

Fort Horsted Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 15 January 2019, the inspection was unannounced.

Fort Horsted Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People received nursing and personal care.

Fort Horsted Care Home Ltd accommodates up to 30 people in one single storey building. There were 26 people living at the service when we inspected. A number of people received their care in bed. Some people lived with dementia.

At the last inspection on 09 November 2017 we rated the service Requires Improvement overall. The provider had failed to adequately assess and mitigate risks to people and staff. The provider had also failed to manage medicines safely. The provider also failed to plan care and treatment to meet people's needs and follow the principles of the Mental Capacity Act 2005. The provider had failed to operate effective quality monitoring systems and failure to make accurate, complete and contemporaneous records.

At the last inspection on 09 November 2017 we also made a number of recommendations relating to: reviewing systems and processes to evidence that staffing levels met people's assessed needs, reviewing and amending safeguarding policies, reviewing and amending people's care plans with them as their needs change. We also recommended that registered persons reviewed the catering arrangements for people with different diet needs and training requirements for staff to ensure that staff had the right skills and knowledge to work with people who had specialist health conditions and arrangements for clinical supervision. We also recommended that the provider reviewed their policy and procedures to ensure people and their relatives had clear information about how to raise and escalate complaints should they need to and seeking advice and following good practice guidance to support people with dementia to orientate themselves in the service to enable them to live well.

The provider submitted an action plan on 05 March 2018. This showed that all breaches had been complied with and they planned to monitor this on an ongoing basis.

At this inspection we found the provider had met some of their actions. However, there continued to be three breaches. The service has been rated Requires Improvement overall. This is the second consecutive time the service has been rated Requires Improvement.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Improvements had been made to medicines management. However, further improvements were required. People were prescribed a variety of pain relieving tablets as and when required (PRN). PRN protocols were not always in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were.

Improvements had been made to management of risks. However, further improvements were required. Risks to people's individual health and wellbeing had been assessed. Risk assessments did not provide staff with clear guidance and information about the size and type of equipment required to support the person to move safely.

The management team had a good oversight of the quality and safety of the service. They had undertaken quality audits but these had not been robust enough to capture the action required to improve the service. Further improvements were required to ensure records were accurate and complete. Registered persons had not notified CQC of incidents such as serious injuries or Deprivation of Liberty Safeguards (DoLS) authorisations that had occurred.

People's needs and rights to equality had been assessed and care plans had been kept up to date when people's needs changed. People and health and social care professionals involved in their care and support told us how their general health and wellbeing had improved since living at the service. Staff had the right induction, training and on-going support to do their job. People were supported to eat and drink enough to maintain a balanced diet and were given choice with their meals. People accessed the healthcare they needed, and staff worked closely with other organisations to meet their individual needs. People's needs were met by the facilities.

People were kept safe from avoidable harm and could raise any concerns with the registered manager. There was enough suitably trained and safely recruited staff to meet people's needs. People were protected from any environmental risks in a clean and well-maintained home. Lessons were learnt from accidents and incidents.

People told us that staff were caring and the management team ensured there was a culture which promoted treating people with kindness, respect and compassion. Staff were attentive to people. The service had received positive feedback and people were involved in their care as much as possible. Staff protected people's privacy and dignity and people were encouraged to be as independent as possible. Visitors were made welcome.

People received personalised care which met their needs and care plans were person centred and up to date. Where known, people's wishes around their end of life care were recorded. People were encouraged to take part in activities they liked. There had not been any complaints, but people could raise any concerns they had with the registered manager. The provider sought feedback from people and their relatives which was recorded and reviewed.

People were happy with the management of the service and staff understood the vision and values of the service promoted by the owners and management team. There was a positive, person centred and professional culture. The management team communicated well with staff and worked in partnership with other health professionals. The management team promoted continuous learning by reviewing audits, feedback and incidents and making changes as a result.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the

provider to take at the back of the full version of this report.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks had not always been appropriately assessed and mitigated to ensure people's health and safety.

