

Arvind Rajendra Khanna

Elm Lea Residential Care Home

Inspection report

17 Bartholomew Lane
Hythe
Kent
CT21 4BX
Tel: 01303 269891
Website:

Date of inspection visit: 28 September 2015
Date of publication: 23/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 28 September 2015, and was an unannounced inspection. The previous inspection on 28 August 2014 was a follow up inspection to check on breaches found during an inspection on 8 April 2014. The inspection found no breaches in the legal requirements at the last inspection.

The service is registered to provide accommodation and personal care to 15 older people. The premises are a

detached house in a residential area. The service has 14 bedrooms all of which have ensuite toilet and wash hand basin facilities. None of the rooms are used for double occupancy therefore the maximum number of people living at the service does not exceed 14. Bedrooms are spread over two floors, these can be accessed by the use of a passenger lift; the premises are suitable for people with physical mobility problems. People had access to

Summary of findings

assisted bathrooms and a dining room/lounge/conservatory. There is a parking area to the front of the property and further on street parking available nearby. There were no vacancies at the time of the inspection.

The service has an established registered manager, who also manages another service owned by the provider. They split their time between the two services, spending mornings at one and afternoons at the other. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received their medicines safely and when they should. However we found shortfalls in areas of the management of medicines, including sufficient stock, safe storage and guidance for staff about how to administer some medicines safely.

Risks associated with people's care and support had been assessed, but the level of detail recorded in the risk assessments or on related records was not sufficient to ensure people always remained safe. Some first floor fanlight windows, although high, had not been restricted and posed a risk.

People and sometimes their families were involved in the initial assessment of their care and support needs. Care plans lacked detail about how people wished and preferred their care and support to be delivered or what independence skills they had in order for these to be encouraged and maintained.

People were not fully protected by safe recruitment procedures, as records required by legislation were not always present on staff files.

People told us they had adequate food and drink. However at certain times their choices of food were limited. People said they liked the food and enjoyed their meals. Staff understood people's dietary needs and special diets were catered for.

People had a varied programme of suitable leisure activities in place, although some people felt they would like to get out and about more. People enjoyed the

activities and outside entertainers who visited, such as singers and playing musical instruments, board games, exercises and bingo. Family and friends visited and were made welcome at the service.

New staff underwent an induction programme and shadowed experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively. Some staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff as rotas were based on people's needs. People felt staff had the right skills and experience to meet their needs and said staff were very caring and kind.

People were happy with the service they received and felt safe living at Elm Lea. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People benefited from living in an environment and using equipment that was maintained. There were records to show that equipment and the premises received regular checks and servicing. A development plan was in place to address ongoing redecoration. People freely accessed the service and spent time where they chose.

People had signed consent documents and told us their consent was gained through discussions with staff. People were supported to make their own decisions and choices and these were respected by staff. Most staff had received training in the Mental Capacity Act (MC) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were supported to maintain good health and attend appointments or were visited by healthcare professionals. Appropriate referrals were made when required.

People felt staff were very caring. People were relaxed in staff's company and there was often plenty of banter, staff

Summary of findings

listened and acted on what people said. People said they were treated with dignity and respect and their privacy was respected. Staff were kind in their approach and knew people and their support needs well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. People's individual religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People, relatives and staff had opportunities to provide feedback about the service provided both informally and formally. Feedback had been positive.

People and staff felt the service was well-led. The registered manager adopted an open door policy and senior staff worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly. The provider visited regularly and spoke to people and staff. Staff felt the registered manager motivated them and the staff team.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks assessment did not contain sufficient detail to ensure people's always remained safe. Some environmental risks had not been mitigated. People were not fully protected by recruitment procedures.

Appropriate arrangements were in place for the safe handling of medicines, but the storage, guidance and ensuring sufficient stock required improvement.

Incidents and accidents were appropriately monitored, responded to and analysed. Staff knew how to respond to safeguarding concerns appropriately.

Requires improvement



Is the service effective?

The service was not always effective.

People had adequate food and drink, but at times their choices were limited.

