well looked after here. We know she's safe and well cared for". Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us they felt able to approach the registered manager if they had concerns. Information about safeguarding and how to raise a concern was displayed on notice boards in the home.

Before a person moved to the home, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified, such as in moving and handling, safely accessing the community or from behaviour that might challenge, these had been assessed. For each risk identified, guidelines were in place to describe how to minimise the risk and the support people required from staff. For example, staff were guided in the equipment people needed to mobilise safely. This included frames for walking and the use of non-slip mats when bathing. There was also guidance on the support people would require to evacuate the premises in the event of a fire or other emergency.

Where accidents or incidents occurred, these were logged and reviewed. This helped to identify any patterns or trends and to reduce the risk of future injury. People who lived at the service were generally mobile and some had sustained falls. On each occasion an incident form recorded the details such as the time, location and whether the person was injured. The registered manager checked to see if there was any pattern in the time or location of falls, as well as considering if environmental factors such as trailing wires or personal items being out of reach may have contributed. Staff had taken action to minimise future risk. For one person a sensor mat had been put in place to alert staff to when they got up, another person had been given one to one support in the afternoons which was when they were most prone to falling.

There were enough staff to keep people safe. The registered manager adapted the staffing levels to suit the needs of people living at the home. At the time of our inspection the Main House was staffed by six care assistants in the morning and the North Wing by four. In the afternoons, there were three care assistants on each side which reduced to two at night. The deputy managers on each side were available during the day to offer additional support where required. In addition, activity, domestic and maintenance staff were employed which allowed care staff to focus on supporting people. One deputy manager told us, "I can jump in if needed; I like to do the afternoons on the floor in any case". A care assistant said, "I feel the staffing is safe, it can be a rush some days though". A CPN we met told us, "It is one of the better EMI care homes. They have better staffing levels". People told us that staff came quickly if they needed assistance. One person said, "I've never had to wait for more than a few minutes if I've ever requested assistance".

Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides

criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People received their medicines safely. One person told us, "It's far safer for them to do it (administer their medicines). I'd probably forget when to do it. This way I get what I need, when it's needed, and that's good". Staff who administered medicines had received training and their competency had been assessed. There were recorded details of how each person liked to receive their medicines. For one person we read, '(Name of person) likes her tablets administered in a pot but then places them on the table so she can pick them up two at a time'. Medication was stored in locked cabinets that were clean and well organised. Medicines that needed to be kept cool were stored in a fridge and the temperature was recorded daily. We found a number of liquid medicines and creams that had not been dated on opening. The date of opening is important as a medicine can lose its effectiveness if stored for longer than recommended by the manufacturer. All of the medicines in question had a recent dispensing date from the pharmacy so there was no risk to people. By the second day of our inspection, staff had ensured that all liquid medicines and creams were dated appropriately. Medicines for disposal were recorded and returned to the pharmacy.

Medication Administration Records (MAR) demonstrated that people had received their medicines as prescribed. Medicines prescribed on a variable dose were accurately recorded and staff had used the notes to record any refusals and the effectiveness of 'as needed' (PRN) medicines. There was guidance for the use of PRN medicines but this did not always include specific details on the circumstances in which the person would need the medicine. For example, we read that one person had a PRN medicine for 'Agitation'. Staff were able to describe to us how this person would typically begin by shouting, following by swearing and then hitting themselves. They said that the medicine would be given when the person was shouting consistently. We discussed with the registered manager how it would be useful to include this level of detail so that staff had clear guidelines and to ensure the person received consistent support.

Good

Is the service effective?

Our findings

At our last inspection, in October 2014, we found the provider was unable to demonstrate that they had followed the principles of the Mental Capacity Act 2005 (MCA) and its associated Code of Practice. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We set a requirement and asked the provider to take action. At this inspection the manager and staff were able to explain how they applied the principles of the MCA in their daily work and ensured that people's rights were protected. The requirement was met.

The 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 so that they can 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). At the time of our inspection, staff had made applications on behalf of people who were considered to be deprived of their liberty. Two applications had been authorised and 19 were awaiting assessment by the local authority team. The registered manager implemented a system to record the renewal date of DoLS that had been authorised. This would prompt staff to reapply in good time if the restrictions were still considered necessary to maintain the person's safety.

