

Fort Horsted Care Home Ltd

Fort Horsted Care Home Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fort Horsted Care Home Ltd is a single storey 'care home' providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. A number of people received their care in bed. Some people lived with dementia. The service can support up to 30 people.

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

Staff had been recruited safely to ensure they were suitable to work with people. People had regular staff who they knew well. People were well supported by competent, knowledgeable and well-trained staff. Staff were well supported by the management team.

The service was well-led. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The registered manager promoted an open culture and was a visible presence in the service, staff felt listened to and valued.

People were protected from abuse and avoidable harm and risks to people were managed. People's medicines were well managed. If people or their relatives wanted to complain they knew how to do so.

People were treated with dignity and respect. People's views about how they preferred to receive their care were listened to and respected. People and relatives told us staff were kind and caring. Comments included, "The staff are always friendly" and "Staff are very laid back but in a good way, very happy with the care."

People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. Activities were also provided for people who received their care and treatment in bed.

People received good quality care, support and treatment including when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly, they were referred to a fall's clinic. Nursing staff worked closely with the GP who visited the service regularly.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, enough improvement had been made and sustained and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fort Horsted Care Home Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced, while the second day was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, local authority safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. Healthwatch told us they had not visited the service or received any comments or concerns since

the last inspection. A local authority commissioner told us they had visited the service in April 2019 to carry out a monitoring visit.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. Some people were not able to verbally express their experiences of living at the service or were sleeping. We observed staff interactions with people and observed care and support in communal areas.

We spoke with eight staff including; housekeeping staff, care staff, nurses, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's personal records, care plans and a range of people's medicines charts, risk assessments, staff rotas and two staff recruitment records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection registered persons had failed to manage risks to people's health and welfare effectively. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At this inspection, risks relating to moving and handling tasks such as the use of slings and hoists had been appropriately assessed. Staff knew about the specific equipment people had been assessed for and were confident and competent to use these. Risks to people's safety and individual health and wellbeing had been assessed and well managed. We observed staff supporting people to maintain their safety in the service as well as supporting people to mobilise safely. One person told us, "They use a sling to get me up when I get up on rare occasions, I feel safe."
- People were supported to keep their skin healthy. When necessary, people were provided with special air mattresses to reduce pressure on their skin making the development of pressure ulcers less likely. Also, nurses and care staff used special low-friction slide-sheets when a person needed to be helped to change position in bed. These reduced the risk of a person's skin being chaffed during repositioning.
- Risks to the environment had been considered. The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.
- Checks had been completed on the fire equipment. Each person had an evacuation plan describing the support they would need to leave the building in an emergency. Some staff had not completed a fire drill within two years. We reported this to the registered manager who arranged for this to be completed.

Using medicines safely

At our last inspection registered persons had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At this inspection, transdermal patches had been well managed. Medicines were securely stored and kept

at the correct temperature to ensure their efficiency. People's medicines were regularly reviewed by their GP and health professionals.

- Medicine administration records were complete and accurate, and people received their medicines as prescribed. Medicines records and stock levels were regularly audited.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- Staff had been suitably trained. They followed the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure staff practiced safe medicines administration.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history.
- The provider continued to ensure staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels were undertaken by the registered manager. Staffing levels were amended when required to meet people's changing needs.
- People told us their needs were met in a timely manner. One person said, "In bed I use my buzzer, they come quickly usually in a few minutes, if you press the emergency one, they come very quickly." Another person told us, "When I press it [call bell] they come as quickly as they can. They are very good."

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. All staff had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise, and report concerns outside of their organisation if necessary. Where safeguarding concerns had been received, appropriate action had been taken to address these.
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy to read format to help people understand.
- People told us they felt safe. Comments included, "I feel safe" and "Oh yes, I feel safe, I don't have to worry about anyone knocking on the door [like I did living at home alone], they [staff] answer the door here."

Preventing and controlling infection

- All staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) where necessary to help prevent the spread of healthcare related infections. The registered manager had provided staff clear guidance and information regarding hand washing and additional measures had been put in place to protect people from the risks of Coronavirus following advice from Public Health England.
- The service was clean, tidy and smelt fresh when we inspected. One person told us, "I have been told about coronavirus. They wash their hands before coming in and are very good. The room is nice and clean,

mostly cleaned every day."

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.
- The registered manager had followed up every incident and accident. Incidents and accidents continued to be reported to the provider. The registered manager had made referrals to appropriate professionals such as falls prevention practitioners when people had frequently fallen and arranged additional equipment to keep people safe.
- One person's relatives were not happy with action taken to reduce the risk of their loved one falling. The relatives had brought in piece of equipment which was not suitable for their loved one which staff and the registered manager had challenged. Therefore, the relatives were working with the registered manager and provider to seek a resolution and alternative equipment to ensure that the safest method was also the least restrictive.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. People were reassessed as their needs changed to ensure the care they received met their needs.

