

Carrienne Care Ltd

# Creative Media Centre

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Creative Media Centre is a domiciliary care agency providing personal care to older people living in their own homes. At the time of inspection, 11 people were receiving a service. Some of these people lived with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People's care documentation did not consistently reflect their current support needs, preferences or what they could do independently. Although staff knew people well, identified risks had not been recorded fully with actions staff should take to mitigate them. There was not always oversight of staff records such as interview notes or spot checks. We have made a recommendation regarding this.

People told us they felt safe being supported by staff from Creative Media Centre. One person said, "I feel very comfortable having them in my home." People and their relatives told us there were enough staff to meet their needs and they never experienced any late or missed calls. One person said, "They are on time and do exactly what I need." People saw the same staff every week which meant they knew and trusted them. Staff told us that working with the same people meant they got to know them and risks to their wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that their health and social needs were consistently met, and staff provided support to medical appointments if it was needed. People's nutrition and hydration needs were also met. Staff spoke positively about their induction into the service and told us they were provided with regular supervision by a manager. Staff had the skills and knowledge to meet people's needs.

People's privacy, dignity and independence was always promoted and encouraged. People spoke very highly about the caring nature of staff. One person said, "They are unique you know and so very nice." Another said, "My carer is like a friend to me. I always enjoy myself when I'm with them." Relatives and professionals were also complimentary about staff. One relative said, "I honestly think they are the best care agency in the area. Every single carer is excellent. I can't speak highly enough about them."

Staff knew people, their support needs and communication preferences well. They involved them in activities that were tailored to their interests. People and their relatives told us they had never had any

reason to complain but knew who to speak to if they had any concerns. People were supported in a kind and compassionate way when they were at the end of their lives.

Although we identified improvements were needed to records, everyone we spoke to was complimentary about the registered manager and care coordinator. Staff felt well supported in their roles and that everyone worked together as a team. One staff member said, "The registered manager is always there. The care coordinator is marvellous too. They are both very supportive." Feedback had been sought from people, staff and relatives to check they were happy with the service. The management team listened to our feedback and sought to improve immediately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 1 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Creative Media Centre

## 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 conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed time for people to be able to give consent for us to phone them.

Inspection activity started on 29 August 2019 and ended on 2 September 2019. We visited the office location on 2 September 2019.

#### What we did before the 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service, two relatives and three professionals about their experience of the care provided. We spoke with four members of staff including the registered manager, care coordinator and two care workers.

We reviewed a range of records. This included four 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 looked at training data and quality assurance records. We spoke to another health and social care professional about their experience of the service.

# 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 were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- People told us they felt safe. One person said, "They make me feel safe. The other day I wasn't feeling right and I was so glad to see them, they reassured me just being there." Another person said, "I've always felt safe because they are kind to me and never shout."
- Relatives agreed that they felt their loved ones were kept safe by staff. One relative said, "Staff make my relative comfortable and reassure them. Staff would never abuse them and my relative seems to trust them." Another relative told us, "If things get too much, I can ring on-call and they send someone over to help me. This is calming for me and I know my relative will always be safe."
- Staff had all received safeguarding training which was regularly reviewed. This gave them understanding of how to recognise different types of abuse and how to respond to concerns.
- Staff told us that they had a whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. One staff member said, "If I thought something was wrong, I would speak up." Another said, "If I think somethings not right, I would ring the manager or social services. If you think somethings not right, you must report it, make sure the issue has been chased up and followed through."

Assessing risk, safety monitoring and management

- People told us that staff knew them and risks to their wellbeing. This meant they could monitor areas of concern. For example, one person said, "They make sure my floor isn't wet or covered in things, so I don't slip." Another person said, "When I am in the shower, they make sure it is not too hot."
- Staff could tell us how they supported people and promoted their health and wellbeing. For example, some people had a risk of their skin breaking down. Staff knew signs to look for that this was happening. They told us about specific equipment used to support healthy skin, such as creams, pressure mattresses and cushions.
- At the time of inspection, no people who were at risk of skin breakdown, had any concerns. A relative said, "My relatives' skin is brilliant, especially considering they are in bed all the time. Staff really know what to look for and manage it well."
- One person could become anxious and display self-injurious behaviour. Staff, the registered manager and care co-ordinator told us how the person would present if they were becoming anxious and how to reassure them, such as telling jokes or talking about their family.