Medicines management had improved, however further improvements were required to ensure medicines were managed safely.

There were enough staff deployed to meet people's needs, the provider had developed a system to ensure people's assessed dependency levels were collated to review the numbers of staff deployed. The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

Incidents were recorded and analysed to identify trends and patterns. Action was taken to reduce the risk of them happening again.

The service was clean, tidy and equipment had been properly checked.

Is the service effective?

Good 

The service had improved so that it was effective.

The staff and management team understood the Mental Capacity Act 2005 and how to support people to make decisions. Staff supported people to make choices about all elements of their lives.

Staff had received training relevant to their roles, including training relevant to people's needs and health conditions. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. Food was prepared to meet people's dietary requirements.

People received medical assistance from healthcare professionals when they needed it.

Signage around the service had improved to direct people to communal areas such as the lounge and dining room and other key areas such as bathrooms and toilets.

Is the service caring?

Good ●

The service continued to be caring.

People were treated with dignity, respect, kindness and compassion.

People were involved with their care and enabled to make choices.

People were supported to maintain contact with their relatives. Relatives were able to visit their family members at any time.

Is the service responsive?

Good ●

The service had improved so that it was responsive.

Care plans had improved. People and then relatives were involved in the development of their care plans. People were asked about their end of life wishes and their preferences were recorded.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be, both in the service and the local community.

Information about how to make a complaint was available to people in a format they could understand.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Audits had not always been totally effective in identifying shortfalls in the service. Records had not always been maintained to ensure they were complete and accurate. The registered manager had not always reported incidents to CQC.

The registered manager and provider attended provider forums which are run by external agencies in the local area. This enabled them to keep up with changes and updates in practice as well as building links with other organisations.

The provider had displayed the rating from the last inspection in the service and on their website.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

People, relatives and staff felt the management team were approachable and would listen to any concerns. Staff felt well supported by the management team.

Fort Horsted Care Home Ltd

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 15 January 2019, the inspection was unannounced. The inspection was carried out by two inspectors and one expert by experience. 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 the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with five people about their experiences of living at the service and we observed care and support in communal areas. We observed staff interactions with people. We also spoke with five people's relatives who visited the service. We spoke with eight staff, which included the cook, housekeeping staff, care staff, nurses, the registered manager and the nominated individual for the provider.

We requested information by email from local authority care managers, commissioners and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from local authority commissioners.

We looked at the provider's records. These included five people's care records, care plans, health records, risk assessments, daily care records and medicines records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

Is the service safe?

Our findings

At the last inspection on 09 November 2017 we found that registered persons had failed to adequately assess and mitigate risks to people and staff and had also failed to manage medicines safely.

At this inspection, we found improvements had been made to medicines management, however further improvements were required. Medicines were stored securely and safely in a temperature controlled environment. The management team carried out audits and checks on the medicines to check stock levels and to check these had been administered as per the prescriber's instructions. Medicines were administered by nursing staff with suitable training. Most people were in receipt of as and when required (PRN) medicines. People were prescribed a variety of pain relieving tablets PRN. PRN protocols were not always in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that nursing staff administering these medicines may not have all the information they need to identify why the person takes that medicine and how they communicate the need for it.

The administration of medicated transdermal patches was not always well managed. Some people living at the service required transdermal pain relief patches applied to their skin. Patient information leaflets supplied with transdermal patches detail that patches should not be applied to the same area of skin for three to four weeks due to the increased risk of skin irritation. The pharmacy had supplied the service with transdermal patch application records so that staff could record where they had sited the transdermal patch. These had been completed in an inconsistent manner. Some records had not been completed fully to detail which area of the body the patch had been applied to. One person's transdermal patch record had not been completed to show where it had been re sited since 03 October 2018. The person's medicines administration records (MAR) showed they had received their patch on a regular basis as prescribed.

