

The Abbeyfield Kent Society

Abbeyfield Connors House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 and 20 September 2016 and was unannounced. The previous inspection was carried out in September 2015 and no concerns were identified.

Connors House provides accommodation for up to 47 people who need personal care and support. There were 41 people living at the service at the time of our inspection. The service provides care for older people and people living with dementia. Some people had complex needs and were not able to communicate verbally with us. Connors House is a single storey residential care home located close to Canterbury city centre. There are 43 bedrooms, four of which could be doubles. The service is split into three units – Holly and Evergreen, which supports people living with advanced dementia. Cedar and Ash, which supports older people and people living with dementia. Maple is the newest part of the building and accommodates older people. In each unit there are communal areas such as lounges, dining areas and bathroom facilities. There is an enclosed courtyard, patio and garden area.

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

Risks to people had generally been assessed but were not always reflective of people's changing needs. Medicines were mostly well managed however some records were not accurate and people did not always receive their medicines when they should. Medicines were stored appropriately.

There was not enough staff on duty at all times to meet people's changing needs. At times this meant that people did not receive the support they needed, for example, to maintain their personal hygiene. Staff were not trained in topics that would help staff provide care and support specific to people's needs. The registered manager did tell us they were seeking training in End of Life Care, Palliative Care, Parkinson's and Epilepsy awareness. A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so.

The care and support needs of each person were different, and each person's care plan was personal to them. Care plans, risk assessments and guidance were in place but did not always provide staff with the most up to date guidance, so that they could support people in an individual way. Assessed risks to people's health, such as monitoring food and fluid intake, monitoring weight or pressure relieving equipment were not managed effectively.

At times people did not receive personalised care that enhanced their dignity. Staff were, however, kind and caring in their approach and respected people's privacy.

People were not always offered choices, at times, staff made assumptions about what drinks people would

choose. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

A number of audits and checks were carried out each month by the registered manager or a nominated person, but they had not always been effective in identifying the shortfalls highlighted during our inspection.

People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

Staff encouraged people to be involved and feel included in their environment. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives. Staff received supervisions and annual appraisals.

An activities co-ordinator planned and led an activities programme. They listened to the views of people and ensured a variety of activities were offered. People and their relatives were complimentary of the increased availability of activities.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted.

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.

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 consistently safe.

People did not always receive their medicines when they should, and improvements were required in some records to ensure risks in relation to medicine management were mitigated.

There was not sufficient staff on duty to meet peoples' needs at all times. Appropriate checks were completed when employing new staff.

Risk assessments were not always reflective of people's changing needs and measures in place to reduce risks to people were not always effective.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's fluid and nutritional needs were not always monitored effectively.

Staff did not receive training to ensure they were able to effectively support people with their needs. Staff were up to date with mandatory training.

Staff had one to one meetings and appraisals to support them in their learning and development.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were provided with a range of nutritious foods and drinks.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People did not always receive choices or personalised care in a manner that enhanced their dignity.

Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness and respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Care plans and risk assessments were not effectively reviewed and up dated with people's changing support needs.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. Not all audits were effective in ensuring safe practice.

Policies and procedures were available.

People and staff were positive about the leadership at the service. Staff told us that they felt supported.

Requires Improvement ●

Abbeyfield Connors House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 September 2016 and was unannounced. The inspection was carried out by one inspector on the first day and two inspectors and an expert by experience on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including previous inspection reports, information which had been shared with us by the local authority and looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the service is required to tell us about by law. We had also asked the provider 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. The registered manager was asked to send us some further information after the inspection, which they did in a timely manner.

Some people were not able to tell us about living at Connors House. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also carried out general observations of staff carrying out their duties, communicating and interacting with people to help us understand their experiences. We spoke with 10 of the people who lived at Connors House. We spoke with four people's relatives. We inspected the home, including the bathrooms and some people's bedrooms.

We spoke with eight staff members and the registered manager. We contacted two social care professionals before and after the inspection that had had recent contact with the service and received their feedback.