- During the inspection, one person had been taken to hospital and we observed the registered manager liaising with health and social care professionals. They were concerned about the wellbeing of the person once they returned home from hospital and ensured this would not happen until an occupational therapist had assessed the environment and provided moving and handling equipment.
- Where risks had been identified, these had not always been reflected in risk assessments. Staff knew people and risks well so there was minimal impact on people's safety. However, we have reflected on the lack of detailed assessments in the well led section of this report.

### Staffing and recruitment

- People told us that there were enough staff to meet their needs. Comments included, "I usually have the same staff unless they are on holiday and then I might have someone different. But they are all nice" and, "Staff are always on time, I can really rely on them."
- Relatives agreed that staffing levels were suitable and the same staff attended care calls. One relative said, "Most of the time we have the same staff, unless they are on holiday. So, they are familiar with my relative and their needs. My relative recognises staff too. They're very happy with them."
- We viewed rotas for the service and saw that staff visited the same people each week. This meant that they got to know them, and their support needs well. One staff member said, "It has meant we are able to build strong bonds with people. They trust us, which is so important."
- Staff told us they got enough time between calls to ensure they are on time and didn't feel rushed. One staff member said, "It's very good here - I don't drive and all my calls are within walking distance to make it easier and give me enough time to get to and from each one. The registered manager has really taken this into account."
- Relatives agreed that staff arrived on time and stayed later if required. One relative said, "Even if they're due to leave and something happens, they will always stay late to support. They don't just rush off." Another relative said, "They are always there if I need them. For example, if I need help in the middle of the night, I can call the on-call number and someone will come out to help me."
- Staff were 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.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

### Using medicines safely

- People received their medicines from staff that were trained to do so.
- People told us they received their medicines on time, in the way they preferred. One person said, "They help me with my medicines three times a day. They look at my folder. I always get them around the same time. They also collect from my pharmacy if my family are away, it's very supportive." Another person told us, "They give me my medicines when I am sitting down, otherwise I can't take them properly. I get them when I need them."
- Relatives agreed that people were given their medicines safely. One relative said, "They give my relative their tablets religiously every day and are so thorough. They check everything."
- The registered manager told us that all people received their medicines in a blister pack. They said, "This makes it easier to encourage people to be independent. Mostly, staff prompt and observe to make sure medicines are taken, but people take them themselves."
- We viewed some people's Medicine Administration Records (MAR). These informed staff the amount to give, reasons for taking and suitable gaps between dosages. On the MARs we looked at, we could see people



were receiving their medicines as prescribed.

- Staff were observed during spot checks by the registered manager and care co-ordinator, to ensure they gave medicines safely. Spot checks are when a manager arrives at a care call unannounced to observe staff practice.

#### Preventing and controlling infection

- People and their relatives told us that staff always wore Personal Protective Equipment (PPE) when they supported them. One person said, "They wear gloves and aprons and change them too." A relative said, "They wear uniforms and gloves and aprons and always re-stock them regularly."
- Staff had all received training in infection control and had a good understanding of how to prevent the spread of infection.
- Staff told us they had a regular supply of PPE and if they ran low on items, they were immediately replaced by the provider. A stock of PPE was kept at the office and accessible at all times for staff if they needed it.

#### Learning lessons when things go wrong

- The registered manager reflected on incidents when they happened and took action to ensure that risk was reduced.
- For example, one person had left their home and was at risk of becoming lost without staff support. The registered manager made a referral to the Wellbeing team, who support people with mental health. They also held a best interest meeting with the person, their relative and health and social care professionals.
- Equipment was sourced, which meant the person could still go out and staff would be able to locate them if they became lost. The registered manager said, "We felt this was the least restrictive way. The person could still go out by themselves, but they were reassured that they could be found safely if they became lost or confused."