We checked whether the service was working within the principles of the MCA. We observed staff involving people in day to day decisions, offering assistance and waiting for people to respond to questions. Records demonstrated that where people had refused support on occasions this had been respected. One staff member told us, "If they decline to do something, they decline". A care assistant said, "You have to give them a chance to make a choice. Some are not capable of making a decision so you have to think what they'd like". They gave us the example of one person who they believed did not like wearing trousers. They came to this conclusion because when in trousers the person (a female) seemed distressed and said they looked like a man. Another person, they told us, would take off their pink cardigan if staff assisted them to wear it in the morning. They were unable to verbalise that they did not like it but demonstrated their preference by their actions.

Staff understood the requirements of the MCA and put this into practice. People had been asked to consent to decisions relating to their treatment. Staff had completed capacity assessments relating to people's ability to administer their own medicines, to decide on medical treatment and to determine their nutritional needs. The assessments included details of how the information had been presented to the person, their responses and the resulting conclusion of the assessment. We noted that staff had usually attempted the assessment at different times of day to give the person the best chance of being able to participate in decision making relating to their care. Where people lacked capacity to understand the decision, staff had

involved the person's relatives and relevant healthcare professionals to make a best interest decision on their behalf. For example, it had been agreed in a best interest meeting between one person's relatives, staff at the home and the GP that medicines would be administered covertly. This was because the person needed the medicines to maintain their health, and they were unable to understand the implications of refusing them. A community psychiatric nurse (CPN) who supported people at the home told us, "The managers understand capacity. They are able to explain their decisions to me. They work to find the least restrictive options and try to get on with the least amount of behavioural drugs. They're very willing to work with me".

Where people had appointed representatives to act on their behalf, a copy of the authorisation was kept on file. This would enable staff to check that the person had given authorisation to the person to make decisions on their behalf regarding their health and/or finance in the event that they lacked capacity to do so. We discussed with the registered manager, how these authorisations could be more clearly recorded in the computerised care records. Accurate information on the system would provide an easy reference point for staff and help ensure that people's wishes were respected.

People spoke highly of the care they received. One person told us, "We're well looked after". Another said, "The staff are absolutely wonderful. Everything they do is just right. I love it here. I wouldn't want anything to change, just leave everything exactly as it is". Staff received training to enable them to carry out their roles. New staff completed a period of induction, which included training and shadowing of experienced staff. This helped them to understand their role, to get to know people and their support preferences. During their first 12 weeks of employment, all new recruits who had not previously worked in care were expected to complete the Care Certificate, which is a nationally recognised qualification.

Each year, staff attended refresher training in areas made mandatory by the provider. This included moving and handling, safeguarding, infection control, medication and dementia care. Records showed that most staff were up to date with this training. Where staff were due a refresher course, they had been booked to attend on the next available date. Staff were encouraged to further their careers by undertaking further training, including diplomas in health and social care. Staff felt confident in their skills and abilities and told us they received a high level of support from the registered manager. One care assistant said, "I think the training is excellent. (Registered manager) puts you on courses and they get renewed all the time. I feel I could ask for more training. She wants you to learn".

The North Wing was dedicated to supporting people living with dementia. Staff had recently benefitted from support from the 'Care Home In-Reach Team' (CHIRT). This team, from the local NHS Trust, worked with staff between September 2015 and January 2016. Staff had attended workshops in physical health in dementia, behaviours that challenge us, communication in dementia and wellbeing through occupation. They had also been supported to try new approaches in people's support. The deputy manager in the North Wing told us, "We looked at the person more, what their preferences are". A care assistant said, "One lady liked packing boxes at home so we got boxes for her to use in her room. It did improve her mood. They helped us with ideas". Since our last inspection, we noted changes to the physical environment. Bedroom doors in the North Wing had been restyled as front doors, brightly coloured and complete with a door knocker and letter box. Staff told us that the varied colours, and addition of a photograph for some, had helped people to locate their bedrooms. Outside, there were brightly painted raised flower beds, a variety of ornaments and some sensory items, including mobiles which caught the light and chimed. One person told us that they enjoyed walking in the garden when the weather was warmer.

Staff felt supported. One care assistant told us, "The support is unreal". Another told us, "You're not just a staff member, they treat you as a person". Staff received regular supervision with their line managers. This

gave staff an opportunity to discuss any concerns and consider their professional development. New staff had fortnightly meetings during their probationary period. At the time of our inspection, staff had received a minimum of three supervisions in 2016. There were no records of separate appraisal meetings, though supervisions included personal objective setting for staff and the timescale in which they should aim to complete them. The registered manager told us that they were starting a separate appraisal process and sent us a copy of a completed appraisal meeting following the inspection. This included a review of the staff member's role and responsibilities along with an assessment of how they were performing.

