

Sandhurst Rest Home Ltd

Sandhurst Rest Home

Inspection report

142 Barnhorn Road
Bexhill On Sea
East Sussex
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Tel: 01424844405

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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

About the service

Sandhurst Rest Home is a care home providing personal and nursing care for up to 24 people. At the time of the inspection 13 people were living at the home with a range of health care needs. Some people were independent and required minimal assistance, while others required assistance due to frailty of old age and dementia.

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

People were very positive about the support provided at Sandhurst Rest Home. People said they were comfortable and felt safe; as staff knew them very well, had a good understanding of their needs and knew how to provide the care and support they wanted.

People and relatives told us the registered manager was approachable and the staff were kind and caring. Risk had been identified and recorded, with guidance for staff to follow to reduce it as much as possible. People were supported to access healthcare services when needed and live healthy lives.

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.

Medicines were well managed, and people were supported to have their prescribed medicines safely and when they needed them. Staff had completed medicine training and worked with community pharmacist and GP's to ensure medicines were appropriate for each person.

There were enough staff working in the home to provide the support people wanted, at a time of their choice. A robust recruitment procedure ensured only suitable staff were employed and ongoing training and assessments meant staff had the knowledge and skills to meet people's needs.

People were protected from the risk of abuse, harm or discrimination because staff had completed safeguarding training and knew what action they should take if they had any concerns.

An effective quality assurance system enabled the provider and registered manager to monitor the services provided and ensure they were appropriate and met the needs of people living in the home.

Rating at last inspection

The last rating for this service was Good. (Published 6 December 2016)

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 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 safe.

Details are in our safe findings below.

Good ●

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 ●

Sandhurst Rest 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 carried out by one inspector.

Service and service type

Sandhurst Rest 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. This information helps support our inspections. We used all of this information to plan our inspection.

During the 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 spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, assistant care workers, maintenance staff, the chef and a health professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training data and minutes from meetings. We looked at the report provided by Healthwatch following their visit to the service in August 2019. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they had no concerns about their safety and relatives were equally positive that people were safe. People told us, "Yes I chose to live here and have never regretted it, they keep us safe" and "I feel safe and comfortable here." A relative said, "Oh yes I think they are safe and well looked after. I don't worry about that."
- Staff had completed safeguarding training and had a clear understanding of abuse and how to protect people from harm and discrimination. One member of staff told us, "Yes we all do the training. I know there are different types of abuse and if I was worried about anything I would talk to the manager." Another member of staff said, "No concerns there, the safeguarding number is in the office if we need it, but the manager or owner would sort anything out quickly. If there was anything."
- The provider had safeguarding and whistleblowing policies. Staff said they had read these, they had been given copies when they did their induction, and they discussed them during the yearly training updates.
- The registered manager knew when referrals to the local authority were required and had made these in line with current guidance.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People said they decided how they spent their time and staff supported them to move around the home safely. One person told us, "I spend time in my room and go into the lounge for activities, I like the quiz, am a bit wobbly at times but they know and look after me." Another person said, "I do what I want to really, can get around on my own, they check I am ok, which is nice."
- Staff spoke knowledgeably about risk and explained how they assisted people without restricting their choices. One member of staff told us, "(Name) can be a bit unsteady and should use a stick, they often forget so we just remind them and keep an eye on them as they walk about. They want to join residents in the lounge and they should be able to do that safely."
- Where risk had been identified assessments has been completed and guidance was available in the care plans for staff to refer to. This ensured that risk was reduced as much as possible; whilst support was offered in such a way that people were encouraged to be independent and make decisions about all aspects of their lives.
- Risk assessments were specific to each person. These included mobility and risk of falls; eating and drinking and risk of weight loss or gain, and there was evidence that action had been taken to reduce the risk. For example, the layout of the communal areas and people's bedrooms had risk of falls in mind; furniture had been placed to provide enough space for people walking independently and those using walking aids to move around safely.