# 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.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs.
- Staff had received training in moving and handling, safeguarding, health and safety, nutrition, end of life care and dementia.
- We observed that moving and handling training had not been reviewed with seven staff in several years. This did not impact on people as only one person was receiving this support and they had a team of staff who had all received this training. Staff's competency to do moving and handling was assessed during spot checks by the registered manager or care coordinator.
- However, the registered manager acknowledged that it was important for staff to be refreshed on this training as people's needs could change quickly. They had already booked an external trainer to provide practical moving and handling training to staff.
- People and their relatives told us that staff had the skills and knowledge to meet their needs. One person said, "I don't know specifically about training, but they are so good and know what they're doing so they must be." A relative said, "I think staff are very well trained. They point things out to me which is useful. For example, if there's any skin issues, they tell me straight away."
- Several staff supported a person with moving and handling. They had received bespoke training in the person's house, by an occupational therapist. This meant they were trained in how to use the person's specific equipment safely.
- All staff were completing the Care Certificate as part of their ongoing training programme. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The registered manager said, "Although most staff have been with us a long time, we have found the Care certificate is a good way of delivering training and reviewing fundamental care standards with staff. It is flexible as well, so staff can complete training booklets by hand or online."
- Staff told us they received a robust induction where they shadowed care calls with the registered manager or care co-ordinator. One staff member said, "I felt very confident by the end that I knew people and their routines well enough to support them. I could also contact the office anytime if I had any questions."
- Following induction, staff were supported with regular supervisions, where they could discuss people, any concerns they had and personal development. One staff member said, "I meet with the registered manager or care co-ordinator. They ask me about any client updates. They also thank me for the effort I put in and feedback any compliments from people. I leave supervision feeling valued."

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

- Before people received care, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care.
- A professional said, "The managers have undertaken assessments before people are supported in their homes. This has made the person feel valued and reassured that they will be well supported when they returned home."
- People's needs were continually reviewed with people and changes made if required. A relative told us, "My relative's needs are constantly changing. The registered manager recognised more help was needed and got in touch with a social worker on my behalf. They then joined me in the meeting to support me and make sure I understood everything. I appreciated that and their help."

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

- People's nutritional and hydration needs were consistently met.
- People told us that they had choice and control over what they wanted to eat and drink. One person said, "They support me with meals. I tell them what I want, and they prepare it for me. They listen to what I would like." Another person told us they were often supported by staff to make their own food and enjoyed this activity. They said, "I'm making cauliflower cheese today with my carer. I'm really looking forward to this."
- Staff told us they always listened to people's choices and respected them. One staff member said, "I support with lunch calls. People choose what they want and tell us what they want. They pick out food and tell us how they want it cooked."
- One person was at risk of choking and had been assessed by a Speech and Language Therapist (SaLT.) Although staff did not support this person with eating and drinking, staff were aware of this risk. A copy of the SaLT guidance was kept in the person's care plan in case staff were ever required to support in this area.

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

- People and their relatives told us that staff showed genuine concern for their wellbeing and would support them to contact medical professionals and access appointments if they needed it. One person said, "I contact the GP and go to appointments myself although I would ask if I needed help and I'm sure they would help me." A relative said, "When I've had to join in assessments, the registered manager has come with me and supported me to understand everything that's being said."
- We saw that people had regular involvement from health and social care professionals to improve their wellbeing. This included GPs, specialised nurses, the Joint Community Rehabilitation (JCR) team, occupational therapists, social workers and the frailty team.
- The registered manager told us about one person that they were concerned about when they started receiving a service. Staff reported that the person was unsteady on their feet and this caused a risk to them. The registered manager involved the occupational therapist and ensured that additional equipment was provided to reduce this risk.
- Professionals spoke highly about the service provided to people. One professional said, "I have worked directly with the care coordinator and at all times they have responded promptly and in a professional manner. I have provided them with detailed support plans which have supported them to draw up their own plans and risk assessments. This shows that they do not work in isolation, but value evidence-based practice which yields positive outcomes for service users."
- Another professional said, "The registered manager is usually very quick to advise us if there are any issues arising following a visit and will offer advice if they feel the levels of care or any changes to the support plan are necessary."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of inspection, there were no people that had been assessed as lacking mental capacity to make any particular decisions. The registered manager said that even though some of them were not able to communicate verbally, they could express their choices and views in other ways.
- For example, the registered manager talked to us about one person who used their facial expressions and gestures to indicate what they wanted. The registered manager said, "The person will tap certain areas of their body to indicate different support needs. They will also smile or shake their head to indicate their feelings."
- People told us they were given choice and control with all aspects of their lives. One person said, "Staff always ask me how I am and what support I need." Another said, "They ask me what position I'd like my chair, what I'd like to wear or what I'd like to eat or drink."
- Staff understood the importance of people making their own choices and not making assumptions about capacity, just because of a person's age or health.
- One staff member said, "I always listen to people and give them time to talk and express themselves." Another staff member said, "Yes people might have dementia, but they still remember things and can make choices. It doesn't necessarily mean they can't make decisions anymore."