People told us they enjoyed the food. One person said, "The food is good and I'm a very fussy eater". Another said, "The food here is very good. I have whatever I want for breakfast, lunch is always good and there's a choice, and it's served on piping hot plates". A third told us, "I can never say I'm hungry. It's good quality. They also give you cheese and biscuits if you want it, good cheese too!" People were asked to choose what they wished to eat from the menu and this was communicated to the chef. A range of alternatives were available. One person told us, "The menu changes regularly, sometimes there's things I don't like but I tell them and I get offered something different. They do care, I'm very lucky". We observed lunch being served in both parts of the home. The tables were laid attractively and the mealtime was a sociable experience. People who required help were assisted and staff were attentive.

The chef was aware of specific needs people had in relation to their meals. This included the texture of the food, those with diabetes and people who disliked certain foods. One relative told us, "The chef cooks special meals just for her. For instance, if the menu of the day is casserole they will make a separate little one for my mother without onions or mushrooms. They don't just give her what has been made and fish out the offending veg". Staff monitored people to ensure that they were eating and drinking enough. Most people were weighed on a monthly basis. Any unplanned change in their weight was addressed and staff used a tool to assess whether people were at risk of malnutrition. Those identified as at risk were monitored closely and guidance was sought from healthcare professionals, including the dietician. The chef told us, "If they need more calories we boost it, such as by adding cream in the mash. They keep us updated as to who needs a high calorie diet". Records demonstrated that this had been effective and that with additional support, people had returned to a healthy weight.

People had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored people and picked up on changes in their health. Records confirmed that people had been supported to meet with a variety of healthcare professionals including the GP, CPN, dementia crisis team and optician. Healthcare professionals held the service in high regard. A community nurse told us, "There have been no issues and we've never seen any problems. The care here is pretty exemplary. They're more than obliging. If we recommend anything there is never a defensive attitude". The chiropodist said, "I let them know if anything needs attention. They follow advice". One person told us, "The staff are great. Anything you want, they will do. If they can't do it, they'll get someone to do it".

The premises were well maintained and included a variety of areas for people to relax or entertain visitors. Since our last inspection, a new conservatory area had been added to the Main House and a hairdressing salon had been created. Corridors were equipped with handrails and also had chests for people to sit down on if they needed a rest. The registered manager explained how they intended to create a 'quiet lounge' in the North Wing in a space adjacent to the dining room. This would provide further choice for people as although the lounge area was split in two, one side tended to be used for music or activities and the other for those wishing to watch television. The home is situated in a rural location with extensive gardens that people were able to access and enjoy.

Good

Is the service caring?

Our findings

People spoke highly of the staff and appeared happy in their company. One person told us, "I simply love it here, everyone is so kind". Another said, "They are all very kind and thoughtful". We observed that staff took time with people and shared in stories and laughter. One staff member said, "We have a laugh with them, some love to have a joke around". A community nurse told us, 'All staff that I have had contact with are always caring, putting the needs of residents first. They have enough training and support and seem to enjoy their working environment. This filters down to the residents and results in a caring atmosphere'.

Staff took time with people to get to know them and to understand them. People benefitted from a regular team of staff, many of whom had worked at the home for a number of years. Each person had a keyworker who took the lead in coordinating their care. We observed that staff supported people in a kind and gentle way, taking time to ensure that each person had what they needed and felt reassured. When people were approaching the end of their lives, the registered manager ensured staff were able to spend additional time with the person. A community nurse told us, "They work really well with us (on end of life care). Residents have really beautiful care; full mouth care, turns. They kept (name of person's) spirits up and would sit with her. There was always somebody holding her hand".

People were involved in planning their care and had been asked about their preferences and wishes. This information was recorded in the person's care plan for staff to follow. For example we read that one person liked to eat all their meals with a spoon and that another enjoyed wearing bright colours and liked lemon in their jug of water. Care plans directed staff to engage with people and ensure they were supported to make decisions. In one we read, '(Name of person) will choose whether she would like a bath or a shower once she is in the bathroom'. In another we read that the person did not mind whether they received support from male or female staff. For others this was important. One person told us, "I won't have a man helping me; she (registered manager) has made sure all the staff know and I only get attended to by a woman". We found that staff took care to support people in accordance with their wishes. We observed they spoke directly to people, lowering themselves if the person was seated and establishing eye contact. Staff checked people regularly to ensure they were comfortable and to offer assistance.

