

Eastbourne Grange Limited

Eastbourne Grange

Inspection report

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Eastbourne
East Sussex
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Tel: 01323733466

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15 January 2019
16 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Eastbourne Grange Residential Care Home is a residential care home in the Meads area of Eastbourne. The home provides accommodation for up to 25 older people some of whom are living with dementia. At the time of the inspection there were 19 people living at the home.

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

People's experience of using this service:

The registered manager completed some audits but there were inconsistencies in people's records. Improvements were needed to audits. Some care plans and risk assessments had not been completed. Mental capacity assessments were not consistent. A lack of audits for complaints and incidents meant that there were some areas where the registered manager did not have clear oversight of the service. Lessons learnt and best practice could not be established in some areas. The registered manager had sought feedback from people, relatives and professionals within the last year. However, few surveys had been received and this did not allow for oversight of issues. The results that were received had not been analysed for patterns or trends, nor had feedback been given.

Where people were not able to make decisions themselves, some mental capacity assessments had been completed. Five people had Deprivation of Liberty Safeguards (DoLS) where they were not able to understand about the security of the building. The registered manager was not aware that two people's DoLS had conditions attached for restricting their liberty and therefore, these conditions had not been met.

On the first day of inspection, we observed that lunch-time was quiet, with minimal interaction from staff. The registered manager was aware that this was an area for improvement and assured us they would act to improve this. On the second day of inspection, music was played and people were more engaged.

People told us they felt safe. Staff understood the risks associated with the people they looked after. Staff had knowledge of individual people and they were aware of what to do should a safeguarding situation arise. Staffing levels were sufficient to provide a good level of care and support for all people. There were regular health and safety checks of the environment and people had person centred evacuation plans. Medicines were stored and given appropriately and infection control procedures were well managed.

Staff had the skills and knowledge to meet people needs. Staff received appropriate training and support to enable them to look after people. They received regular supervision to support them in their roles.

People and their relatives thought that staff were caring and that people were well cared for. Staff interactions were observed throughout the inspection and it was clear that all were very attentive and understanding of people's needs. People's dignity and privacy was promoted. People were asked discreetly if they needed help with personal care. When entering bedrooms, even if the door was open, staff would

knock before entering.

The service responded well to people's needs. Person centred care was evident and people were provided with choices throughout each day. There was a comprehensive activities programme and the feedback from people was positive.

Staff responded to people in a way that suited their needs. One person who had difficulty verbally communicating was seen with staff who were speaking clearly and made their messages clear by holding the person's arm or putting their arm around them. This made the person smile. People's communication needs were met. Both daily activities and menu choices were displayed in pictures around the home. There were easy read signs on all toilets and bathrooms to familiarise people with the layout of the building.

The registered manager was very well thought of by staff, residents and relatives. It was clear that they knew all the people well and that they spent time helping with day to day care and support when needed. Links with the local community had been established and the home's Statement of Purpose clearly set out aims and objectives.

Rating at last inspection:

At the last inspection the service was rated Good (June 2016).

All domains were rated as Good apart from Safe which was rated as Requires Improvement. The overall rating of Good had not been maintained and the service is now rated Requires Improvement.

Why we inspected:

We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Enforcement:

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Follow up:

The registered manager addressed some of the issues raised during the inspection straight away. We will ask the provider to send us an action plan to address the remaining issues and continue to monitor the service until the next inspection. This will be within a year of the publication date of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not consistently effective.
Details are in our Effective findings below.

Requires Improvement ●

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 not consistently well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Eastbourne Grange

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was completed by two inspectors over two days.

Service and service type

Eastbourne Grange Residential Home is a care home. People in care homes receive accommodation and personal care. 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.

The inspection took place on the 15 and 16 January 2019.

Notice of inspection

The inspection was unannounced on day one and announced on day two.

What we did:

We spoke with;

- Nine people using the service
- Three relatives
- Three professionals. A Community Nurse, a Paramedic and a Chiropodist.
- Six members of staff including the registered manager, the catering manager, two lead carers and two carers.