The failure to ensure the safe management of prescribed medicines is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that improvements had been made to risk assessments, however further improvements were required. Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments. People's care plans and assessments were reviewed regularly. People that required moving and handling equipment such as hoists and slings did not have robust risk assessments to evidence to staff the safest way of working with the person. Risk assessments did not provide staff with clear guidance and information about the size and type of sling to use and which loops on the sling were best for the manoeuvre. This put people at risk of harm. One person who had specialist needs in relation to swallowing. The registered manager explained that they were having a trial with the person to see if they could eat moist and soft food. All staff we spoke with were aware of this including the kitchen staff and the person was monitored whilst they ate. However, the person's risk assessment and care plan had not been updated to reflect the trial and still stated that they were 'nil by mouth'. This meant that conflicting guidance was available to staff which may have put the person at risk of receiving food they had not been assessed for, which could cause them to choke.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People and their relatives told us they had been involved in the risk assessment process. Relatives said, "At a review we discussed staff putting up the rails when she is in her bed so she doesn't roll out" and "Before she came here we had assessments on how they would keep her safe when she wanted to get up or be put back into to bed." We observed staff maintaining people's safety during the inspection. We observed staff reminding people to use the equipment they had been assessed as requiring and advising people to mind their arms or hands as they pushed wheelchairs through doorways.

Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance they would need to reach a place of safety in the event of an emergency.

The registered manager reviewed all accidents and incidents to ensure that relevant action had taken place. Accidents and incidents were reviewed for patterns and where these occurred they were analysed to identify trends. The provider shared how the service had learnt lessons from when practice had gone wrong. Accident records showed that one person had injured themselves from trapping their leg in their bed rail despite padded covers being in place. Additional covers were then placed on the bed rails to add further protection and reduce the risk of this happening again.

People and their relatives told us they felt safe and they received safe care. People said, "There is a general feeling of being safe here, staff always around to help me" and "Always have two staff to hoist me out of bed, they know how to keep me from falling." Relatives commented, "She is safe from threats, criminal activity and there has been no sign of her being ill-treated. Very happy with the care that the staff provide"; "Yes, she is kept safe here, certainly with the attention from the staff. They (staff) show genuine love with the care they give her" and "I feel happy with the way the staff treat her, she is safe here."

People were protected from abuse. Policies were in place and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager or provider. Staff were confident that any concerns they raised would be addressed quickly. Training records evidenced that all staff had attended safeguarding training.

The provider had carried out sufficient checks on all staff to ensure they were suitable to work around people who needed safeguarding from harm. The provider had carried out checks of references. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for staff members. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status.

There were enough staff to support people. Staffing rotas evidenced a stable and consistent staff team. The provider had developed a dependency tool to help the management team assess the level of staffing required. This had been reassessed monthly for the staffing required for the day shifts. The registered manager planned to use the tool to assess the night staff allocation. People and relatives told us that they felt there were enough staff and generally receive the care at the time they preferred and didn't feel rushed. People said, "Always staff available to help me, I am always up washed and dressed by 09:30"; "Enough staff for me, always helpful, they stop and have a chat when I am up and about." A relative told us, "She get the care she needs. Always more staff in the morning always washed and dressed by 11:00."

People and relatives told us the call bells were answered promptly, sometimes there would be a delay if staff were helping other people. "Pretty quick when I press the buzzer, staff are with me within a couple of minutes"; "No complaint about response to call bells" and "Sometimes have to wait if they are busy with other people. Most people here need to staff to help with washing and getting up."

The service looked and smelt clean. Housekeeping staff carried out cleaning around the service. A person told us, "I have my room tidied every day, my bedding is always fresh and clean." A relative said, "Domestic staff always keep her room spotless, as soon as her clothes are changed they are taken away to the laundry never left lying around." The service had been well maintained. Repairs and maintenance of the service had been carried out in a timely manner. A relative said, "The home and garden always look well maintained".