Staff received or were undertaking induction and training relevant to their role. Staff felt well supported and had access to meetings with their manager.

People were supported to maintain good health and attend health appointments.

Requires improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff supported people to maintain their independence.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Good



Is the service responsive?

The service was not always responsive.

People's care was personalised. However their care plans did not reflect their wishes and preferences or people's skills in relation to their personal care in order to promote their independence.

People had a varied programme of activities, although some people felt they would like to get out and about more.

The service sought feedback from people and their representatives about the overall quality of the service. Any concerns were addressed appropriately.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

The level of detail in some records was not always sufficient to reflect people's wishes and preferences or keep them safe.

Audits and checks were in place to ensure the service ran effectively. However these had not always been effective in identifying shortfalls.

The provider and registered manager adopted an open and inclusive atmosphere to all and senior staff worked alongside staff, which meant issues were resolved as they occurred and helped ensure the service ran smoothly.

Requires improvement



Elm Lea Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 28 September 2015 and was unannounced. The inspection was carried out by two inspectors.

This inspection was brought forward and undertaken as a result of concerns received by the Commission. Therefore the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service, we looked at previous inspection

reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with nine people who used the service, a visitor, the registered manager, five members of staff and a visiting health professional.

We observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, medicine administration records, three staff recruitment files, the staff training and supervision records, staff rotas, accident reports, servicing and maintenance records and quality assurance surveys and audits.

We contacted three social care professionals who had had recent contact with the service and received feedback from one.

Is the service safe?

Our findings

People told us they felt safe living at the service and received their medicines when they should. People felt staff handled their medicines safely. One person told us, “It was nice and warm the other night and I asked staff if the heating was on and they said it was because the temperature had dropped slightly, I feel safe here and I’m not falling down now”.

People may be placed at risk because some improvement was needed to the way in which medicines were managed. Where people were prescribed medicines on a ‘when required’ basis, for example, to manage constipation or pain, there was no individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use. This could result in people not receiving the medicine consistently or safely.

Medicine Administration Records (MAR) charts showed that people generally received their medicines according to the prescriber’s instructions. However we found one person had not received a medicine for one day because the person had run out of tablets. Quantities of medicine stock were not routinely brought forward on the MAR chart so staff could check there were sufficient stocks for the current 28 day period. A new stock was ordered as soon as staff realised and was delivered to the service on the day of the inspection. The medicine audit process had been ineffective as this had failed to pick this up and find the issue before the problem arose.

The bulk of medicines were stored securely and at the right temperature to ensure the quality of medicine people received. However medicines prescribed orally and topical medicines to be applied were stored together. This is not good practice as recommended by the Royal Pharmaceutical Society. Some medicines, such as creams were stored in people’s bedrooms or their ensuite, but there were no risk assessments in place to ensure this was safe both to the person or anyone else who could enter the room.

Risks associated with people’s care and support had been assessed, these included people maintaining a healthy skin, falls, nutrition, accessing the garden and moving and handling, but these records varied in the level of detail about the steps that were in place to reduce these risks.

Some people had health conditions, such as diabetes and not everyone’s risk assessment for managing their diabetes identified the signs and symptoms a person may display when they became unwell due to these conditions or what action staff should take to keep the person safe and what was a normal range for their blood sugar testing. Staff had received training in these health conditions and discussions identified they knew what to do in such circumstances. However to help ensure the person remains safe, guidance should be in place. In some circumstances staff were taking steps to help ensure people remained safe by their practices, this must be detailed in the risk assessment records to ensure people always receive safe and consistent care. For example, when a person’s blood sugar levels should be tested, what is their normal range of readings and what action staff should take when the reading is outside of this.

People told us they had plenty to drink. One person told us “The tea is nearing constant”. We saw staff really encouraging people to drink and offered alternatives to improve people’s fluid intake. People’s fluid intake was monitored as a matter of course. However we found that the records were not always completed or not fully completed. There was also no guidance about what people should drink to remain healthy and what staff should do if they did not drink enough. A visiting health professional told us there were no concerns about people being dehydrated. However the measures in place did not safeguard people against the risks of dehydration.