We viewed;

- The Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- Four people's care and medicines records
- Records of accidents and incidents
- Audits and quality assurance reports
- Three staff records, including training and supervision
- Policies and procedures

Is the service safe?

Our findings

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in July 2016 the provider had failed to ensure the premises were safe in relation to manual handling. On that occasion the service was rated requires improvement under this key question. This related to a specific incident where a person was moved into a chair without the use of a handling belt or stand aid. At this inspection, we observed good moving and handling practice. Staff had all received moving and handling training and had a good understanding of how to move people safely.

Assessing risk, safety monitoring and management.

- People told us that they felt safe. A relative talking said, "It's given me real peace of mind since they moved to Eastbourne Grange." Another relative said, "If there is ever a problem they will let me know." A professional that regularly visits the home said, "The staff are caring, positive and regular. You very rarely see agency staff."
- Staff knew people and their support needs well. They were aware of areas of risk and ways this could, be reduced. One person had diet controlled diabetes. The catering manager would speak to them each day and specifically ask what they would like to eat and discuss options with them.
- Risk assessments for falls had been completed. The registered manager had arranged for specific training to be provided by the local authority falls prevention team to enhance staff knowledge.
- A person frequently displayed behaviour that challenged and occasionally this could have an impact on other people. Carers were all aware of this and knew how to manage each situation as it arose, calmly settling the person and carefully minimising the impact on other people.

Systems and processes to safeguard people from the risk of abuse.

- The registered manager was aware of what incidents constituted safeguarding and who they should be reported to. Staff were also aware of what to do and how to report safeguarding.
- The training plan showed that most staff had received refresher training in the past year and those that had not were scheduled to attend training in the next few weeks.
- All staff that were interviewed were aware of what whistleblowing meant and of the home policy on this. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff were clear of how to whistle blow with any concerns and the whistleblowing policy was clearly displayed.
- The registered manager completed regular health and safety checks of the home environment to ensure that it was safe. This included checks for fire safety, asbestos, electrical appliances and legionella's. There were certificates to evidence safety checks of equipment by external professionals.

- There were safe processes to manage fire safety. People had personal emergency evacuation plans (PEEPs) to inform staff how people should be evacuated in an emergency. This included a specific 'Directions to Front' document which provided details about people and the shortest route to a place of safety in the event of an emergency.

Staffing and recruitment.

- People, their relatives and professionals told us there were enough staff to meet people's needs.
- We observed that when people pressed their call bells, they were answered quickly and efficiently.
- Staff had been recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought about their work conduct and character and these were evidenced in staff files.
- Staff from the agency had their own training records and Disclosure Barring Service (DBS) checks sent through to the registered manager prior to starting their shift.

Using medicines safely.

- We observed medicines were given safely and people were supported with dignity. For example, when visiting individual rooms, the lead carer would always knock before entering. Each medicines record had a photograph of the person, details of allergies, any swallowing difficulties and clear information where people were responsible for their own medicines. . People were given a choice of whether medicine was put in their hand or left for them to pick up. In all cases staff observed the medicine being taken.
- Medicine was stored correctly. Medicine Administration Records (MAR) were completed once people had taken their medicines. A separate record was kept for 'as required' (PRN) medicines.
- One person received covert medicines; this is when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. There was a letter of authority within the person's care plan from their GP. No capacity assessment of best interest decision had been completed.
- Each day an audit was carried out of medicine records. During the inspection a tablet was found on the floor. The issue was immediately investigated and recorded.
- Only senior carers could give medicines. The staff training plan showed that all senior staff had received recent training and had their competencies assessed by the registered manager. Staff also confirmed this was the case.

Preventing and controlling infection.

- The service was clean, warm and well maintained.
- Staff had a good understanding of infection control. They had access to personal protective equipment, such as gloves and aprons to help prevent spread of infection.

Learning lessons when things go wrong.

- Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. For example, a person had a fall which resulted in a stay in hospital. The registered manager reflected on this incident and as a result, organised additional training on falls management for all staff. The incident was reported to relevant health and social care professionals.