Fire alarms had been regularly tested and regular fire drills had taken place. Staff had a good understanding of the fire procedures and how to evacuate people safely. The provider had arranged some upgrading of fire equipment as a result of a recent contractor service visit. The provider planned to update the fire risk assessment as this had not been done since 2017. The service had an out of hour's policy and arrangements were in place for staff to gain management support. Checks had been completed by qualified professionals in relation to legionella testing, electrical appliances and supply and gas appliances to ensure equipment and fittings were working as they should be. Risks relating to the environment had been monitored by regular audits.

All staff had completed infection control training. There was plenty of personal protective equipment (PPE) in place to protect people and staff from cross infection. A person said, "Staff always wear aprons and gloves when helping me in the bathroom."

Is the service effective?

Our findings

At the last inspection on 09 November 2017 we found that the provider had failed to follow the principles of the Mental Capacity Act 2005 and make accurate, complete and contemporaneous records. We also made recommendations that registered persons: reviewed the training requirements for staff, reviewed the arrangements for clinical supervision. We also recommended that the provider sought advice and followed good practice guidance to support people with dementia to orientate themselves in the service to enable them to live well.

At this inspection, we found improvements had been made. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff responsible for providing care and support had undertaken MCA training. The registered manager had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection.

We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care, people chose whether to participate in activities. People told us, "I do most things for myself, if I need help I just shout" and "Staff will get some tops and bottoms out of the wardrobe for me and I choose which ones I prefer." People who had capacity to consent to care and treatment such as agreeing their care and support, had signed consent forms to evidence their consent. People's capacity had been assessed. Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Copies of the LPA documentation had not been seen or checked by the management team to verify if relatives had the authorisation to make decisions on behalf of the person. The registered manager and provider agreed that copies would be obtained.

People gave us positive feedback about the food. Comments included, "Food beautiful. Plenty of it, everything melts in your mouth. Plenty of vegetables and we always get a choice"; "Plenty of choice, since I have been here I have put on some weight"; "As long as staff chop up my meat for me I can use a fork or spoon to feed myself. They will put a guard on the plate so I can push up against it. If I don't fancy the main dishes I choose either an omelette or sometimes a jacket potato" and "I am PEG fed and have asked to try eating small portions of food myself, today I had some mash." Relatives told us, "Food is nutritious, plenty of variety, generally asks for smaller portions and offered more if she still feels hungry" and "Food is very good,

always given a choice. I have joined her for lunch. She is able to feed herself and staff will ask if she wants her meat chopped up."

People received effective care and support from staff to meet their nutritional and hydration needs. Staff offered people choices of drinks. Hot drinks and cold drinks were served regularly to people who stayed in their room and people in the lounge alike. Meal choices were clearly displayed for people. People living with dementia were supported to make their meal choices through staff showing them photographs of the food so they could make an informed choice. People's care and support records provided clear information about people's likes, dislikes and allergies. Staff had a good awareness of people's nutritional needs. The menus seen provided people with good choices and a balanced diet.

People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments. People told us staff took timely action when they were ill and they say the GP when they needed to. The registered manager, nurses and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were well met. This was evidenced throughout people's care records. Since the last inspection the service had joined the red bag scheme. The red bag scheme was put in place to improve transfer pathways between care homes and hospitals. Care staff pack a dedicated red bag that includes the person's paperwork, medicines, discharge clothes and other personal items.

People's needs were assessed, and their care was planned to ensure their needs were met. Holistic assessments of people's needs were carried out before they moved to the service, so their care could be planned. Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected. This enabled the registered manager to make an informed decision whether the staff team had the skills and experience necessary to support people with their needs and wishes. The assessment identified what support was needed and this was pulled through to the care plan. Where people moved from another care home or a hospital, documentation was completed by the registered manager to make sure they had the information they needed about people for a smooth transition to their new home.

Nurses and care staff received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. Staff had received training to enable them to meet people's specific health needs. Systems and procedures were in place to provide support to nursing staff to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. Systems were in place to support the nursing staff achieve revalidation. Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks.

Staff received effective support and supervision for them to carry out their roles. Staff confirmed that they were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager and deputy manager.