People benefited from living in an environment and using equipment that was maintained. However during a tour of the service we noted that some fanlight windows on the first floor did not have window restrictors fitted, to ensure people’s safety.

The provider had failed to do all that was reasonably possible to mitigate risks to people’s health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not fully protected by recruitment procedures. We looked at three recruitment files of staff that had been recently recruited. Recruitment records did not include all the required information. There was evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a

Is the service safe?

criminal record or were barred from working with children or vulnerable people) on each file. However not all files contained evidence of a full employment history together with written explanations of any gaps, satisfactory health information relevant to the persons capability for the role, evidence of their conduct in previous employments or proof of the person's identity. Information required by legislation helps to ensure people were protected by safe recruitment procedures because required processes had taken place.

The provider has failed to have available information specified in Schedule 3 in relation to each person employed. This is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a personal emergency evacuation plan (PEEP) so that staff knew how to keep people safe in the event of an emergency. The actions to keep people safe stated that people should not be evacuated, but kept behind two fire doors until the fire brigade arrived. The registered manager agreed to contact the fire safety officer to ensure this information was in line with current guidance and that people should not be evacuated by staff. There was an emergency plan in place for the service, which detailed some emergency situations. However some emergency situations that may arise where the registered manager was able to tell us what action would be taken were not detailed in the plan. This is an area we have identified that requires improvement.

An on call system, outside of office hours, was in operation covered by the registered manager and senior staff. Contractors were available to respond quickly in the event of an emergency.

People benefited from an environment with an on-going plan of refurbishment and redecoration. In the last 12 months this had included a bathroom being refurbished and other areas had been redecorated. Although one bath hoist base was identified as needing painting to ensure effective cleaning. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, electrical items and wiring. People told us they were happy with their rooms and most things were in working order. One person told us how their lamp wasn't working, but they had been supplied with another and the

new blubs were arriving the following day for their own. Repairs and maintenance were dealt with by the handyman and staff felt things were undertaken "pretty quickly".

Health and safety checks by the provider had identified that hot water safety valves were not fitted to every hot water outlet. The provider had purchased a supply and these, which were being fitted on a risk based basis. Recent hot water checks showed that hot water outlets accessible to people were within the health and safety recommendations.

People told us they felt safe living at the service and would speak with a staff member if they were unhappy. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people, often with good humour, and people were relaxed in the company of staff. Staff were patient with people giving them time and checking to ensure they were fine. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and had details of how to contact the Kent County Council's safeguarding team.

Incidents and accidents were appropriately responded to, recorded, monitored and analysed. The registered manager told us that they would check each accident form to ensure appropriate action had been taken. Reports were then logged and monitored for any patterns or trends. We saw this to be the case from the records we reviewed. We were satisfied that the registered manager was following up and acting on incidents, which may pose harm to individuals.

People told us there were enough staff on duty to meet their care and support needs. The registered manager kept staffing levels under review and had recently changed the sleep in at night to a wake night based on a person's increased needs. The registered manager showed us a dependency tool (based on people's needs), which they intended to introduce to define staffing levels in the future. People told us that staff responded when they needed them, although at busy times they may have to wait a bit.

Is the service safe?

During the inspection staff responded quickly to calls bells and people requests for help. Staff were not rushed in their responses when responding to people's needs. Staff felt they had time to spend with people. There was a staffing rota, which was based around people's needs. There were two staff on duty during the day and two staff on at night.

The staff were supported by the registered manager who was surplus to the above numbers and a deputy manager who worked shifts and an addition eight office hours per week. There were also ancillary staff, such as a cook, cleaner, handyman and gardener. There was an on-call system covered by the deputy and the registered manager.

Is the service effective?

Our findings

People told us “Everything is good”. “I am happy with everything”. “I am very happy I wouldn’t be here otherwise” and “I like it here”. Health and social care professionals felt staff had a good understanding and knowledge of people and their care and support needs. People chatted to staff positively when they were supporting them with their daily routines. People felt staff had the right skills and experience to meet their needs.