Staff encouraged people to be as independent as possible. Care plans directed staff as to the tasks people could manage independently and to where they needed assistance. In one we read, 'Please encourage (name of person) to be as independent as possible by washing areas she can reach and then assisting her with areas she is unable to reach'. At lunchtime, we observed one person struggling to manage their meal. A care assistant came quickly to offer help. They suggested the person might enjoy the soft option for lunch, to which the person agreed. They were then able to eat their meal independently and told us afterwards they had enjoyed it.

People were treated with dignity and staff showed great respect for them. We observed that staff called people by their preferred names and always engaged with them before providing any care. When people were in their bedrooms, staff knocked and waited for a response before entering. A GP wrote, 'I know from reports of residents that the staff are always respectful and genuinely caring'. A community nurse told us,

"You always hear really respectful things, everyone you speak to knows the patients. They don't just know them as patients, they know them as people. They have quite a lot of affection for them". One person told us, "It's lovely. It's very friendly and lovely".

Good

Is the service responsive?

Our findings

At our last inspection, in October 2014, we found people were not protected against the risk of unsafe or inappropriate care because an accurate record in respect of each person had not been maintained. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We set a requirement under the 'Effective' domain and asked the provider to take action. At this inspection we found that the care plans had improved greatly and the requirement was met. .

A new electronic care management system had been implemented in April 2016. Each person had a care plan which contained an assessment of their needs and detail on how to support them. There were sections including physical health needs, personal care, mobility and social activities. Where appropriate specific care plans had been completed such as for catheter care or aggressive behaviour towards others. Each care plan described the identified need, the aim of the support and guidance to staff on how they should assist the person. The registered manager told us, "It's (the care plan) everything you do for that person and how they like it done". One deputy manager told us, "The care plans are much better on the new system, it allows more detail and it is an easier system to work in and find your way around". We found that the care plans were personalised. From the information, we were able to understand about the person's life, experiences, what was important to them and about their hobbies and interests. The care plans were reviewed regularly, at least monthly, to ensure that they accurately reflected the person's needs.

Monitoring records were in place to ensure that care had been delivered in accordance with the care plan. These included bowel charts, body maps to record injuries and records of when and where topical creams had been applied. We discussed with the registered manager how the daily recording could be improved. For example, although staff were generally recording when people had a bowel movement, this was not always clear on the system. We filtered the daily notes on 'Eliminating' and found that there were gaps indicating the person may not have received appropriate support. When we looked through the totality of the notes, we found other records, listed under 'Hygiene' or 'General' which accounted for the gaps. This could make it more difficult for staff to pick up on problems in a person's health or to identify when additional support was needed.

Staff told us that they were reliably updated on changes in people's needs. There were daily handover meetings where any changes or additional needs in people's care were discussed. One care assistant told us, "It all gets handed over, for example if a person needs fluids pushed". In response to recent feedback from senior staff, that they lacked time to keep on top of the care plans, each senior had been allocated one morning a week to focus on records. Following our visit, the registered manager sent us the minutes of a senior staff meeting where expectations about recording on the new system had been reiterated. She also sent a selection of updated records, including body map entries which had been updated to show when bruises had faded or cuts had healed.

People received personalised care that met their needs. One person told us, "I've been here four years; this is my fifth, all the staff really look after you. I want for nothing". A community nurse said,

"They know all about people. They know what is worrying them. You know they are in good care. I know my advice is going to be followed". Staff were quick to respond to people. One person mentioned to us that their coffee had gone cold. This was overheard by a staff member who immediately came over and offered a fresh, hot cup of coffee. The replacement cup of coffee was on the table within a minute. Relatives and healthcare professionals told us that staff were vigilant to changes in people's health. A community nurse told us, 'They are always responsive and are experienced enough to raise any concern ASAP'. Records demonstrated that staff had offered additional support, or sought advice when necessary.

People were able to participate in a variety of activities. Activity staff were employed during the week in both parts of the home. In addition, external entertainers were booked and some people were able to join in community events, such as a weekly club in the local town. Activities included musical entertainment, Tai Chi, Christian fellowship, film afternoons, monthly parties, celebration of events such as the Queen's birthday or Halloween, visiting pets, poetry, games and crafts. Outings were also arranged, including to the local garden centre, supermarket or to have coffee and cake. People told us that they enjoyed the activities on offer. One person said, "I love it here, there is plenty to do if you want to. I prefer to stay in my room but I know they have a monthly party of some kind, there's been a cheese and wine, they take pictures and put them up on the wall afterwards which is nice. I know it's there if I want it". People were also encouraged to pursue individual interests. One person explained, "(Name of activity staff member) is so wonderful. Although I am nearly blind she gets me wool and I knit for people. I'm knitting an oven glove at the moment". People who preferred to stay in their rooms or who could not come and join in, were supported by staff through one to one time. Activity records included details of these visits and showed that staff had assisted people with reading the paper, opening correspondence or simply enjoying a chat.