The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. People were unable to use the conservatory as a large delivery of incontinence products had been delivered and stored there. We checked the delivery note and they had been stored there since 11 January 2019. We spoke with the registered manager about this and they advised that night staff would move these later that day and advised these would not be stored there in the future.

Is the service caring?

Our findings

People told us staff were kind and caring towards them. Comments included, "They are beautiful, kind always ask if you need anything. Always very thoughtful"; "Very friendly, they have a good attitude. I am always having a laugh and joke with them" and "Lovely caring people, everyone nice here, they look after me." Relatives told us, "Staff are caring, they take time to find out what she wants"; "They (staff) are caring, they show an interest in their job. They are soft and persuasive in a gentle way when giving assistance" and "Staff are friendly treat her like family."

People and staff knew each other well, people were called by their preferred names. One person said, "Staff know how to help me, if I am having a shower, staff know I am a little tottery on my legs and stay with me and hold my arm." A relative told us, "They have got to know her music tastes, she likes a laugh and joke with them, this morning staff have been singing Beatles songs with her."

People were treated with dignity and respect. Staff knocked on doors before entering and checked with people to ensure it was okay to enter. People told us, "When I go for a bath, staff make sure that I am covered with my dressing gown when we go along to the bathroom" and "Staff always pull the curtains across and close the door when they help me out of bed." Relatives said, "Always know when the door is closed, staff are helping mum" and "If I am in mum's room with her, staff always knock and apologise for disturbing us, they check if it is okay to come in to speak with mum or say they will come back later."

Staff were caring and observant. They initiated conversations with people and responded to their anticipated needs. When people were supported to move into the lounge in their chairs, people were asked where they would like to sit. Before leaving people in the lounge, staff gave them a gentle stoke on the arm or shoulder and checked that they were comfortable.

People were supported to be as independent as possible. People said, "I like to have a bath on Saturday morning. When I am ready I ask the staff to wash my back for me and then ask them to switch on the Jacuzzi. Staff let me have a long soak, it's beautiful"; "I can do a lot of things for myself and I have a picker up gadget which I use to pull my chair towards me when I want to get in it. When I am in the bath I find it difficult to sit up so I ask the staff to wash my feet and from the knee down, and scrub my back" and "If I ask, staff will cut up my food for me so I can still manage to feed myself."

The service had a friendly, calm and homely atmosphere. Staff were smiling and upbeat and took time to chat with people and their relatives. There was lots of laughter. Staff all told us how much they enjoyed working at the service. A relative said, "Staff are attentive and caring, they show that they are loving people. It's a very warm and caring environment here."

Relatives and visitors were able to visit their friends and family members at any reasonable time and they were always made to feel welcome. One relative said, "It's a homely home, I have always been made welcome from the start. When we visited we were able to speak to a couple of residents for their views."

People's religious needs were met. People told us that church services were held at the service once a month and if they wished to attend they could do so. One person told us, "I go along to the church service in the lounge." One person had a copy of different religious text with them to help them observe their religious beliefs. Relatives said, "She joins in the Easter and Christmas services when people from St Stephens [church] visit" and "Two or three come along from the local church and she will join in with the singing."

People were supported to express their views and they and their relatives were involved in making decisions about their care. Reviews took place regularly. If people did not have relatives to support them, the registered manager would refer to external lay advocates for support. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information about advocacy was available to all people living at the service.

Is the service responsive?

Our findings

At the last inspection on 09 November 2017 we found that the provider had failed to plan care and treatment to meet people's needs. We recommended that the provider reviewed their policy and procedures to ensure people and their relatives had clear information about how to raise and escalate complaints should they need to.

At this inspection, we found people and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "Speak to the manager straight away"; "No concerns, if I had I would speak to the matron/manager"; "I would soon tell them if I was unhappy with the care I was getting" and "If I had to raise a complaint I would be confident that it would be dealt with satisfactorily." The complaints policy was on display and gave people all the information they needed should they need to make a complaint. There had not been any formal complaints about the service since the last inspection.