People told us they had “Plenty to eat and drink”. One person said, “The food is good, there’s plenty of it, people can be offered something different if they want it, as they often change their mind”. However we found access to food could be limited at some times of the day. The Commission had received concerns that people did not always have access to adequate food. We found that from the hours of 2pm or 4pm until 8am the supply of food was limited as the main stock cupboards were locked and people only had access to what food had been left in the kitchen or kitchen fridge. This included various breakfast cereals, a loaf of bread, three eggs, a small bowl of baked beans, snack bars, one yoghurt, four cocktail sausages, margarine, a packet of biscuits and some loose biscuits, a cream cracker, Ritz crackers and various jams and spreads. If people had wanted a more substantial sandwich this would not have been available. The registered manager told us that usually ham and cheese would also have been left out and this was an oversight. One person told us that they needed to eat regularly and “Always had a small snack before bedtime”. Staff told us that people had a hot drink at about 8pm and this was usually accompanied by crackers or sandwiches. Staff were clear that people could have snacks and drinks after 8pm if they wished. The registered manager told us they would put in a checklist of the minimum quantities of food that must be available at all times. This is an area that we have identified as requiring improvement.

People told us they liked the meals. One person said the food was “Brilliant. My favourite is cheese and pickle sandwiches and I have this everyday”. Another person told us, there was a new cook who was trying to alter things and they were a lovely cook. The registered manager told us the cook was consulting with people with a view to updating the menus. A four week rolling menu was in place, which showed people had a varied diet. At lunch time there was a

choice of the main meal and people were asked their choice. However we saw that if people did not like either choice another was offered that they did like and if people decided they had changed their mind when lunch was served this was also accommodated. The choice of main meal on the day of the inspection was cottage pie or fish cakes and mashed potatoes and both served with vegetables, which looked appetising. The cook went round and offered people seconds, which some had. The main meal was followed by a desert. People had a cold drink with their meal and then tea or coffee was served afterwards. At teatime there was a choice of soup or sandwiches and cake. People’s likes and dislikes regarding food were recorded. One person was prescribed a meal supplement and we saw that this was offered by staff when their appetite was poor at lunchtime. People could choose where they wanted to have their meals with most choosing the dining room at lunchtime, some the lounge and others their own room. One person used adapted cutlery and a plate guard to aid their independence when eating.

Care plans contained information about how to best communicate with each person, such as ‘Staff must take time to give (person) the opportunity to voice their opinion’. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and acted on what people said.

People’s health care needs were met. People told us or records confirmed that people had access to dentists, doctors, community nurse, continence nurse, mental health team and opticians. A chiropodist visited the service regularly. People told us that if they were not well staff called the doctor or nurse. Any health appointments were recorded including outcomes and any recommendations, to ensure all staff were up to date with people’s current health needs. Staff told us they knew people and their needs very well and would know if someone was not well. One representative had raised an issue about weight loss and action was taken by staff. The doctor visited and prescribed a meal supplement. Staff were observed to be encouraging the individual to eat and drink. The registered manager was aware of the need to keep people hydrated and had identified five people more at risk of not drinking enough. These people were testing a new “hydro bottle”,

Is the service effective?

which was an easy to carry bottle and measured how much people had drunk. A health professional told us that the registered manager and staff listen to and act on advice given and refer appropriately and in a timely way.

Staff understood their roles and responsibilities. Staff had or were completing an induction programme, this included shadowing experienced staff and attending training courses. Staff had a three month probation period to assess their skills and performance in the role. Recently the new Care Certificate had been introduced and four members of staff were undertaking this training. The new Care Certificate was introduced in April 2015 by Skills for Care (the recognised government training department). These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Most staff had completed their core training or they were still undertaking their induction which included these subjects. There was a rolling programme of training in place so staff would receive regular refresher training. This included moving and handling, health and safety, fire safety awareness, emergency first aid, infection control and basic food hygiene. Staff had also received training in end of life care.

Staff felt the training they received was adequate for their role and in order to meet people's needs. Six of the nine staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard and the two other staff were working towards this qualification.

Staff told us they attended appraisals and had one to one meetings with their manager where their learning and

development was discussed. Records showed staff had received a one to one meeting with their manager. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff said they felt very well supported. One staff member told us, "I enjoy it here".