We reviewed a variety of documents. These included five care files, staffing rotas, four staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records,

risk assessments, health and safety records, training and supervision records and quality assurance surveys. We also observed medicines being administered.

Is the service safe?

Our findings

People told us they felt safe and liked living at Connors House. People commented, "Yes, I feel safe here", "There is no need not to feel safe with the staff" and "Oh yes but nothing can be 100% for example there may be a fire. Here we are more than 90% here nearly 100% which is wonderful"

Risk assessments had been completed to manage and reduce risks to individuals as part of their care plan. However these had not always been updated in response to changes in need or incidents that had occurred. For example, one person's continence needs had changed but this had not been reflected in the associated risk assessment. Another risk assessment intended to reduce the risk of skin tears, stated 'Promote an obstacle free environment to prevent bumping into things/falling.' This had been signed as recently reviewed but had not been updated to reflect the fact that this person's needs had changed and was no longer mobile. Training records showed that no staff had received any training in risk assessments.

Some people were at risk of dehydration. There was a potential risk that people that may not be drinking enough to keep them healthy. Staff were recording the amount of fluids that people were drinking; however these charts were not clear. Some people had more than one chart for each day, a room chart and a file chart. Recordings on both charts did not always match, and the amount was not normally totalled up to see if they had drunk enough. There was no guidance for staff on how much people should be drinking and what action they should take if they were not drinking enough. It was not clear how staff were to support and encourage people to drink enough to keep them healthy. The same charts also had a section to record fluid output; on most charts that we reviewed this had not been consistently completed. People could be a risk of fluid retention and those who had catheters could be at risk of blockage if this was not monitored.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient current guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately following the inspection the registered manager contacted us to advise that risk assessments we highlighted had been reviewed and that a full review of all risk assessments had been planned.

There were not always sufficient staff to meet people's needs. Some people told us that at times, they had to wait a long time for assistance and others felt that there should be more staff at night. One person commented, "Sometimes they are a bit short staffed if people are ill unexpectedly but 90% of the time we are fine" and another, "Occasionally we have to wait long periods but it is usually through some circumstances but generally it is very good." We reviewed staffing rotas for the previous month; there were several days where staffing levels had not met their assessed level of staffing need. On the first day of the inspection we were told that they were a staff member down during the morning. We were told that recruitment had been proving difficult and that agencies were also struggling to provide staff to cover gaps on the rota. Recently some staff had left and there were two care staff vacancies along with two new staff waiting for clearance for a start date. We were told that on days where there were gaps senior staff and management would help out more than usual. A detailed dependency tool was in place for each person, the

registered manager explained that this could be used to demonstrate the need for increased staffing levels to meet people's changing needs. One person, who had been quite independent when they first moved into Connors House, now required a significantly higher level of support. This had been reflected on their dependency assessment but had not resulted in increased staffing levels. Other people's dependency assessments had not been reviewed to reflect their current level of need. For example, one person's assessment did not recognise that they now required support with a catheter and another person had a medium score for 'preparing for end of life care', they were however, receiving end of life care. Staff told us they felt that there was not always enough staff; they told us that the aspect of care which suffers was bathing. This was reflected in bathing records that showed in the week prior to the inspection, four people out of 16 living in the Holly and Evergreen unit had received a bath or shower. Other weeks showed that no people had received a bath or shower. One person had a bath or shower recorded at the beginning of September and no baths or showers during August. A member of staff told us they felt there was not enough staff as people's needs had increased. During the inspection the registered manager told us that staffing levels had been reviewed and increased periodically, however, actual staff on shift did not always reflect the assessed required numbers of staff. Following the inspection the registered manager informed us that there would be an immediate and increased review of staffing levels and that dependency assessments would be reviewed.