At this inspection we found that improvements had been made to care plans. People had care plans in place, which reflected their assessed needs. Care plans contained information about how each person should be supported in all areas of their life. Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed, and where they preferred to have their meals. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. People's care files were not always easy to read as there was a mixture of old and new documentation, it was not always clear what the latest information was. However, there were also a care plan summary in place with the daily records that nurses and care staff completed throughout the day. The summaries were more up to date and they were written in a person-centred way.

People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life. Crisis medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain. The deputy manager had been engaging people and their relatives in discussions about their end of life wishes, preferences and whether it will be in best interests to carry out CPR. CPR stands for cardiopulmonary resuscitation. It is a lifesaving medical procedure which is given to someone who is in cardiac arrest.

A range of activities were available for people who lived at the service and people could choose if they wished to join in with activities. Some people choose to stay in their bedrooms. Details of the day's activities were displayed on a white board in the dining room. Activities included, cooking, music, bingo, art and craft, quizzes, games, shopping trips out. People who were cared for in bed received one to one activities such as hand massage, nail care, reading and chatting. A sherry morning and a music session which was run by an external provider took place during the inspection. Both sessions were well supported with three relatives attending the afternoon with their family member. The activities co-ordinator ran the morning session reading headlines and summaries from several newspapers opening up each topic for discussion asking

people for their opinions. On the day of the inspection there was a historic vote at parliament and people were encouraged to share their views on the likely outcome. As people joined the session in the lounge, the activities co-ordinator offered them a choice of newspaper to pick out so they could choose headlines they wanted to discuss. During the session people were offered a glass of sherry and a hot or cold drink along with a choice of snack. The afternoon session of music was a mixture of classical and contemporary music. People participated in listening and shaking musical instruments to the music. People appeared to enjoy the session, they were smiling and taking part.

People gave us positive feedback about the activities available at the service. People said, "I join in most of the activities they are all enjoyable, particularly like the music sessions"; "I enjoy the music sessions"; "Like the cooking, we recently made a pizza and had it cooked for our tea" and "I like doing the word searches." Relatives told us, "She enjoys the craft sessions and likes to watch people singing" and "She likes to sit out in the front garden, [Person] can see what is going on and see me when I pull up."

Is the service well-led?

Our findings

At the last inspection on 09 November 2017 we found that the provider had failed to operate effective quality monitoring systems and failure to make accurate, complete and contemporaneous records.

At this inspection, we found improvements had been made to quality monitoring processes. However, further improvements were required. Audits and checks were carried out by the management team to check the quality of the service and to make improvements when required. These included frequent medicines checks, room checks, mattress checks, infection control, wound checks, care plans and falls. The service had started a resident of the day scheme, which ensured each resident was allocated a day per month where staff would review their care plans and risk assessments. The registered manager had undertaken observations, spoken with people and staff and thoroughly checked records and information. Where improvements could be made, the registered manager put an action plan together, actions had been addressed by the registered manager and the staff team.

Records relating to people's care were not always accurate or complete. Some people required their food and fluid to be monitored to ensure they were eating and drinking enough to stay healthy. The food and fluid charts are not always completed and the amount of fluids that people drank each day were not added up, we were assured that this was a records issue only as people were hydrated and supported to drink plenty to keep them in good health. One person's dependency assessment had been incorrectly completed. One person's care plan detailed that they required daily bed rails checks to make sure they were safe, however there were no records of these checks being undertaken daily. Records evidencing that people's oral hygiene had been attended to were inconsistent. Some staff recorded this on a tick box within the daily records, other staff recorded this within their write up of the care and support given. Some days there were no records of oral care at all. Staff had sometimes written, 'personal care given' which did not record whether the person had been supported to have a wash, bath, shower, hair brushed or teeth cleaned.

Despite the quality monitoring systems in place further improvements were required to drive the service forward to ensure people were receiving safe, and well led care. Quality assurance processes had not been successful in recognising the issues we identified in this inspection; such as risk assessments, medicines management and accuracy of records.