Is the service effective?

Our findings

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

People's care and support was not always effective. This affected the registered manager's ability to achieve good outcomes for people.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person received covert medicines; this is when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. There was a letter of authority within the person's care plan from their GP. No capacity assessment of best interest decision had been completed.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Five people had DoLS. Two people had conditions which had to be met to lawfully meet the DoLS requirements. The registered manager was not aware of these conditions. Therefore, not all conditions set for these people had been met. This included offering regular opportunities to go out.
- The registered manager was not aware of the conditions attached to the DoLS. The failure to meet DoLS conditions represented a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People who could make decisions about their care, had signed their support plan to give their consent. The home had a locked door policy. People with capacity had a fob which allowed them to access the front door. The registered manager said, "If they have capacity they can do what they want, go where they want."
- We saw people being offered choice consistently throughout inspection. For example, we saw people being asked where they would like to spend their morning. They could stay in their rooms, go to a communal lounge and then choose who they would like to sit next to. During an activities session on the first day of inspection, people were able to join if they wanted to but were also able to sit and watch if they preferred.

Supporting people to eat and drink enough with choice in a balanced diet.

- ☐Lunch was observed on both days of the inspection. On the first day the dining area was very quiet and no interactions were seen between people having lunch together. Carers interactions only occurred with those requiring support to eat. Other people were left alone and not spoken to until being given their food. We spoke to the registered manager about this and she advised that she had already identified this as an area for improvement. On the second day of inspection, the atmosphere appeared much more sociable. Music was playing in the background, staff spoke consistently with people and two people were seen smiling and humming to the music.
- ☐People told us they enjoyed the food at Eastbourne Grange. Comments included, "The food is lovely, they ask me what I like, I always like everything" and, "Food is available all of the time, even at night if I want it." One person told us that they had dentures and often asked for softer food which was always provided.
- ☐It was clear the catering manager knew people well and took time to visit them and speak with them. Food options were discussed individually and if a person wanted something specific, the catering manager would try and arrange this for them. In situations where the person could not easily verbally communicate, the catering manager would spend time with them until it was clear what they were asking for.
- ☐The catering manager talked to people and staff each day and discussed menus and specific requirements. The catering manager told us that they were told about people who were gaining or losing weight. They helped manage this by controlling portion size of meals and by fortifying food when necessary. This means that additional nutrients were added to meals to aid the person to gain weight.
- ☐One person had diabetes that was diet controlled daily. Staff knew about their needs and supported them to remain healthy.
- ☐Some people required help at mealtimes. One person's care plan stated that they required a carer to sit with them and prompt them to eat. Another required a light weight plastic cup to enable them to drink independently. We observed staff supporting them in this way.

Staff support: induction, training, skills and experience

- ☐Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- ☐Staff told us they had completed an induction programme. This induction included opportunities to shadow more experienced staff and get to know people's preferences and routines.
- ☐The registered manager used a training plan to record all training delivered. All staff were either fully trained or had dates allocated for training. A senior carer told us they found the medicines training especially useful. They described the training as covering all aspects of storage, ordering and giving medicines to people.
- ☐Staff told us that they received support through supervision every two to three months. These meetings were an opportunity to discuss residents, any issues within the home and to talk about personal development and wellbeing. We were told by staff that they had the chance to discuss new ideas with the registered manager.

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

- ☐The building consisted of three main floors. Each floor was accessible by a short staircase and every floor could also be reached by a lift. The lift had been recently upgraded and was in good working order. Corridors and door frames were wide enough to allow people in wheelchairs or with mobility aids to manoeuvre easily. This enabled people to access all areas of the building.
- ☐Every floor had a separate bathroom and these were seen to be equipped with hoists to enable people to

get safely in and out of the bath.

- Most of the property had been redecorated in the past two years. This had been done in a way that supported those living with dementia. For example, each communal area was painted in a different colour, to help people understand where they were in the building. In communal areas there were clear signs telling people where they were and which direction to move to, for example the dining area.