# 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 told us staff were "kind", "caring" and, "respectful." One person said, "Staff are really delightful, they are very good and attentive. We have a lot of laughs together." Another person said, "Staff are very good. I lost a relative and they gave me lots of cuddles. I appreciated that a lot."
- Relatives spoke highly about staff and the support they gave people. One relative said, "Staff are all very professional, always jolly and make my relative feel comfortable. They go over and above and really do their utmost to reassure them."
- Another relative said, "They're beautiful people, you can't fault them. Thank god for their help, I couldn't do it without them. They are like extended family to us."
- Professionals were also complimentary about the caring nature of staff. One professional said, "I believe the staff are kind and caring but can also offer the appropriate levels of assertiveness without being forceful, if it is needed."
- Staff understood the importance of treating people with dignity and respect. One staff member said, "When they talk to me, I listen. I have bonds with people. I get to know them as people." Another staff member said, "People ask for me to support them, so I have on occasion still supported people when I am on leave, because they won't have anyone else and it's important to them."
- Staff had received equality and diversity training and had a good understanding of treating people as individuals, regardless of their lifestyle choices, preferences, age or gender. One person said, "I treat all people exactly the same way, with respect and being helpful and making them feel valued." Another staff member said, "They all deserve to be treated well. It doesn't matter if they have dementia."

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

- People were supported to express their views and be at the centre of their care.
- We saw that people were involved with regular meetings with the registered manager or care coordinator. During this time, they discussed their support needs, were asked how they felt about their carers or if any improvements needed to be made.
- The registered manager told us that people's views and opinions were the most important aspect of the care provided. They said, "If people ring us up and say they need to go to the dentist or want to get their hair done, we make the appointments. If they only want female carers or if they want to change times, we accommodate this."
- During the inspection, we observed one person phoning the registered manager to cancel a care call and

amend times of another one. The registered manager organised this quickly and efficiently, reassuring the person this was taken care of.

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

- People's privacy, dignity and independence was continually respected and promoted.
- People told us that staff supported them in a dignified way, promoting their privacy always. One person said, "They give me privacy, but we are also very open and honest with each other."
- Staff gave us examples of how they maintained people's privacy, for example when supporting with personal care. One staff member said, "If I am supporting to go to the toilet, I wait outside, and they call me when they need my support. It's important they get privacy."
- Staff had received training on confidentiality and understood the importance of sharing information on a need to know basis. Care plans were kept in people's homes, in a location of their choice. Copies of care plans in the office, were kept in a locked cabinet.
- People told us that staff encouraged them to do as much as possible on their own. One person said, "Yes, staff encourage me to do things, like get dressed myself. When I get into bed, they tell me I raise my legs very well." Another person said, "I go to the kitchen and do a little myself with their support. I like to do as much as I can."
- Relative's agreed that staff promoted people's independence at all times. One relative said, "They encourage my relative to do things for themselves all the time. However, when they're not well, staff support them in line with how they're feeling. Staff don't push my relative if they're not themselves because that would upset them."
- Staff had a good understanding how to promote and encourage people to do things themselves. One staff member said, "One person showers on their own and calls me when they're ready. They take their own medicines themselves. They feel better when they do things for themselves."
- The registered manager told us, "I think promoting independence is one of the things we do best as a service. Just because people have dementia doesn't mean they shouldn't retain or learn new skills with staff support."

## 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 told us their preferences and needs were met. They said they were frequently asked about how they felt about their care and any requests they made, were met. One person said, "The registered manager came over recently to talk to me about times of calls and if I was happy. I asked for a slight change and they immediately did this."
- The registered manager understood the importance of reviewing people's care. They said to us, "There aren't a lot of major changes to people's care, but we review them as and when. Every six months we ask people how it's going and if anything needs to change."
- Staff knew people very well. They told us about their preferences, support needs and how they liked to spend their day. One staff member said, "I know that one person likes their ornaments but when they moved they hadn't had time to put them out yet. So we spent time together unpacking them and putting them where the person wanted."

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.

- Staff knew people and their communication needs well. They told us different ways they could recognise people's communication such as facial expressions or gestures. One relative said, "My relative doesn't really communicate verbally and when they do, they don't speak clearly. Staff seem to understand them though. For example, they know if they wince or screw up their face, it's because of pain and staff just have to find out where."
- The registered manager told us they used a variety of tools to communicate with people and their families. This included phone calls, texting, emailing and video calling people from their phones.
- Some people had sight impairments and had been provided with information, such as emergency contact numbers, in larger print so that they could read it more easily. Other people required written reminders to enable them to be independent and notes were left for them by care staff to remind them of these tasks.