- Staff had completed moving and handling training and had a good understanding of how to support people to stand up, if they were unable to stand up independently. We saw staff assisted people respectfully to stand up from their armchair and then walk to the dining room for lunch. One person said, "Yes there is always someone around to help us."
- Staff said accidents and incidents were recorded and discussed at handover, to understand why they had occurred and to reduce the risk of them re-occurring. In addition, referrals had been made to the rehabilitation team if staff had concerns about a person's mobility. Monthly audits were used by the registered manager and provider to identify any trends. They said they had not found any trends and records supported this.
- Staff said the fire alarm was checked weekly and people said they were told when this would take place. One person told us, "So we don't jump when it goes off." Staff had completed regular fire training, they told us about the personal emergency evacuation plans (PEEPs) and said they knew how much support people needed to leave the building in case of an emergency. One member of staff told us, "We have an arrangement with other homes so that our residents can go there if we have to leave the building for any reason. Those residents can come here as well."
- Records showed equipment was maintained and serviced regularly. This included the lift, call bells, the gas and electrical systems.

Using medicines safely

- People said they had their medicines when they needed them. One person told us, "I don't have many tablets and the staff look after them, means I don't have to worry about taking them."
- The registered manager said their processes for the management of medicines had been reviewed and some changes made following the community pharmacist visit. They said, "They work with the GPs to make sure residents have the prescribed medicines they need, and we have been able to reduce some and gone back to boxes rather than blister packs."
- We found appropriate systems were in place for the ordering, receipt, storage, giving out and disposal of medicines.
- Staff responsible for giving out medicines had completed training; their competency had been assessed at the home and this was reviewed yearly. Staff said, "We have to do the training and be observed giving out medicines safely before we can do them on our own" and "There were always two staff checking medicines in and counting them at the beginning and end of each shift, so we know they are correct and we have the medicines the residents need."
- We saw staff gave out medicines as they were prescribed and signed the medicine administration record (MAR) after they had been taken. Daily and weekly checks carried out by staff ensured there were no errors, such as gaps, on the MAR, and those we looked at had been completed correctly.
- There was clear guidance for 'as required' (PRN) medicines. Such as paracetamol for pain. These included what the medicine was for; when it would be needed, with additional information about how to assess a person who was unable to tell staff verbally that they were uncomfortable. One member of staff told us, "We know from resident's expressions and body language if they are unwell or they might need something for pain."

Staffing and recruitment

- People said there were enough staff working to provide the support and care they wanted. One person told us, "There is always someone around if we need anything, might have to wait, but I am independent so don't need much."
- Staff said the staffing level was flexible and if a person was unwell then additional staff would be available. Staff were not rushed, people did not have to wait long if they needed assistance and staff answered call bells promptly.

- Robust recruitment procedures ensured only suitable staff worked at the home. Records showed relevant checks had been carried out, including two references and disclosure and barring check (DBS – police check).

Preventing and controlling infection

- People said the home was, "Nice and clean" and "There are no horrid smells, I am quite comfortable here, otherwise I wouldn't stay."
- The home was clean, well maintained and staff ensured people were protected from the risk of infection. Personal protective equipment (PPE), such as gloves and aprons, were available for staff to use and we saw staff using these to reduce the risk of infection.
- Staff said they had completed infection control and food hygiene training and records showed these were updated when required. One member of staff told us, "We have done all the training, so we know how best to protect residents from infection and if we see anything needs fixing we can tell the manager."
- There were hand washing facilities and hand sanitisers, which staff used before and after providing care and support. The hot water was regularly tested to ensure people and staff were not at risk of burns. A legionella test showed that the water was safe to use, and laundering facilities provided clean personal clothing and linen.

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 Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was delivered in line with current legislation and evidence-based guidance.
- People and relatives told us they had discussed each person's needs with the registered manager and had agreed the support provided at the home was appropriate for them. One person told us, "I knew someone who had lived here before and visited them, they were quite happy here and so am I." A relative said, "We came to look at the home, meet the residents and staff, we were pleased with what we saw, they look after everyone very well, including us."
- Records showed that people and their relatives, where appropriate, had been involved in assessments before they were offered a room. The registered manager said this was to make sure the environment was suitable, particularly the bedrooms, and staff had the skills to meet people's needs.
- Information from the pre-admission assessment was used to develop care plans and risk assessments. A person said, "Yes we talk about how much support I need, do things on my own usually but they always ask."
- Risk assessments included the use of mobility aids and advice was sought from health professionals if people's needs changed. For example, the occupational therapist or physiotherapist if a person needed a different walking aid. A relative told us, "Yes they came out and (Name) now uses a zimmer which is much safer."