People had signed a consent form to receive care and support and some people had signed some of their risk assessments. Staff were observed seeking consent from people as part of their everyday practice. People were offered choices, such as what to eat and where to spend their time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No DoLS authorisations were in place and people had consented to live and receive support at the service. One person sometimes displayed behaviour that challenged although records showed this was infrequent. A detailed plan was in place, which had been discussed with a health professional and their liberty was not restricted. The registered manager told us that the service had not been involved in any best interest meetings, but they understood the process, which had to be followed when one was required. At the time of the inspection people were either able to make their own decisions or were supported by family or friends. Three people had a Lasting Power of Attorney in place.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said the staff were kind and caring. Their comments included, “All the staff are very good”. “They are very caring”. “Everybody is very good”. “She is a lovely girl, she gives me a cuddle, and she is always smiling”. “The girls are lovely”. “The girls are good”.

During the inspection staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff, smiling and communicating happily. We heard and observed lots of banter and positive interactions between people and staff, lots of joking and laughing, such as “It’s six pounds to use the toilet, but I will only charge you one pound fifty”.

A member of staff was observed helping people back from the dining room to their rooms after lunch. They were calm and confident and chatted to people as they assisted them.

The Commission had received concerns that people were being got up from bed very early and this was not their choice. People told us they were able to get up and go to bed as they wished. We arrived at 6.15am and staff told us three people were in the process of getting up, two were nearly dressed and the other person was just starting to get dressed. Staff told us these people could manage to get out of bed themselves and only needed minimal assistance if any. The service was quiet and bedroom doors were shut. Night staff were not rushing or taking breakfast up to people in their rooms. Staff told us people got up when they preferred. One person came down shortly after we arrived and confirmed they liked to get up around this time and got themselves up. A second person came downstairs at 7am and sat at the dining room table whilst staff made them a hot drink. We observed people got up in a relaxed way; some people were still in their nightwear later in the morning choosing to have their breakfast in their room before getting dressed and coming down stairs. Night reports showed people’s times of going to bed were normal and not unusually early. People were able to choose where they spent their time. During the inspection people accessed the house as they chose, such as their own room or the lounge/conservatory.

People said they had their privacy respected. People told us staff knocked on their door and asked if they could come in before entering. Bedrooms were individual and reflected people’s hobbies and interests. Some people had brought in their own possessions to enhance their rooms.

People’s care plans contained information about their life histories. People’s care plans detailed people’s preferred names and we heard these being used. Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. During the inspection staff talked about people in a caring and meaningful way.

During the inspection it was apparent that people had forged friendships with other people living at the service and some choose to spend time sitting with these friends.

The service had implemented the new Care Certificate. The Care Certificate is the first time an agreed set of standards that define the minimum expectations of what care should look like across social care have been developed. It sets out the learning outcomes, competences and standards of care ensuring that support workers are caring, compassionate and provide quality care.

We observed staff talked about and treated people in a respectful manner. This was also apparent in records made by staff. During the inspection when people required support with personal care they were assisted to the privacy of their own room or bathroom. Care records were individually kept for each person to ensure confidentiality and held securely.

People’s religious needs were met. A local church visited each month and held a communion service for those that wanted to attend.

People confirmed that family and friends were able to visit at any time. Two people told us they had their own telephones so they could keep in contact with friends and family. Visitors told us they were made welcome and always offered a cup of tea.

People’s independence was maintained. People told us they like to be as independent as possible and staff encouraged this. Some people were independent and managed their own personal care.

Is the service caring?

The registered manager told us at the time of the inspection people were able to make their own decisions and choices or were supported by their families or their

care manager, when required. No one had needed to access an advocacy service, although contact information for an advocacy service was available from the registered manager.

Is the service responsive?

Our findings

People were very happy with the care and support they received and felt it met their needs.

People told us that a member of their family had visited the service prior to them moving in to have a look round. One person told us, “My son looked round a couple and chose this one”. People had their needs assessed prior to moving in. The registered manager and deputy manager undertook the pre-admission assessments of people’s needs during which people were able to discuss their the care and support they required. This information and discussions with family members or a person’s representative was used to ensure that the service was able to meet people’s needs before a place was offer.