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 told us that when there was time, staff supported them out for walks or to do cooking. One person

said, "My carer took me out for afternoon tea and to a garden centre to see the flowers. I loved it."

- Although people didn't always have activities as part of their care package, staff told us they made time to do things with people that they enjoy. One staff member said, "I like to spend time doing people's hair, pampering them, putting their hair in curlers. I also clean under their nails, shape and paint them. This makes them feel good." Another staff member told us, "I try to include people in all things. For example, I take DVD's in that they like."
- People and their relatives told us that staff got to know people's families and supported them to contact each other. For example, one person was supported by staff to video call their relatives.
- One person told us, "They know me and my family very well. They talk to all of us." A relative said, "Staff take time to get to know us as well as our relative, because they know we are a close family. That's important to us."

Improving care quality in response to complaints or concerns

- People told us they had never had reason to complain, but if they did, they knew who they could speak to. One person said, "I am very happy. I have never had to raise any complaints and can't think of anything they need to improve on." Another person said, "I would never complain because they are just wonderful."
- Relatives told us that they and their relatives had been given a copy of the complaints procedure when the care started but had never had to use it. They were reassured that the registered manager or deputy manager would handle complaints quickly and efficiently. One relative said, "I've never had to formally complain. Sometimes I've asked for little things. If I have any problems, my first point of call would be the registered manager. She sorts things out."
- There had been no complaints received since the previous inspection. The registered manager said, "Even though we haven't had any complaints, we always remind people who they can contact if they are unhappy. If we thought someone was not satisfied, we would support them to make a complaint if we needed to."

End of life care and support

- People were supported in a kind and compassionate way at the end of their lives.
- One person was receiving end of life care at the time of inspection. They had an end of life support plan that explored their support needs, preferences and choices, for example, regarding their funeral.
- Staff were confident in how to support this person to be happy and comfortable. One staff member said, "We recognise from body language when they are agitated or uncomfortable and so use equipment such as glide sheets to move them and make them comfortable." Other equipment was offered to the person, but they had expressed they didn't want to use it and staff had respected this.
- Another staff member talked about the importance of staying hydrated and maintaining skin integrity. They said, "We support people to change positions frequently and use creams if skin looks like it is breaking down. The most important thing is making sure they are clean and not uncomfortable or in pain."
- Staff had sought support from other health and social care teams such as the local hospice. This was to ensure that the person had all the physical and emotional support they needed.
- The registered manager told us it was also important to them that relatives were supported throughout difficult times. They used NHS and East Sussex County Council guidance leaflets on dementia and end of life care to help relatives understand what would happen next.
- The registered manager had started talking to other people about their preferences for end of life care, in case of an emergency or if support needs suddenly changed. This was a work in progress. The registered manager explained this could take time as it was a sensitive subject and people didn't always want to discuss it.



# 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 deteriorated to Requires Improvement.

This meant the service management and leadership was 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

- The registered manager told us that they reviewed people's care documentation every six months or when required. They also looked through staff documentation, training, and reviewed any incidents or complaints. However, people's care plan documentation was not always up to date and relevant to their support needs. This suggests that some improvements were needed to the quality audit process.
- Of the four care plans we looked at, one was not filled in, and another was missing. The registered manager advised that an up to date copy was kept in people's homes, however we were not able to view all of these on inspection. Good practice is to have up to date copies of care plans in the office, so they can be viewed and amended when required.
- Care plans did not contain person centred information about people, for example their histories or interests. They did not inform staff of people's preferences, communication, specific support needs or what they could do independently. For example, one person remained in their bed and had two staff supporting them on care calls. There was minimal information on support staff provided, equipment or how to use it.
- For other people, areas such as mobility, skin integrity or nutrition had been identified as a high risk, but no explanations given as to why this was and what actions staff should take to mitigate it. One person could become anxious and display self-injurious behaviour. There was no information about what these behaviours were, signs or triggers that the person was becoming anxious or what steps staff should take to reassure them.
- The registered manager said that some of these were risks identified during initial assessment but were no longer relevant to people. This meant records were not always reflective of people's current needs.
- We spoke to staff about other people and they demonstrated a good knowledge of people they support. They were able to explain how they mitigated risk, people's preferences and routines. Therefore, we considered the impact on people to be low.
- In the three staff files we viewed, there were no interview notes. The registered manager told us that they met with staff and asked interview questions but didn't record them. Interview notes are a way of evidencing that a staff member is of good character and forms part of the recruitment process. The registered manager acknowledged this and advised they would record interview notes in future.
- Although staff and management told us regular spot checks on staff were completed, these were not recorded. Spot checks are a useful tool for monitoring staff competency. It is therefore important that management have clear oversight of these.