Staff support: induction, training, skills and experience

- People and relatives said staff had a good understanding of people's needs and how much support they needed. One person told us, "They do a lot of training, I can see they know what we all need." A relative said, "Oh I think they are very well trained and they look after the residents."
- Staff said they were required to complete all the training and records showed when staff had done the training and when updates were due. One member of staff told us, "The training is very good, and we have to do it, which I think is good."
- Training included first aid, health and safety and person-centred approach. Equality and diversity training ensured staff understood the protected characteristics under the Equalities Act 2010 and staff spoke about age and disability being two of these characteristics. Specific training to meet people's individual needs had also been arranged, such as, dementia awareness.
- New staff were required to complete induction and there was regular supervision for all staff. The registered manager and staff said they had low turnover of staff and many had worked at the home for several years. All staff said they had completed induction when they first started at the home and had been

encouraged to work towards vocational qualifications if they wanted to. Two of the staff said they had completed level 2 and 3 in care.

- Staff said they had regular supervision. A staff member said, "It means we have time to sit down and talk about our work and if we need any support, the manager is very supportive." Another member of staff told us, "The management are very good, we can talk to them at any time as well as during supervision."

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

- People said the food was very good. One person told us, "I think it's excellent, we have different choices and can eat what we like." A relative said their family member ate very well and, "The staff make sure (Name) has enough to eat and drink, I think they would forget otherwise." Another relative told us, "We are all going out for lunch, perhaps we should eat here, lunch always smells lovely."

- People chose where they had their meals, most used the dining room for lunch, while others preferred to remain in the own room. Staff assisted people, by prompting them or cutting up their food, and if required, helped them with their meal.

- The cook knew about people's likes and dislikes, as well as individual dietary needs. Such as soft diets for people who have difficulty swallowing. The cook said people could have what they wanted to eat, "There are two main choices but if residents want something else as long as we have it here they can have whatever they want."

- Mealtimes were relaxed and sociable. People sat together in groups of their choice and chatted to each other and staff. Staff consistently checked that people had what they wanted, including condiments and drinks.

- Staff said they, "Keep an eye on how much people eat and drink." "If we notice a resident isn't eating as much we tell the manager or senior and record how much they do have on a food and fluid chart " and "We would ring the GP if a resident wasn't eating very much, they might be unwell and we weigh residents monthly so we know if they lose weight and we might weigh them more often, depending on what the GP says."

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.

- People told us they made decisions about all aspects of their day to day lives. One person said, "We decide what we want to do. I get up when I want to and spend time in my room or in the lounge. Up to us what we do." Another person told us, "Staff always ask if we have everything we need, and I think we all decide what we want to do." A relative said, "(Name) forgets things, but I have seen the staff ask them and other residents if they want a drink, where they want to have their meals and if they want to go back to their rooms. I don't think it could be any better."

- Staff asked people where they wanted to sit in the lounge, if they wanted to watch TV, which some did, and what programme they preferred. Staff told us, "Everything we do is decided by the residents, it is their

home not ours" and "Residents decide everything I think, when they get up or go to bed, where they sit, some prefer to stay in their room and what they have to eat."

- Staff had completed MCA training. They understood the importance of supporting people to be independent and make decisions about the support they received, and that applications had been made to the local authority for DoLS.
- When an application for DoLS had been made, people's capacity had been assessed by external assessors and when appropriate the DoLS had been agreed. For example, for the locked front door. Any conditions required to meet the authorisation of a DoLS, were being met.