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

- Where people required support from healthcare professionals this was organised. For example, during inspection, a person told staff they were feeling unwell and a visit from the GP was immediately organised.

- During the inspection we spoke to a paramedic who told us that they regularly supported people at Eastbourne Grange. They described their visits as timely, necessary and as adhering to guidance. They described receiving a good reception from staff who would always remain with the person during such a visit. This provided reassurance to people.

- One relative told us that regular visits to a specialist psychology team had helped with issues that their relative had been experiencing. The person's mental health had improved since these visits.

Another relative told us how their family member had been very unwell prior to moving into Eastbourne Grange and that they had experienced several falls. Since moving into the home, they had stabilised and their general health seemed to improve. They said it gave them peace of mind knowing that they were being so well looked after.

- People received regular visits from a hairdresser and chiropodist. Visits to the dentist were arranged when required.

Is the service caring?

Our findings

Our findings

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

People were supported and treated with dignity and respect; they were involved as partners in their care.

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

- People told us they were always treated with kindness and were positive about the staff's caring attitude. One said, "A great set of staff, we're very lucky. They work happily together." Another said, "I've never heard a member of staff speaking to a resident with anything less than kindness."
- A relative told us, "Staff are friendly and competent," and "There have been some slight changes but they all know my relative and they all know my face." Another relative said "If there is ever a problem they'll give me a call. All of the staff are 100%."
- Staff were consistent in greeting people cheerfully. We observed a person who appeared anxious, a little disorientated and close to tears. They reached out for the registered manager, who took their hand, sat with them and offered reassurance. This resulted in the person smiling and laughing.
- Care plans had a 'This is me' section which gave details of their past as well as their likes and dislikes. The registered manager told us that when they assessed a new person they treated them as if they would be spending the rest of their lives at the home.
- People told us that staff knew their preferences and used this knowledge to care for them in the way they liked.
- Where people were less able to express their needs and choices, staff understood their way of communicating. Staff observed body language, facial expressions and made eye contact and could understand what people needed.
- Carers showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. Several people were practising Christians and a monthly service took place within the home to enable them to take Holy Communion. One person told us that they could attend the local church if they wished.

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

- People told us they were offered choice and their views listened to. Several people preferred to spend most of their time in their rooms. They were offered choice each day but many were happy in their rooms. One person told us that they could have a bath every evening and that they could do whatever they liked.
- People could provide feedback about their experiences. Residents meetings were offered, although the registered manager told us that only a few people chose to attend. People told us they could speak to the registered manager each day and raise concerns if they wanted to. They met regularly with staff to discuss their care needs and choices for activities or menus.

Respecting and promoting people's privacy, dignity and independence.

- People's independence was always promoted. Some people were independent with personal care but most required some help. Daily notes showed that support was always offered but that independence and privacy were encouraged. We observed a member of staff supporting a person as they moved around the home. They encouraged them to use their mobility aid and praised when they did this independently.
- Care plans had a section called 'My independence plan'. This gave clear guidance about what things people could do for themselves and what they required help with. These were reviewed monthly with each person.
- Staff knew what was important to people and respected this. For example, a person had a soft toy animal that they carried with them everywhere and referred to as their pet. Staff were observed interacting with the person and acknowledging the toy which made the person smile.
- People's right to privacy and confidentiality was respected. For example, staff were consistent in knocking on doors before entering people's rooms.
- Staff understood confidentiality. One staff member told us that they always close the office door when discussing people and they never speak about people in communal areas. We observed that people's documentation was locked in filing cabinets, that only staff had access to.

Is the service responsive?