Care plans were developed from discussions with people, observations and the assessment. One person said, “We talked about what help I needed”. Care plans contained a document called ‘Think ahead and making plans’, which were completed with the person. These included information about important events in people’s lives, things people wanted to do in the future and things people enjoyed now and wanted to carry on doing. However we found that some of the information had not been updated as two people’s care plans referred to important people who had since died, which if new staff were not aware of may cause distress to those individuals.

One person’s care and support needs had changed recently, but we found that the care plan had not been updated. The care plan stated that the person was independent in their personal care routine, but staff told us the person’s health had deteriorated and they required “Full assistance”.

Care plans lacked detailed information about people’s preferences and wishes in relation to how they wanted to receive their care and support, to ensure their support was delivered consistently and in a way they wanted. For example care plans for personal care stated ‘requires some assistance’ or just ‘some assistance’ or ‘needs one carer to assist’. There was no real detail about what people could do for themselves and what support they required from staff, in order to maintain or promote their independence. This was despite one care plan stating that a person

‘should be encouraged to do what she can for herself’. This meant any new staff would need to relay on experienced staff, to ensure people received care and support consistently and how they wanted.

The Commission had received concerns about the times people were got up from bed, but care plans did not detail what people’s wishes were in relation to this or their preferences when going to bed. This left a risk that some people could being going to bed or being disturb in the mornings outside of their preferred routine.

The provider has failed to maintain an accurate and complete record in respect of each service user, including a record of the care and support provided to people and decisions taken in relation to the care and support provided. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated that they knew people and their needs well. They were able to tell us about people’s individual preferred routines and their current care and support needs in detail and how people received their care and support inline with these.

People had a programme of leisure activities in place. People agreed there were things to do, but some told us they would like to get out and about more. Staff told us that some people had had the opportunity to go out but when it came to the day they had declined. The registered manager was looking into an option of using work placement or students to enhance activity opportunities. One lady told us how they and another person did three laps of the long downstairs corridor each day with staff for exercise. Activities included entertainers, such as music for health and music and holy communion. In house activities included electronic bingo, Ludo, puzzles and arm chair exercises. People were also engaged in reading papers, word puzzles and watching television. Two people went to local day centres each week and another had tried this, but decided it was not for them. There was a hairdresser who visited regularly and someone also brought in a dog, which we were told people enjoyed. One person told us, “I like my own company and staff respect this. I am not bored”. Another people told us they occupied themselves with knitting, crocheting and word puzzles.

People told us they would speak to the registered manager if they were unhappy, but did not have any complaints. One

Is the service responsive?

person said, “I haven’t got any complaints, none at all”. Another person said, “I can’t find anything I am not happy with”. They felt the registered manager would resolve any issues. There was a clear complaints procedure and this included the timescale that people could expect a response by. The registered manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service. There had been one complaint in the last 12 months and this resembled the concerns received by the Commission and was anonymous. The provider had investigated and their findings were recorded.

People had opportunities to provide feedback about the service provided. There were residents meetings where people could give feedback and the provider also attended

these. The last one was held in June 2015. Records showed people were asked for feedback on the staff attitudes, call bell response times, the food and laundry. Feedback had mostly been positive, but we saw staff were reminded in their team meeting about ensuring people’s clothes were hung on clothes hangers when dry before being returned to people. People told us they had requested at one residents meeting that gravy was served in a jug instead of on the food and they confirmed this had been actioned and was the case on the day of the inspection. People had completed questionnaires in 2014 to give their feedback and make suggestions about the service provided. These were held on files in the office showed people felt the service was fair, good or very good.

Is the service well-led?

Our findings

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on health and safety, infection control, care plan reviews and medicine management. However these audits had failed to pick up shortfalls identified at this inspection.

The provider had failed to properly assess, monitor and improve the quality and safety of services provided. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some records were identified as requiring improvement during the inspection. These included care plans and risk assessments, medicine guidance, recruitment records, emergency plan and fluid intake records and guidance. Other records were up to date and all records were stored securely.