People were asked for their views and felt confident to raise any concerns. Monthly residents' meetings were arranged. Minutes showed discussion of the activities, food, staff, laundry and cleaning. People were also asked if they had any feedback and if they were aware of how to complain if necessary. We saw that people had made suggestions for activities and the menu which had been shared with the relevant staff members. A relative told us, They address things immediately, they don't let anything fester". A senior care assistant said, "They (management) take it on board. I feel it is a really good place".

People knew how to make a complaint but all said they had not had cause to. Without exception, people said they would have no hesitation in speaking with the registered manager or deputies. Information on how to complain was displayed in the home. This explained how to make a complaint and the anticipated timescales for response. There were no recorded complaints in the twelve months prior to our inspection.

Good

Is the service well-led?

Our findings

There was a friendly and open atmosphere at the home. The provider's website listed their values as, 'Respect, Independence, Freedom and Individuality'. Feedback about the service was very positive. We found that staff treated people as individuals and valued their opinions. Staff told us that they would be happy for a relative of theirs to be cared for at Barlavington Manor. One care assistant said, "You feel like you're at home here. I'd be happy for my Mum and Dad to come here". Letters of thanks to staff included: ''Your care, professionalism and TLC was fantastic', 'You made it home for him and you were so kind and caring to him' and, 'Your love and support meant so much to her and to us, her family'. One person told us, "Everyone here is so good, I'm looked after". Relatives also told us that staff were open and kept them up-to-date with any changes in their loved-one's care. One relative said, "It (a particular incident) showed us though that the home were active in telling us and not trying to sweep it under the carpet and tell us after the event".

The registered manager was well-respected. One person told us, "The manager is so good, we all love her". Another said, "The manager here is very good indeed, she leads from the top". Staff were equally positive. One care assistant told us, "You can always go to her (registered manager).There is always someone to call on". Another said, "I think she's an excellent manager because you can talk to her. They're very fair". A community psychiatric nurse (CPN) said, "(Registered manager) has her finger on the pulse. She is fantastic, she's at the helm but communication goes both ways, not only from the top down". The registered manager was supported by two deputy managers, one responsible for each part of the home. Each deputy had an assistant and a number of senior care assistants. There were regular staff meetings, at all levels and in all departments, which helped to share changes in practice and to foster open communication. One care assistant told us, "They (management) listen to us".

The registered manager used a variety of audits and checks to monitor the quality of the service delivered. The main monthly audit included checks on a sample of care plans, checks on the environment, accidents and incidents, complaints, safeguarding and staffing rotas. Any actions identified had been recorded and shared with staff. For example we read that one person needed a section on their sight adding to the care plan and that new, higher furniture was to be ordered for the conservatory to aid people in getting up. At the next audit, the registered manager checked to ensure that all actions had been completed. There were also separate audits of infection control, medicines and maintenance. These were usually completed by senior staff and shared with the registered manager. As part of her quality assurance, the registered manager completed a medicines round in each part of the home weekly. This enabled her to check that the systems were working effectively, whilst also affording the chance for her to meet with each person using the service.

The provider sought feedback on the service by sending questionnaires to people and their relatives. We looked at a selection of response from May 2015, February and September 2016. The feedback was overwhelmingly positive. Comments included: 'Excellent at all times. The carers seem to know each resident very well and are very friendly towards visitors', 'The care continues to be of a very high standard. I really appreciate seeing regular faces and not too many agency staff' and 'Always greeted with a smile'. Almost all respondents to the most recent survey rated the service as 'Excellent' or 'Good' in all areas. In the analysis of

the feedback, we saw that action had been taken in response to any concerns shared. For example, a new activity coordinator had been recruited to work in the North Wing and the toilet paper had been upgraded.

The registered manager was on hand to offer support and guidance. A senior care assistant told us, "(Registered manager) supports us all. She gives up pep talks and checks all is running smoothly. If it isn't, she picks us up on it and shows us what to do". To check on the smooth running of the night shift, the registered manager conducted unannounced spot checks, accompanied by a deputy manager. Two of these checks had been conducted during 2016. We asked people if they felt anything could be improved to enhance their care. Everyone we spoke with told us that they felt well cared for and did not want for anything.