Our findings

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Before people moved into Eastbourne Grange, pre-assessments were completed that looked at their support needs, daily routines and preferences. These assessments were then used to formulate people's care plans. The registered manager told us, "I assess people for the rest of their life. As far as I'm concerned this is their home. If needs change we have to learn new skills."
- People told us their care needs were regularly reviewed with their key workers. This was a named member of staff who had a central role in their lives and would oversee their support needs and care plans. Staff told us this was a good way of building relationships with people. We saw evidence of people being consulted about their care needs and their decisions being respected.
- People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. This included activities such as music sessions, chair exercises, dancing, quizzes, bingo, watching films and skittles. Staff told us they had recently had a Christmas party and there were photos of people enjoying this around the home.
- People said they were offered each day to join the group activity but in most cases, they were happy to remain in their rooms. People who chose to remain in their rooms, told us that alternative activities were offered to them there.
- One activity involved throwing hoops to see who could get the highest score. Staff were seen encouraging and praising people who were clapping and cheering others when it was their turn. One person did not understand the game and had it carefully explained, one to one, by a member of staff. They were then able to take part.
- The garden area was pleasant and looked out onto a larger, privately owned field. We were told that during the warmer weather both areas were regularly used by people.
- From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- Staff were knowledgeable of people's communication needs and were conscious of any aids needed to improve this. A person who had difficulty in remembering how to wear hearing aids, had a clear colour coded dot on each one, indicating which ear they should be in. This helped them to manage this independently.
- For people with visual impairments, the Blind Society visited once a month to provide support.
- Most people were capable of verbally communicating their needs however some people understood

pictures better than words. An easy read notice board in the lounge showed the date, time and weather for the day. There were easy read notices on all toilet and bathroom doors as well as a pictorial activities timetable.

- Care plans had details of individual communication needs included.

Improving care quality in response to complaints or concerns.

- People told us if they had any issues, they would feel comfortable raising them with the registered manager.
- A relative told us, "We've never had any issues." Another said, "If something happens they let us know. My (relative) had a fall and they called us and offered to send pictures. It was dealt with very well."
- The complaints procedure had been reviewed in September 2018 and posters were put up advising people how to complain. No official complaints had been recorded in the past twelve months but the registered manager said that sometimes minor concerns were raised. These however had not been documented. We have addressed this issue further in the well led section of this report.

End of life care and support

- No-one was receiving end of life care at the time of inspection. Some people who wished to discuss it, had end of life plans that specified their preferences.
- Staff gave us examples of the physical and emotional support they provided to people previously on end of life care. One staff member said, "I talked and supported one person and made sure they always had someone with them. I held their hand at the end." Following the person's death, staff had been supported by the registered manager to deal with loss.
- Some people had Do Not Attempt Resuscitation (DNAR'S) in the front of their support plans. These were known to staff and had been regularly reviewed by the GP.

Is the service well-led?

Our findings

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

Service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a quality assurance system which included audits and checks by the registered manager and provider. Kitchen, medicines, people's documentation, laundry and call bell audits were completed monthly. However, we found inconsistencies within people's and staff documentation. Improvement was needed to the quality assessment process.
- One person had mental health support needs and had received input from medical professionals. Where risks had been identified about a person's mental health by the medical professionals, these had not been put in the care plan and staff did not have access to this information.
- Another person who had recently moved to the home did not have a care plan. This person had a specific health condition which had not been risk assessed
- One person required their drinks to be calorie enriched and we saw them being supported this way. However, this had not been documented in their care plan.
- For two people that could display behaviours that challenged, there was no guidance to identify what these behaviours were and what actions staff should take.
- We spoke with staff about these people and they knew their support needs and how to manage risks well. Immediately following the inspection, the registered manager completed these assessments as a matter of priority. Therefore, we did not assess there to be an impact on people's safety. However, the registered manager acknowledged that care plans needed to be up to date and relevant of people's support needs to ensure continuity of care.
- Where people lacked capacity, they did not always have mental capacity assessments. The registered manager said that they had taken advice and had been given different feedback from different sources. They were in the process of transferring all assessments onto the same template but more time was needed to ensure that MCA's were documented in line with current legislation. For two people with authorised DOLS, the registered manager was not aware of her responsibilities to ensure that conditions were met in line with legislation.
- We looked at staff files and in one case found a staff member who did not have a current DBS check. This staff member had previously worked at another service run by the same provider. We spoke to the registered manager who was unaware that DBS checks were location specific and thought that because they had previously worked for the same provider, this could be transferred. An application was immediately placed

for a new check by the registered manager.