There was a development plan in place although this did not have any timescales of when work would be completed. This included a review of bedrooms, which had taken place. The handyman had a copy of jobs to complete and the registered manager told us some of the work had already been completed.

The provider had a business plan in place for completion of things that had been identified as required. This included introducing the new care certificate, involving people in more decision making about the service and care plan reviews.

There was an established registered manager in post who was supported by a deputy manager for eight hours a week and the deputy also worked care shifts at other times. The registered manager worked in Elm Lea in the afternoons between 12 noon and 4pm Monday to Friday, although often spent time in the service at weekends as well. They also managed another service owned by the same provider. People felt the registered manager was approachable and open. Comments about the registered manager included, "She's very good". "She's brilliant, she pops in it's not as if we don't see her" and "She makes me laugh". In the last quality assurance survey people said the registered manager was available to discuss any problems when they needed them. There was an open and positive culture within the service, which focussed on people.

The registered manager had been proactive in implementing new systems to improve the service. They had recently implemented a handover book from the deputy manager to themselves so that they had an overview of what was going on. They had also developed a report book for the provider who visited weekly and developed a form for their own supervision with the provider.

The registered manager although keeping an overview was putting systems in place to strengthen the management of the service. A new head of care had been appointed who worked night duty and would be responsible for putting together a night duty work programme, take responsibility for nutritional assessments and actions taken as a result, as they had completed a nutrition course. The registered manager and staff told us that the deputy manager had recently registered with the diabetic society to strengthen their knowledge in this area.

Staff had access to policies and procedures, which were contained within a folder and was held in the service. These were reviewed regularly and kept up to date by the provider.

People and visitors felt the service was well-led and spoke positively about the provider and registered manager. Comments about the providers included, "The owner is a very nice man who has a joke with me" and "The owner and his wife are lovely".

Staff felt the service was well-led. They felt the provider had invested in the property and improved it. Staff said the provider speaks to both people and staff when he visits and attends staff meetings. One staff member said they were encouraged to speak out and felt they were listened to. Staff felt the registered manager "Gets things done, is honest and motivated". Staff told us the communication between them and management was good. They felt empowered and happy to make suggestions that have been taken up by management.

Staff felt the registered manager's door was open and they listened to their views and ideas. Recently staff had raised ideas to wear pyjamas on the night shift so that people with dementia understood it was night time and forging links with the local schools or colleges to access work experience students who could spend time with people. There were systems in place to monitor staff training and

Is the service well-led?

supervision to ensure these remained up to date. Staff meetings were held, which were attended by the provider. People's changing needs and night staff arrangements had recently been discussed.

The provider's philosophy set out the principles of providing quality care. The registered manager told us that the values and commitment of the service were embedded in the expected behaviours of staff. Staff had discussed the philosophy during their induction so it was recognised and understood. We observed staff displaying these values during our inspection, particularly in their commitment to the people they supported.

The Environmental Health Officer had visited the service in July 2015 and awarded the service five stars, which is the highest award.

People were given a copy of the service user guide when they moved in. This is information about the service and what people can expect.

People had completed quality assurance questionnaires in 2014 to give feedback about the services provided. In addition the provider had asked people during a residents meeting in June 2015 for their feedback on areas of the care and support provided. Feedback had been on the whole very positive. Any area where there was room for improvement had been investigated and action taken or plans were in place.

The service were members of the Kent Integrated Care Alliance (formally the Kent Care Homes Association). The provider and registered manager attended regular meetings or seminars held by the association to keep up to date with changes in guidance and legislation.

The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.

The provider had failed to have proper and safe management of medicines.

Regulation 12(2)(b)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider has failed to maintain an accurate and complete record in respect of each service user, including a record of the care and support provided to the service user and decisions taken in relation to the care and support provided.

The provider had failed to properly assess, monitor and improve the quality and safety of services provided.

Regulation 17(2)(a)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider has failed to have available information specified in Schedule 3 in relation to each person employed.

Regulation 19(3)(a)