The failure to operate effective quality monitoring systems and failure to ensure records were accurate and complete was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths that had occurred. However, they had failed to notify CQC of DoLS authorisations and serious injuries that had occurred.

The failure to notify CQC without delay of DoLS authorisations and serious injuries was a breach of

There was a registered manager in post, the registered manager had come into post since we last inspected the service. The provider had increased the amount of days per week the registered manager (who was a trained nurse) spent managing the service rather than providing nursing care. This enabled them to carry out management tasks which also included reviewing and quality checking the service.

People and their relatives told us the service was well run. One relative said, "It's a well-run home, staff do a brilliant job. I am able to say how everything is going at review meetings, there has been two reviews so far." People said, "Managers help out so we know them well. Very helpful if I need any advice", "Manager very good, chatty and helpful" and "Managers are hands on so always asking what I think of the home and if there is anything more they can help me with."

The registered manager met with the other registered managers of the provider's other services on a regular basis. The registered manager had also made links with a local registered managers network. The registered manager felt well supported by the provider and said they could access them at any time. The provider visited the service on a regular basis. We observed staff chatting to the provider and asking questions which evidenced they knew them well.

The provider's philosophy of care detailed on their website stated, 'We treat our residents with the dignity and respect which they deserve, in order to make their stay with us comfortable and memorable. Our residents have the freedom to make their own choices as far as possible and each resident is an integral member of our home's community'. We observed that staff treated people with dignity and respect and did their utmost to ensure that people had the best quality of life. There was a relaxed and homely atmosphere at Fort Horsted Care Home. Each staff member we spoke with told us how much they enjoyed working at the service and providing care and support to the people living there. This was evidenced by the length of time staff worked at the service for, there had been no new staff since the last inspection.

Staff meetings continued to take place regularly to ensure that staff had opportunities to come together, share information and gain information from the management team. The registered manager and provider attended provider forums which are run by external agencies in the local area. This enabled them to keep up with changes and updates in practice as well as building links with other organisations. The management team kept themselves up to date with regulation by receiving newsletters from CQC. The management team also kept up to date with nursing practice by attending events and training sessions. Staff told us they had lots of support from the management team.

People and their relatives had been asked about their views and experiences of using the service. People felt they were listened to. People received surveys to ask them about their experiences of living at the service every six months. People also had opportunities to provide feedback through 'tea with matron' sessions, meetings, reviews, through observations and through focus groups. People said, "I don't think you could do anything any different, it appears to be an efficient run home"; "I don't attend the residents meeting, don't feel the need, staff always ask my views on food and any new activities they try"; "I have been to the resident meetings, I'm able to give my views about the home. We have completed a survey asking what we thought and what we would like to change" and "I attend the residents' meetings and they usually follow up on what is decided." There was a 'You said, we did' board displayed in the hallway which showed what changes had been made when people or their relatives had provided feedback.

Relatives were able to feedback about the service their family members received. One relative said, "I have never felt that I couldn't raise anything even if I feel it is trivial at the relative's meetings. These meetings are

informative we are able to raise any concerns. I have suggested that residents were involved in cooking, so far they have made pizzas, also suggested a film incorporating afternoon tea, have shown a film." The service had received compliments about the service. Recent compliments read, 'We would like to express our thanks and gratitude for looking after mum [person], and going above and beyond your duty of care. Mum loved being at the home and settled in well' and 'All you ladies [staff] do such a kind and caring job. Which made me feel that my mum was safe with you and the banter between you was fun.'

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for their last inspection in the reception area and on their website.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents Registered persons had failed to notify CQC without delay of DoLS authorisations and serious injuries that had occurred. Regulation 18 (1)(2)(4)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to ensure the safe management of prescribed medicines and failed to take appropriate actions to mitigate risks to people's health and welfare. Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons had failed to operate effective quality monitoring systems and failed to ensure records were accurate and complete. Regulation 17 (1)(2)