Staffing levels were not sufficient to meet the needs of people at all times. This is a breach of Regulation 18 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not consistently managed safely, in line with current guidance and best practice. During this inspection we found that medicines were not always given as prescribed. For example, one person had not received a medicine prescribed to be given at night for the previous four weeks. The reason given on the Medication Administration Records (MAR) was that the person was sleeping. We asked if the GP had been contacted to discuss this, they hadn't, but we were told it was on a 'to do' list. This means that the person was not receiving their medicines as prescribed by their GP. After the inspection the registered manager contacted us to advise that the GP had reviewed this medicine and amended the administration time to better suit the person.

Topical medicines such as creams were stored separately and administration was recorded on separate records. We looked at these records and couldn't be certain that people always had creams applied according to the prescribers instructions as there were gaps on the records. The senior carer was aware that there were gaps, and we saw on MAR chart that gaps had been recorded by senior staff after they had checked the cream records charts, which were completed by care staff.

The failure to manage medicines effectively is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, medicines were stored securely and at the right temperature to ensure the quality of medicine people received. Staff administered medicines safely. They asked people for their consent before giving them their medicines and ensured they had a drink to take their tablets with.

Where people were prescribed medicines on a 'when required' basis, for example, to manage constipation, pain or skin conditions, there was guidance for staff to follow. Appropriate arrangements were in place for ordering and disposing of other prescribed medicines. MAR charts contained photos to help staff ensure the right people received their medicines. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Competency checks were completed annually for staff responsible for administering medicines.

The premises were clean and well maintained, although in some areas, particularly in the communal areas

of Holly and Evergreen, there was a strong malodour. We discussed this with the registered manager who recognised that there was an unpleasant smell in particular areas but was unable to confirm why there was such a strong odour. Communal toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. During a tour of the service we observed that people's bedrooms were clean, although some did have a strong smell.

There were policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Posters with details of a helpline staff could call were displayed on noticeboards. A visiting relative told us that concerns they had raised when their relative first moved into Connors House were taken seriously and resolved in a professional manner.

Recruitment files showed that the required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Infection Control and Health and Safety audits were completed by management. Fire risks had been assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation. A 'snatch file' with relevant details and an emergency plan were located in the lobby, in case of an emergency. Staff had regular fire safety training and could describe the way in which people would be helped. These checks enabled people to live in a safe and suitably maintained environment.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

Is the service effective?

Our findings

People told us they were happy living at Connors House, one person said, " It is a very high standard here it is very good. Oh gosh yes I can't give the place enough praise ". People told us the staff looked after them and they got what they needed. People's relatives told us that they received good care. They said that the staff knew their relative well and gave them the care and support that they needed. A visitor commented, "I would thoroughly recommend the home to other people and we have done."

Monitoring charts were in place for people whose food intake or weight needed to be monitored. However, they were not always completed accurately or with meaningful information. Charts for some people who needed their food intake to be monitored did not provide clear or accurate information. This was because some people had a 'room chart' and a file copy, records showed that both were not consistently completed, meaning it was difficult to gain an accurate picture of people's dietary intake. For some people, who were assessed as requiring a 'soft diet', daily recordings for lunch stated 'soft' – this did not tell us what the meal was, on other days nothing at all had been recorded. Other monitoring charts, such as weight charts were not consistently completed. One person, whose care plan stated that they should be weighed monthly, had not been weighed since January 2016. We were told that this was because they had refused to be weighed however, this was not recorded. This meant that pressure relieving equipment for this person may not be effective as staff did not know if it was set at the correct level for the person's weight. Daily checks for pressure relieving mattresses were not consistently effective, although the charts stated people's weights, some people had not been recently weighed to ensure that they were accurate. Some charts stated that the mattress needed to be set at a certain level, but were signed as checked at a different level. Checks were not always completed, or signed as completed on a daily basis.