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

- People had support from appropriate health and social care professionals to maintain and improve their health and well-being.
- People said the staff helped them to arrange and attend appointments, or organised health professionals visit to see them at the home. One person said, "I have had my hearing tested and looking forward to getting a new hearing aid. Staff are going with me, looking forward to getting it." A relative told us, "We know when (Name) is not so well staff call the GP and tell us if anything changes, so we are always involved."
- Staff said they went with people to appointments. A member of staff told us, "Although quite often relatives want to go with them, depends on what they need, and we can support them as staff are allocated to go with them."
- Records were kept of each professional's visit, with any changes in support if needed, which was discussed by staff during handover. Staff said this meant they were up to date about each person's needs and knew if additional support was required. There were regular visits from chiropodists and opticians and specific advice was sought when needed. Such as the speech and language team if a person had difficulty swallowing.
- The registered manager and staff were aware of the need to ensure people had good oral health. They said, "We encourage people to clean their teeth or look after their dentures." "We can arrange appointments with dentists and I think we are trying to set up visits here" and "Mouth care is very important; some residents might forget, and we remind them." A member of staff had agreed to be the oral health champion and had attended appropriate training to do this.

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

- People and relatives said the layout and design of the home reflected people's needs and preferences. One person told us, "I like the way the chairs are in the lounge, we can sit next to our friends and can see everything that is going on."
- The registered manager said they had discussed the layout in the lounge with people and relatives because, "There has been suggestions that the chairs could be in groups, so residents can see each other and talk together, but the feedback was they preferred the chairs where they are, so we have left them. If that changes we can move them, always depends on what they want to do."
- People were supported to move around the home as they wished; staff knew people may have needed guidance and this was offered and provided when the person agreed. For example, one person had a room on the first floor, they were able to use the stairs and spent time walking to and from their room. Staff observed them to ensure they were safe but did not try to restrict what the person did.
- To assist people living with dementia, signs had been placed inside and outside rooms, such as the dining room and the lounge. Staff said they pointed out the signs to people, if they were not sure where they wanted to go or where they were. We saw one member of staff point out the sign for the lounge, when they asked a person if they wanted to sit in the lounge, the person agreed and sat down with other people to watch TV.

- People offered to show us their bedrooms and pointed out how they had been arranged to suit their preferences. One person showed how independent they were using their ensuite facility and pointed out the arrangement of personal possessions and ornaments. They said, "I like my room the way it is, I can move things around if I want to and if there is anything I want to change I tell staff and it is done."

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 said staff provided the care and support they needed. One person told us, "I can do what I like really, they are very kind and take care of everyone else." A relative said, "I couldn't fault the care here, the staff are all lovely and I would recommend it as a good home."
- Communication between people, relatives and staff was relaxed, friendly and on first name terms. A member of staff said, "The residents and their relatives work as part of the team, so we get to know them very well and they get to know us."
- Staff provided flexible support and assistance based on each person's needs and preferences. Staff said, "Each resident needs different support, some more than others and they make their own choices about how we look after them" and "The support we offer can change daily, depending on how they feel. (Name) is very independent some days and then might need help the next day, but we know about this and re-assess their needs all the time." □
- People were supported to maintain their spiritual and religious choices. Staff said they would take people to services if they wanted to attend or arrange for them to receive spiritual/religious support at the home.

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

- People were supported to be involved in decisions about their care. People told us staff always asked them if they needed anything and if they were comfortable, and we observed this in practice. Staff said hello and chatted to people as they walked through the lounge, asking people, "How are you today." "Have you got everything you need" and "Do you want to watch the TV?"
- One person said, "The staff are so kind, they ask if they can do anything for us, I can do most things for myself." Another person told us, "Staff are very supportive, there is someone around if any of us needs help and they also know when we like to be on our own. I like to spend time in my room in the afternoon."
- Staff were aware of the importance of confidentiality and documentation was kept secure on the electronic system or in the registered manager's office.

Respecting and promoting people's privacy, dignity and independence

- People said staff were very respectful and protected their privacy and dignity. One person told us, "They always knock and say hello and ask if they can come into my bedroom. I know they check up on us at night, we agreed to that." Records showed that these discussions had taken place and been agreed with people and/or their relatives. A relative said, "I visit at different times and always seen staff are kind and treat

residents with respect."

- One member of staff said, "We are here to support the residents, it is their home and we respect that. I wouldn't want someone walking into my home without being invited."
- When people needed reminding or prompting to use the bathroom staff spoke quietly to them and asked if they needed help. We saw staff chatted to them as they assisted people to use the facilities and respected their privacy by waiting outside, to ensure other people were aware that it was in use.
- People were supported to be independent and make decisions about all aspects of their day. One person said they were very independent, while others needed assistance and we saw staff enabling people to decide what they wanted to do and walk around freely.