Staff support: induction, training, skills and experience

- Nurses and care staff had received statutory mandatory training including, first aid, fire safety, food safety, health and safety and moving and handling people. Staff had received additional training to enable them to meet people's specific health needs such as Parkinson's disease, dementia, oral hygiene, stroke and diabetes.
- 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 had received effective support and supervision for them to carry out their roles. Staff said they received face to face formal supervision every six months, which included an appraisal of their work and an observation of care practices (looking at communication and practice whilst undertaking someone's personal care). Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager.
- New staff had completed an induction to the service which included shadowing experienced staff, completing training and completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People told us they liked the food at the service. Meals and drinks were prepared to meet people's preferences and dietary needs. The kitchen staff knew people well. People's preferences and allergies were recorded in the kitchen. These included pureed meals, and low sugar diets. People had their meals in the dining room, lounge or in their bedrooms. The menu board in the dining area listed the choices available.
- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate

referrals had been made to the GP and other healthcare professionals. Desserts were fortified for people at risk of weight loss to ensure they received additional calories and nutrients. We discussed other ways in which other foods can be fortified and the cook and registered manager arranged for this to be done immediately.

- People told us they liked the food at the service, and they had choices of food to meet their needs. People said, "The food is good, I can choose other food if I want. The menu is on wall in dining room. I have chosen chicken casserole today"; "Food is gorgeous. I have no complaints at all about it. My favourite is a roast, I like hunters' chicken too. They ask you what you want, you have a choice. Vegetables are cooked just right"; "The food is lovely" and "The food is ok." A relative told us, "The food is good, I even eat it myself."

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

- The design and layout of the service met people's needs.
- Sign posts were in place which helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets. Most people needed support to move around the service. One person said, "I can move about okay."
- People's rooms had been furnished with items to suit their individual needs, people had pictures, photographs and trinkets as well as personal items to ensure their rooms were personalised to their own tastes.

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

- People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses.
- The GP visited the service regularly. Records showed that staff took timely action when people were ill. The GP had arranged to review people through video calls whilst the Coronavirus pandemic was underway, this minimised the risks of infection to people.
- People were supported to see an optician, dentist and chiropodist regularly. People told us, "I have had a flu jab, I was tested for diabetes at the same time"; "Seen the doctor, had ears syringed, had hospital appointment and had an eye test" and "I saw the chiropodist recently, they come every six weeks."
- People living with diabetes were supported to test their blood sugar levels on a regular basis. Clear records were made, where readings were higher than normal for the person staff had contacted relevant healthcare professionals.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- 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. The registered manager monitored when they were authorised or due for renewal.
- Care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms. One person's consent form had been signed by a relative even though the person had capacity. The registered manager explained this was because the person had requested their relative to sign as they had difficulty holding a pen. The registered manager added this statement to the consent form.
- We observed people made decisions about their care and treatment. People's choices and decisions were respected. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. One person told us, "I make my own choice of where I want to be." Records confirmed when people had made choices. Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.
- 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 been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person. Records showed that best interest meetings had taken place and best interest assessors were involved where people lacked capacity to consent to a specific decision. For example, where people had been assessed as requiring bedrails and bumpers to keep them safe whilst in bed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy and liked living at the service. People and relatives told us staff were kind and caring. Comments included, "I get good care, I feel comfortable around the staff"; "They are nice to me"; "They are very kind"; "I like living here, they are friendly we have a laugh" and "Very happy here, staff are nice."
- Staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff. For example, people sought staff out and chose to spend time with them. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication, expressions and gestures.
- Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in and ensure that there were good and meaningful interactions. One person said, "They spoke to me about my life."
- People's religious needs were met. A church service took place on a monthly basis. People had visitors from their different faiths regularly. One person said, "I go to the church service. They asked me my religion when I moved in."

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People had not been asked if they preferred a male or female carer, however there were no male carers employed at the current time. This is something for the provider and registered manager to consider for the future.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives. People were supported to vote. One person told us, "I do a postal vote these days."

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in their own rooms and communal spaces around the service. We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open. People's personal records were stored securely in the office.
- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration

rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet. One staff noticed that a person was persistently scratching their legs. They asked the person if they were itchy and offered to apply cream. The staff applied the cream to relieve the symptoms immediately.

- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. One person said, "I clean my own teeth."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place, which reflected their current needs and interests. Care plans did not list specific ways in which staff should work with people who were presenting behaviours that others might find challenging. Staff told us how people responded differently to different staff and talked to us about their different approaches. For example, staff looked for a source of discomfort and offered comfort, enabled quiet time, offered distractions, monitored regularly and involved the relatives. The registered manager made changes to the care plans to evidence how to work with people when they were challenging towards others.
- Care plans were in place to detail specific areas that staff needed to be aware about. For example, where people were prescribed blood thinning medicines care plans were in place to detail that staff should monitor and check for any areas of bruising and detailed what additional action should be taken if the person fell. Where people have Parkinson's disease, care plans showed how this affected them and how staff should work with people.
- Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed. People received care that was personalised and met their needs. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. One person told us, "They asked lots of questions when I moved in."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs, such as large print and easy to read.
- There were a variety of posters and information in the service in an easy to read format including how to recognise and report abuse.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activities coordinator. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms.
- Activities included, arts and crafts, bingo, singing, music, armchair exercise, board games, card games, quizzes and memory games. There were regular sherry mornings and regular church services. External activities were brought into the service which people enjoyed. These included, singers, fun fitness, music and movement and motivational activities.
- People told us, "The staff come and ask you if you want to join activities, they come and bring board games, like Ludo. I use the hairdresser and I have a planner on the wall with activities"; "I do a lot of reading"; "I like to do puzzles in the conservatory. I get involved in activities"; "I prefer to be in bed, staff are taking me to the lounge tomorrow, to join the sing along"; "I like the singing" and "I can get up if I want to, but I like to watch the quizzes on the telly."
- The activities coordinator visited people in their bedrooms to provide one to one activity for people that chose to stay in their rooms or those who were too unwell to join in with group activities in communal areas. People who were cared for in bed received one to one activities such as hand massage, nail care, reading and chatting.

Improving care quality in response to complaints or concerns

- There had been two complaints about the service within the last 12 months which the registered manager had responded to and resolved satisfactorily.
- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "Very satisfied with the care, my wife's still here so that says it all, if I wasn't happy I would say something"; "If I had any complaints I would take them straight to the matron's door"; "I have not had to make any complaints"; "I speak as I find, mum has been here for five years and I wouldn't let her stay if I wasn't happy" and "If I was not happy, I would tell the lady in charge and [relative]."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.

End of life care and support

- 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.
- Some people had consented to DNAR (do not attempt resuscitation) with their GP or consultants. Medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people were comfortable at the end of their lives.
- Relatives had written to the service following the death of their loved ones. They wrote, 'With many thanks for everything you did to make our mums last few days comfortable. You were a comfort to us all when we were down. A thousand thanks from the bottom of our hearts' and 'To all the staff at Fort Horsted home. A very sincere thank you for all the special care you have taken of our mother during her three years stay with you. As a family we always felt well supported and welcomed by the staff and confident that the care was of the highest level.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection registered persons had failed to operate effective quality monitoring systems and failed to ensure records were accurate and complete. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Systems were in place to check the quality of the service including, reviewing care plans, incidents and accidents, health and safety, mattresses, bedrails and bumpers, moving and handling equipment, medicines, infection control, night checks and maintenance. Where issues had been identified records showed that actions had been taken in a timely manner.
- The systems to review and check the quality of the service were robust.
- Records of care had improved. Records were complete and accurate. Some hand-written records such as daily monitoring sheets and daily records were not always legible. However, staff were able to read most of each other's writing and were able to fill in any blanks.

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

- People and their relatives knew the registered manager and felt that there was an open culture. Comments included, "[Registered manager] is very approachable. [Nominated individual] comes in, I know her to speak to"; "[Registered manager] is very good, you can have a laugh with her, I have met [nominated individual], she pops in" and "It's fantastic." Relatives told us they would recommend the service to others. One relative said, "Would recommend the home to others, have previously recommended to a friend."
- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team.
- The provider carried out checks of the service on a monthly basis. These checks included, talking with people, staff, checking records, checking the building and general observations.
- It was clear from the experiences of people living at the service and our observations that the provider continued to meet their aims and objectives for the service which were: to treat people with the dignity and respect which they deserve. To make their stay as comfortable and memorable as possible and to ensure people had freedom to make their own choices as far as possible.

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

- The registered manager and provider had a good understanding of their responsibilities under the duty of candour.
- The registered manager demonstrated that they were committed to ensuring that people received improved experiences and high-quality care.

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

- The registered manager had notified us of specific incidents relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the 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. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- The provider continued to send out surveys regularly to people and relatives to gain feedback about their experiences of living and visiting the service. Survey feedback was positive from everyone surveyed. The January 2020 survey results were displayed in the hallway. The information showed that 11 people responded. The feedback was wholly positive. The service had created a 'You said we did' board which highlighted a suggestion which had come from the surveys. It showed that people wanted the lounge divided by to create a separate television area. This had been completed.
- People were asked for their feedback through regular forums/meetings. The last meeting had taken place in January 2020. One person told us, "I have been to residents' meetings, my son comes with me. We had one a little while ago." People also had opportunities to provide feedback through 'tea with matron' sessions and through reviews.
- Compliments had been received. One relative had commented, "At 102 years it was not easy handing dad over to a nursing home, but the care he received at Fort Horsted was like placing him in the heart of a caring family."
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff said they felt supported by the management team. The registered manager was approachable, and they felt listened to.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. The service also worked closely with the provider's other services to share news and information.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- Staff told us they worked closely with the nursing team, which enabled them to learn new skills. Some staff had received additional training which enabled them to administer medicines to free the nursing staff up to carry out other tasks.
- The service had arranged a 'time for a cuppa' event to support a dementia charity in March 2020 and had

supported other charities including local homeless charities.