The provider had failed to properly monitor assessed risks to people's health and safety and put in place safe procedures to ensure their health and welfare. This is a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training in order to support them to perform their roles safely and to provide the right care and support to meet people's needs. Training in mandatory subjects was up to date, other than for some new staff who were booked to attend upcoming sessions. Most staff had not received any training to aid them in providing care for people with conditions such as Epilepsy, Diabetes or Parkinson's, despite supporting some people who were diagnosed with these conditions. Records also showed that very few staff had received any training in end of life care or in supporting people with catheter care. We were told that new staff have this demonstrated to them during their induction/shadowing period by experienced staff, however records did not show that they had received training either. This meant that people were at risk of not receiving care and support to meet their needs, for example; staff not being clear of the importance of recording fluid input/output for a person who has a catheter. This is an area that requires improvement.

Staff had individual supervision meetings, they told us that they found these useful to discuss any issues or concerns and look at training needs. The registered manager told us that they had fallen behind with planned supervisions but had recently got back on track, supervision records confirmed this. Staff received

annual performance appraisals. Appraisals can support staff to develop within their role.

Staff understood the principles of the Mental Capacity Act 2005. They described how they supported people to make their own decisions and understood what they needed to do when people could not make a decision. Signed consent forms were in people's files for care plans, treatment and photography. The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The registered manager and staff understood what was meant by a deprivation of a person's liberty and staff had completed training in this. DoLS applications had been made for people who used the service to ensure that they were not deprived of their liberty unnecessarily. Some of these had been authorised by the DoLS office and some were awaiting assessment.

People's health was monitored and care was provided to meet any changing needs. When it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. During the inspection a physiotherapist visited to assess some people, following a referral by the registered manager. District nurses had also recently visited the service following a request by the registered manager. Their advice and guidance had been followed and implemented.

We spent time talking to the head chef, they were knowledgeable about offering people a choice and people's likes and dislikes. They spoke confidently about catering for people's needs, for example about adding ingredients when people required a fortified diet. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we observed staff discussing with people what was on the menu and supporting them to make a choice. One person told a member of staff that they didn't want that day's lunch menu and requested a sandwich instead. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People were very complimentary about the food; "My experience in the past three years is that the food has been served courteously, promptly and the food is always hot" and "We are very lucky even the chef comes round most days to ask us what we think of the food." Another person told us, "They come round every day and we get a choice, today I chose salmon." However, during the inspection we also observed that, on a few occasions, people were not always offered a choice. For example, when being offered drinks they were sometimes 'pre-made' with what staff expected the person would want. We were told this was because staff knew people and their preferences well. We recommend that the provider ensures that choice is always offered to people.

People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Thought had been given to make the environment friendly for people living with dementia. There was clear signage to help people identify different rooms such as toilets, lounges and their own bedrooms. On walls in some areas there were items such as activity aprons and latch boards for sensory stimulation. A sensory courtyard had recently been created using plants and objects that would be suitable for people living with dementia. The registered manager explained that there were ongoing plans to increase the suitability of the environment for those living with dementia.

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. People told us, "I'm happy living here; I give it a 5 star rating" and "I would say this is one of the best homes you can come too." One relative commented, "The quality of the care is brilliant; it is the way they treat people." Staff knew about people's background, their preferences and their likes and dislikes.

People's dignity was not always upheld. Throughout the inspection we observed some people to be unkempt with greasy hair and long/unclean toenails. Some people were wearing clothes that were crumpled and stained. We observed no attempt to encourage people to change their clothes; we checked records and nothing had been recorded to say that people had declined support to change. One person records showed that they had refused any assistance early on the second day of the inspection, there were no further entries to demonstrate that assistance had been offered later in the day. Another person's records stated that they were offered assistance after lunch but declined.

We observed that people were not always offered choice; on both days of the inspection staff offered people a drink, however they were not offered a choice but given a ready-made drink. At times this would be a hot drink and at others a cold drink such as squash. We discussed this with the registered manager who told us that they had previously discussed this with staff, it was felt that because staff knew people well, they knew their preferences and therefore, what they were likely to choose. The registered manager told us that they would continue to monitor and address this with staff.