- The registered manager told us that they had identified some of the improvements we found on inspection. However, they did not have a plan which identified actions required, who would complete them and relevant time scales for completion. This meant there was not clear oversight of actions to improve.

We recommend the provider reviews their quality assurance processes to ensure that staff records are complete and people's care plans are reflective of their current support needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone we spoke to felt that the registered manager was a strong leader and cared about the wellbeing of people.
- People were complimentary about the registered manager and care coordinator and described them as "flexible", "reliable" and, "very kind." One person said, "The registered manager helped to look after my husband. They were fabulous with him. Very cheerful."
- Relatives spoke highly about the registered manager. One relative said, "The registered manager is really on the ball. They will come and check on a regular basis that my relative is okay and that care is right." Another relative said, "The registered manager is wonderful. They tell me that if I need anything, I should just call them. They're very supportive and responsive to me."
- Professionals were also positive about the service and the way it was run. One professional said, "I have spoken to the registered manager and care coordinator and they have always seemed very helpful, friendly and organised. I've never received any concerns or negative feedback from clients." Another professional said, "In my experience I have found the registered manager to be very understanding when discussing client's needs and the input required. She can be flexible in her approach and also able to provide a service quite quickly."
- Staff described the registered manager as "amazing", "fantastic" and, "one in a million." One staff member said, "They're good at their job. They're a good listener, supportive, and make sure you're on the right track." Another staff member said, "The registered manager is lovely. I can't fault them whatsoever. They're very caring and I can always go to them when I need help."
- Staff told us that they felt part of a team working ethic and that they were encouraged to speak to the registered manager or care coordinator if they had any concerns. One staff member said, "Communication between staff and managers is fantastic." Another said, "The whole staff are lovely. We're our own community. I couldn't wish for a better company. I can't fault them. we all work together and communicate as a supportive unit." □

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

- The registered manager had a good understanding of sharing information when things go wrong and being open and honest with people, their relatives and professionals. They said, "If things go wrong, we provide all evidence needed for professionals. We inform relevant others, such as people, families or the police. We would be truthful and hold up our hands and apologise if we were at fault. We would also say what we would do to rectify it."
- People and their relatives told us that there had not been any incidents since the last inspection, but they knew the registered manager would keep them informed. One relative said, "If anything went wrong I am confident they would contact me straight away."

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

- People, their relatives and staff were continually engaged with to seek their feedback about the service.

- People were given questionnaires every six months. We viewed the latest results and saw that all feedback was positive. Comments included, "I could not manage without your help" and, "You always make me feel special."
- Although staff and relatives were not given questionnaires to complete, the registered manager and care coordinator continually sought their views in people's reviews, staff meetings and supervisions.
- Staff told us they had regular staff meetings where they could discuss people, any concerns they had and check to see that staff were working consistently. We could see from the staff meeting minutes that policies were reviewed, such as infection control and safeguarding. Feedback was also given regarding themes identified on spot checks.

#### Continuous learning and improving care; Working in partnership with others

- The registered manager and care coordinator were passionate about providing the best care possible to people. The care coordinator said, "We are a small company and because of this, we can be person centred and flexible. We always want to improve so that people continue to be happy."
- Since the previous inspection, the staff had received support from an end of life dementia consultant, who had supplied them with DVDs and information leaflets. Although the consultant was no longer providing this service, the registered manager told us they planned to use these tools to further improve staff knowledge about dementia.
- The registered manager showed us "This is me" documents for people with living with dementia, which could be used to summarise their support needs and talk about what was important to them. They planned to introduce these following the inspection.
- The registered manager and care coordinator kept their training up to date, so they were able to support and guide staff. They had also joined an online forum for dementia and mental health. The registered manager said, "We update ourselves as things are always changing. This means we can continue to support each other and staff."