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 made decisions about all aspects of the care and support provided. People told us, "Yes I decide what to do." "The staff are very good, they look after us" and "They are all lovely and so kind."
- Care plans had been personalised and reflected people's individual needs and wishes. They had been reviewed regularly and it was clear that people and/or relatives had been involved in discussions about people's care needs and how these could be met. One person knew they had a care plan while another said their family looked after their care.
- There was clear guidance in the care plans for staff to follow, which ensured they had a good understanding of the support people needed and knew what action to take to meet them. For example, one person living with dementia became disorientated, staff talked to them quietly and explained where they were. They offered a cup of tea, which they accepted, and the person was more settled.
- Staff talked knowledgeably about people's individual needs, how they liked to spend their time and how this varied depending on how they felt at the time. One member of staff said, "(Name) is quite independent and can do most things, but they can also get upset at night, they wake and forget where they are. We all know about this so can explain where they are, offer a drink and sit with them until they go back to bed."
- Staff said the electronic system that had been introduced to record the support and care they provided was good. One member of staff told us, "It means we can record what we do straight away, so nothing gets missed, which is much better."

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 said they could tell staff what they wanted and could discuss their needs with visiting professionals and during appointments. One person told us, "I know what I need and can tell the staff. I also tell staff what other residents need if they don't."
- Care plans reflected people's specific communication needs, such as hearing aids and glasses and information about when people chose not to wear these. There was guidance for staff to follow to ensure people were supported to communicate effectively.
- Staff said, "We know (Name) prefers not to wear their glasses and hearing aid, so we make sure they can see our face when we talk to them and ask if they can hear us. Their hearing is not so bad, and they know

when we are asking them something." We saw staff taking time to make sure the person knew staff had asked them if they wanted to sit in the dining room for lunch, which they did.

- People were supported to respond to staff when asked about different aspects of their day. Such as, if they were comfortable and what activities they wanted to do.
- We found people's different communication needs were recorded in the care plans and staff had a good understanding of these. They were aware of AIS and said most people could communicate well.

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

- People were supported to maintain relationships that were important to them. One person told us, "Yes visitors are always welcome, they came to the 'do' on Saturday, it was very good. There was such a mess afterwards, but it all got sorted out." Another person said, "My family come quite often, I like to go out with them, we go for lunch sometimes."
- We saw that visitors were made to feel very welcome; they clearly knew people and staff well and greeted them as friends. Relatives told us, "We have got to know the residents and other family members as well as the staff. It's a lovely home, well it is the resident's home really and they all seem happy to see us" and "Staff always seem pleased to see us, we don't visit very often as we don't live round here, but I know other relatives are happy to visit."
- A staff member said, "It is nice to see relatives and friends visiting residents, they can come any time they want, and we like them to be involved in planning and delivering care here."
- People said there were varied activities, provided by staff at the home and by external entertainers. They knew what had been planned for each day, but this changed depending on what people wanted to do. Staff said, "It is really up to them on the day and some prefer not to take part in group activities." One person told us, "I like the quizzes and we have a dog visit which is nice." Another person said, "I don't join in really, prefer to stay in my room."
- Relatives told us some activities were arranged for them to join in as well. One relative said, "They had a lovely party at the weekend, we all had invites and it was really nice to get together."
- During the inspection people took part in a quiz, they watched TV and staff also spent time with people who preferred to stay in their room. A picture board showed the different activities people had participated in, these included making Easter bonnets, and people said they enjoyed the motivation exercises, cake making and singers.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure displayed in the entrance hall that was accessible to people and visitors to the home. People and their relatives knew how to make a complaint and said staff were receptive to comments and suggestions about the services provided.
- One person told us, "I don't have any complaints. I can't see what there is to complain about, if we want anything we just ask the staff and they do it." Relatives also said they had no complaints but if they did they were confident that the registered manager or staff would resolve them quickly.
- We looked at the two complaints that had been received since the last inspection. These had been investigated in line with the providers procedures, outcomes were recorded, and feedback was sought from the complainant to ensure they were satisfied with the action taken.