The failure to provide people with appropriate person-centred care to meet their needs and reflect their preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We observed the interactions between staff and people throughout the days of our inspection. There was a happy and relaxed atmosphere in which people had light-hearted conversations and joked with staff and clearly felt comfortable in their company. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully, we observed many kind interactions. Staff were discrete and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas. Staff talked about and treated people in a respectful manner and supported people in a way that they preferred.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were moving freely around the home, moving between their own private space and communal areas at ease. Relatives told us that they could visit or call at any time and were always made very welcome, they told us that they were kept up to date with their relatives care.

Some people were receiving end of life care at the time of the inspection. Written records had been made about people's wishes, and where people did not want to discuss further, they had signed their files to confirm this. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

People's care plans told us how their religious needs would be met if they indicated they wished to practice. One person told us that they used to go to the Cathedral every week, now they weren't able to but the Dean visited for their birthday.

People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Is the service responsive?

Our findings

People told us they felt staff supported them and responded to their needs, they said they were asked about their preferences and were offered choices. One person told us, "I can choose what I eat and what I want to do." Another person commented, "I have no complaints they go out their way to help." A relative told us, "They adapt and personalise the care for dad."

Each person had a care plan. Their physical health, mental health and social care needs were assessed and care plans developed to meet those needs. Care plans included information about people's next of kin, medication, dietary needs and health care needs. However, not all health care needs had been assessed, there were no care plans developed for people who required care and support with a catheter. This put people at risk of not receiving appropriate care and support as staff did not have guidance to follow. The registered manager told us that new staff received guidance from more experienced staff during their induction.

We also found that aspects of care plans contained conflicting information or guidance that was not up to date, despite having been signed as reviewed. For example, one person's 'key information sheet' stated that they had no allergies, however, further into the file it was stated that they did have some allergies. This lack of clear information could increase the risk of this person being given something that they are allergic to. Some guidance did not contain specific direction for staff to follow, for example, one person required a particular medicine 'if necessary', there was no guidance on when it might be necessary to administer. Specific, personalised guidance was not always available for staff to follow, for example people's preferences in bathing or when being supported with personal care. Assessed care needs stated the need for monitoring to be in place where necessary, for example when a person required turning in bed to reduce the risk of pressure areas developing. However, records did not reflect that this guidance was followed by staff. One person whose file directed staff to 'turn every 4 hours', contained records that did not confirm that this happened every 4 hours. Staff were not always using the same recording sheet, for example one day, there were two turn charts that had been completed for the same person, both contained conflicting information and we could not be sure that people were receiving care and support in line with their assessed needs.

The provider had not ensured that the care and treatment was person centred to meet with people's needs and reflect their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Connors House was proud to be a 'pet-friendly' home; people have been able to move in with their pets. One person moved in with their dog and another with their cat. The registered manager explained that this was following an initial assessment with risk assessments and agreements being put into place. People are made aware before they move into Connors House that there are pets. The home also has a house cat, a rabbit, bird and fish. People told us how they and others enjoy petting the rabbit, "I wouldn't come here unless I could bring my cat. We have been out in the sun and it is absolutely wonderful here. We are always very happy here you don't dread coming back here. We also have a pet rabbit in the home called Porridge and some residents like holding him and he is very tame."

People received the care they needed and the staff were responsive to their needs. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their families. Staff kept relatives up to date with any changes in their loved one's health. Relatives gave positive feedback, "I'm very pleased with the care here, we can come to meetings every 3 months or so and raise any problems. They always keep me up to date."