- There was a lack of oversight by the registered manager in some areas. Despite the good management of incidents by staff, they were not consistently well recorded. The registered manager did not monitor incidents as part of the quality assurance process. Therefore, they had not identified that staff were not recognising and recording incidents consistently. For example, for one person who had displayed behaviours that challenged towards other people, these had not been fully documented. We viewed the person's daily notes and saw that two incidents had happened recently, however when we discussed this with the registered manager, they were unaware of these. There were no incident forms detailing what occurred or if any harm had come to people. Following the inspection, the registered manager investigated these further and informed us no harm had come to people involved. However, without oversight, the registered manager had also not identified patterns or trends for behaviour.
- The registered manager did not review complaints as part of the quality assurance process. They told us that although no official complaints had been received, there had been minor concerns raised by relatives. These had not been documented. We discussed including these concerns as part of complaints monitoring to give oversight of all constructive feedback.
- People, relatives and professionals were given surveys to gain their views of the service. However, very few had been returned and no action taken to encourage more feedback. Due to the lack of response, the registered manager had not been able to analyse feedback for patterns or trends. We discussed with the registered manager including staff in surveys to ensure their feedback is also acknowledged and they advised they would implement this.
- There were not clear quality assurance processes to ensure good oversight of the service. The provider had not sought feedback from people and therefore this could not be used to improve the service. These issues are a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations.
- Staff told us they had regular staff meetings. Although no meeting had been held with night staff since February 2018, the registered manager would see the night staff at least once each week and was in the process of arranging a meeting. Staff also had daily catch up meetings with the registered manager. Meeting minutes showed that health and safety, infection control, medication, meals, activities and people's needs were all discussed.

Planning and promoting person centred, high quality care and support with openness and how the provider understands and acts on duty of candour responsibility.

- People all knew the registered manager and spoke highly of them. One person told us, "The manager is very good, they have brought the place on leaps and bounds."
- Staff were complimentary of the registered manager and felt that team working was encouraged. Comments included, "I get lots of praise from the registered manager" and, "They will often come and help and give feedback."
- Staff told us a person-centred culture was promoted. We observed this in interactions between people and the registered manager. On arrival at the home the registered manager introduced us to all the people. It was clear that people all knew them well and were pleased to see them. People were comfortable in their company and approached them easily throughout the inspection. The registered manager knew people well and had a detailed knowledge of people, their histories and support needs.
- The registered manager had a good understanding of the duty of candour. This is where we ask providers to be open, honest and transparent about their service. When incidents had occurred, which caused harm to people, the registered manager had reported these to appropriate health and social care professionals. The

home's previous inspection rating was presented in communal areas for people, relatives and staff to read. The previous report was also on the provider's website.

Continuous learning and improving care.

- The registered manager was committed to developing and improving the service. A health and social care professional that regularly visits the service told us, "The manager is kind, calm and always out and about." A relative told us that the registered manager was, "Always very helpful."
- The registered manager had arranged for supportive visits and guidance from the local authority. They had also organised for additional quality audits by an external professional. They had arranged for a specialist from the Falls Prevention Team to visit and provide training to staff.
- The registered manager listened to our feedback and worked to start implementing new procedures and identifying future actions. The registered manager started to implement new audits for incidents, complaints and safeguarding. This demonstrated their willingness to improve.

Working in partnership with others.

- A good relationship existed with other agencies and professional bodies. East Sussex County Council Market Support Team had visited the home in November 2018 and found the home to be "Welcoming and homely." A visiting health and social care professional spoken to during the inspection said, "I have a good relationship with the manager and staff."
- The home had established links with a local school. The school choir attended at Christmas to sing carols with the residents. A link had also been established with a local church and they visited the home monthly to provide Holy Communion. The registered manager told us, "The more input we have from the local community the better it is for people."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that care and treatment was provided with the consent of the relevant person.</p> <p>Regulation 11 (1) (2) (3) (4)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided.</p> <p>Regulation 17 (1) (2a) (2b) (2c)</p>