End of life care and support

- Staff said no one was receiving end of life care at the time of the inspection. They spoke about how they supported people when their health needs changed, keeping them comfortable, respecting their wishes and contacting GP or district nurse for advice.
- Staff said they had done some training to support people at this time and were clear that as far as possible

they would be supported to remain at Sandhurst Rest Home.

- Care plans showed people had discussed their end of life wishes and where appropriate, do not resuscitate forms had been agreed with the individual, their relatives and health professionals. If people preferred not to discuss their preferences staff respected this.

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 Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- From the comments people and relatives made and our observations there was clearly an inclusive and open culture at the home. People said, "I am happy here." "I don't think I could find anything better" and "Everyone is so caring."
- The emphasis was on supporting people to continue to enjoy their lives. To participate in activities of their choice and for staff to provide the support they needed, whilst ensuring they maintained their independence.
- The registered manager said they had an open-door policy and we saw they were visible to people, visitors and staff during the inspection. A relative told us, "The manager is excellent and the staff know exactly what they are doing." Another relative said, "They run a fantastic house."
- People said they were kept up to date with any changes through day to day conversations with staff and the resident's meetings. The minutes from meetings showed that they regularly discussed the menu and people were encouraged to put forward suggestions. This was in addition to the one to one conversation the cook had with people about their preferences and choices.
- Feedback was also sought about the care and support provided during the meetings and these comments were consistently positive. They included, "I am happy here." "Quite content" and "I have no concerns here."
- The provider and registered manager knew how important it was to obtain feedback from people, relatives, staff and professionals to improve the services provided. Satisfaction surveys were sent out annually and the registered manager was doing this at the time of the inspection.
- Staff said the registered manager worked alongside them and they appreciated this. One member of staff told us, "It means everyone is part of the team and we work together."
- The management made sure that staff continually updated their skills and knowledge by attending training and promoting staff development and professional practice. The registered manager said they were reviewing staff responsibilities and had discussed with staff the introduction of champions for different aspects of the services provided.
- Specific training had been arranged to support staff with these roles and champions in oral health, infection control and hydration had been appointed.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; 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 provider and registered manager had effective quality assurance systems to monitor the services provided. These included audits, completed by the registered manager, to review care plans, medicines, infection control, accident/incidents and health and safety.
- The provider had good oversight of the services provided. They visited the home regularly to look at the audits and carry out additional checks. Records showed these involved a walk around the home to look at the environment and conversations with people, visitors and staff.
- People told us the provider was in the home weekly and they knew when he was there as, "He always says hello and asks how we are." They told us he was there during the inspection.
- The provider and registered manager empowered staff to have ownership of their role in the home. Staff were clear about their roles and responsibilities and felt valued and supported to carry them out to the best of their ability.
- Staff told us, "I love working here, we have really good support from the management." "I think we all work really well as a team, including the owner, manager, residents and their relatives" and "It is like a small community which works together to look after residents and relatives. I think it is a lovely place to work."
- Staff meetings provided an opportunity for management to update staff about any planned changes and obtain feedback from staff. From the minutes of these meetings we saw staff were encouraged to discuss any issues and put forward suggestions for improvements. A member of staff said, "Yes, we have regular meetings, we talk about any issues, usually small things and they listen if we have any ideas about improvements. Like taking residents out into the community more, I think we will be doing that more if the weather is good."
- The open and transparent management of the service meant that people, relatives, staff and visiting professionals were aware of any issues and informed when incidents occurred, or when additional support was needed. One relative told us, "They always ring me if anything happens, like when (Name) had a fall. Not injured but they called the GP and let us know which is very good."

Working in partnership with others

- The provider and registered manager had developed partnerships with other services, for example GP's, which helped ensure people's needs were met and best practice was followed.
- A health professional told us staff had a good understanding of people's needs and contacted them for advice when required.
- The response from Healthwatch about their visit was positive and showed staff responded well to the questions they asked and demonstrated a good understanding of people's support needs.
- They worked with the local authority Market Support team and community pharmacist to identify areas for improvement.