An activities co-ordinator was employed at the home; this role was introduced last year. During the inspection we received positive feedback from people and relatives about the introduction of increased activities and the positive effect this has had. The activities co-ordinator worked five days a week and had introduced a changing weekly programme of activities which was on display around the home. Activities included arts and crafts, picture bingo, baking, exercises, sensory and pampering sessions, bowls and skittles and reminiscence sessions. The co-ordinator told us they try to introduce a new session each month and that during residents meetings they ask people for suggestions. For example, this month they had introduced 'Fruity Fridays', where people are encouraged to talk about and try different fruits. During the inspection one person told us about an upcoming day trip to London that staff had arranged and were supporting them with, as this was where they grew up. The activities co-ordinator split their time between the units, usually half a day in each and allocated some time to spend with people on a one to one basis; during the inspection we saw a number of activities that people were engaged in. The activities co-ordinator explained how they had spent time getting to know people and their likes and dislikes, for example, one person enjoyed being read to and another enjoyed spending most of their time painting independently. Throughout the service there were numerous pieces of art on display. During the inspection the maintenance person was displaying a large piece of artwork that a number of people had created together.

Staff knew people well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed.

When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

People were regularly invited to give feedback about the quality of the service through the resident and relatives meetings held in the service. One person told us, "We have residents meetings once a month we can discuss anything that is worrying us." People and their relatives were also invited to complete an annual satisfaction survey. The most recent survey had been sent out and the registered manager was awaiting the summary report of the results to be issued by the company conducting the survey on behalf of the registered provider.

Complaints had been managed effectively. We read complaints which had been logged by the registered manager. A record had been made of the actions taken to address any complaints. These included acknowledging the concerns and carrying out an investigation.

People and their relatives told us that they knew how to make a complaint; but those we spoke with said they had not had cause to do so. There was a complaints protocol on display which gave directions for how the process worked. People and their relatives told us they could raise any concerns with the registered manager and they would be dealt with. One person commented, "I certainly would feel safe to raise a complaint." One relative told us, "Issues are always dealt with, addressed in a dignified and respectful way."

Is the service well-led?

Our findings

The service had an established registered manager who was supported by a care co-ordinator, senior care workers and a team of care workers along with administrative and ancillary staff. Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to. One staff member commented, "The manager is approachable, we can make suggestions." Relatives told us they found the registered manager and staff team to be open and approachable, one commented, "They are approachable and any problems they take seriously and sort out straight away."

Audits and checks were carried out each month by the registered manager or a nominated person but had not always been effective in identifying the shortfalls highlighted during our inspection. These included medicines audits and care plan audits. The audits had not been used properly, as tools to assess the quality and safety of the service and bring about improvement. Care plan audits had failed to identify that details were not accurate or up to date. Medicine audits had failed to identify shortfalls in some areas of recording and administration. Audits had failed to identify that there was not sufficient staff to meet people's needs.

The failure to effectively audit the service is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However, other checks and audits had been effective, for example infection control audits, health and safety audits and audits of accidents, incidents and safeguarding. The registered manager had taken appropriate action to rectify any identified shortfalls. The head of compliance for the registered provider completed monthly compliance assessments and developed an action plan for the service.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of recently updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable.

There was a positive and open culture between people, staff and management. Through our observations it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. All staff we spoke to told us they were clear about their roles and who they were accountable to. They felt they all worked well as a team, the care people received was good and they enjoyed working at Connors House.

The registered manager said they felt supported by the Abbeyfield Kent Society. They said the registered provider provided the resources needed to run the service. The registered manager had a plan for the improvement of the service for people living with dementia. This involved implementing plans to further

develop the environment and a review of individuals care plans.

The registered provider and registered manager were open and transparent. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so consistently. They were aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate for the type of service. Policies and procedures had been recently reviewed and updated and staff were aware of where to access the policies when they needed them and were in the process of signing to confirm they had read and understood these.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The failure to provide people with appropriate person-centred care to meet their needs and reflect their preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient current guidance for staff to follow to show how risks to people were mitigated.</p> <p>The provider had failed to properly monitor assessed risks to people's health and safety and put in place safe procedures to ensure their health and welfare.</p> <p>The provider had failed to manage medicines effectively.</p> <p>These are breaches of Regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The failure to effectively audit the service is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not sufficient to meets the needs of people at all times. This is a breach of Regulation 18 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.