

Veecare Ltd

Sevington Mill

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?

Inadequate 

Summary of findings

Overall summary

Sevington Mill 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. Sevington Mill accommodates 50 older people in one building. People that use the service have physical disabilities, dementia and other additional needs. There were 39 people living at Sevington Mill at the time of our inspection. 18 people were living with dementia, however they were able to talk with us to tell us about their experiences of using the service.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 27 March 2017 we found breaches of regulation relating to personalised care, the safe care and treatment of people, including the management of risk and medicines, staffing and governance. We found that improvements had been made to the staffing arrangements for the service and the registered provider was complying with this regulation. We found that sufficient improvements had not been made to the safe care and treatment of people, personalised care and governance and the registered provider continued to breach these regulations. Some of these breaches of regulation were continuing from previous inspections in July 2016.

The registered provider had not always ensured that risks to people's safety and welfare were appropriately managed. People were not always supported to manage their prescribed safely.

The registered provider had not always ensured that consent was sought following the correct procedures. They had not always ensured that the principles of the Mental Capacity Act 2005 (MCA) were adhered to when assessing people's capacity to make decisions and give consent to care and treatment.

The registered provider had not ensured that accurate and complete records were maintained in respect of people's health needs. People did not always have care plans written to support them with their specific needs at the end of their life.

The registered provider had not always ensured that people living with dementia had care plans that ensured their care was delivered in line with evidence based guidance. Staff had not received training in the Equality Act 2010 and there was no information in people's care plans to ensure people were not discriminated against.

Staff knew people well and had positive relationships with them. However, they did not always treat people with respect or promote their dignity and privacy.

Not all the people using the service were clear about the management arrangements for the home. The leadership of the service had not been effective in identifying and improving shortfalls. There were breaches of regulation that were continuing from previous inspections.

Staff received appropriate training and support and were enabled to develop their knowledge and skills through qualifications. However, training in the Mental Capacity Act had not been effective in ensuring staff followed good practice. Staff were supported in their roles.

There were sufficient numbers of staff working in the service to meet people's needs. The registered provider ensured that staff were safe and suitable to work with people.

People were safeguarded from harm and abuse. The registered provider worked with the local safeguarding team to respond to allegations of abuse.

The registered provider ensured that the risk of infection in the service was assessed and managed. The premises were well maintained and equipment had been checked regularly to ensure it was suitable and safe. There were effective systems in place for managing emergencies in the service.

Staff supported people effectively when they were distressed or anxious. They understood people's individual communication needs and supported them to make their views known. Staff supported people's right to personal relationships and took action to reduce the risk of social isolation. People were supported to spend their time how they wished. There was a programme of group activities available that people could take part in if they wished to. Staff supported people to continue with their hobbies. There were links with the local community.

The premises were homely and comfortable. Some improvements had been made to help people manage independently in the home including clear signs to help people find their way around.

People were supported to access healthcare professionals as needed. The registered provider worked well with partner agencies to plan and provide care. People had a balanced diet and enough to eat and drink. People told us they enjoyed their meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in writing their care plan. The routines of the service were flexible and person centred. People were asked their views of the service. They knew how to make a complaint if they needed to and were confident they would be listened to. We made a recommendation about the recording of complaints.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

This is the second consecutive time the service has been rated Requires Improvement.

You can see what action we told the provider to take at the back of the full version of the 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.

Risks to their safety and welfare were not adequately managed to keep them safe. The registered provider had not ensured that people were supported to manage their medicines safely.

There were enough suitable staff to meet people's needs. Staff were recruited to the service following safe procedures to ensure they were suitable.

People were safeguarded from abuse and harm. The registered provider ensured that lessons were learned from investigations so that improvements could be made.

People were protected against the risk of infection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Where people were unable to make their own decisions staff had not followed the principles of the Mental Capacity Act to ensure their rights were upheld. People's care was not always based on an assessment of their needs or delivered in line with legislation and evidence based guidance.

People were supported to eat and drink enough to meet their needs.

People benefitted from appropriate design and adaptations to the premises to meet their needs and promote their independence.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Staff knew people well and had positive relationships with them. However, they did not always treat people with respect or promote their dignity and privacy.

Staff provided people with the emotional support they needed.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive to people's individual needs.

People did not always have a care plan in place to support them effectively at the end of their life.

People received personalised care that reflected their preferences. Staff were responsive to their needs and requests.

People knew how to raise concerns and complaints and could be confident they would be listened to.

Requires Improvement 

Is the service well-led?

The service was not well-led.

There was not an effective governance system in operation to monitor the quality and safety of care delivery and to ensure improvements were made. The registered provider had failed to make the required improvements following previous inspections.

People's care records were not always completed with sufficient detail to demonstrate that they were receiving the care they needed.

The registered provider understood the requirements of their role.

Inadequate 

Sevington Mill

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 carried out 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.

At our previous inspection we found breaches of regulation relating to safe care and treatment, medicines, staffing and governance.

We carried out this inspection to check on the improvements the registered provider told us they had made.

This inspection site visit took place on 8 December 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor and an 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.

The provider completed a Provider Information Return (PIR) before this inspection. 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. As part of our planning for this inspection we looked at the PIR and other records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at ten people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with five people who lived in the service and two peoples' relatives to gather their feedback. People, including those living with dementia, were able to tell us about their needs. We spoke with the registered manager, administrator, two senior care staff, activities co-ordinator and four care staff as part of

our inspection. We also spoke with a visiting healthcare professional.

Is the service safe?

Our findings

At our inspection on 10 November 2015 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Risks to people's safety and welfare had not been appropriately managed. At our inspection on 4 July 2016 we found that sufficient improvements had not been made to the management of risks to individuals' safety and welfare. We found that the registered provider continued to be in breach of regulation 12. At our inspection on 27 March 2017 we again found that sufficient improvements had not been made to the management of risks to individuals' safety and welfare to ensure the registered provider was fully compliant with regulation 12. We found that the registered provider continued to be in breach of regulation 12.

At this inspection we found some improvements had been made to the management of some risks that were identified as being insufficiently managed at the last inspection. Staff were taking appropriate action to check the settings of pressure relieving mattresses to ensure they were correct for the individual's weight. Staff were checking the temperature of hot water from all outlets in the home and records showed these were maintained within a safe temperature range. However other areas of risk were not being managed appropriately and therefore we found that the registered provider continued to be in breach of regulation 12.

People and their relatives told us they felt safe living in the service. One person said, "They are very good to you." Another person said, "Oh yes definitely. I've got nothing to worry about. The staff are excellent." Another person told us, "Yes, I do feel safe. I feel comfortable." A person's relative told us they felt assured of their relatives' safety. They said, "Absolutely, the staff are good here. They always let me know if she's had a fall."

Despite positive feedback from people using the service we found that the service was not always safe. During the inspection a person was being supported to stand from a chair, but they were having difficulty weight bearing. As the person could not support their weight staff had to lower the person to floor. Records showed this had happened on five other occasions in the last week. They had recently moved to the service, but no risk assessment or care plan for their mobility had been completed. The registered manager told us that they expected staff to have completed a care plan and risk assessment by this time and they did not know why this had not been done. They took action to complete these documents before the end of the inspection and as part of this they assessed that the person required the use of a hoist. When we asked staff about the person's needs they said they were unable to tell us much as the person was new to the home. The pre-admissions assessment documentation identified that the person had a history of falls and required the use of a walking frame. However, it was clear from the records that the person was unable to use the walking frame, but the registered manager had not taken action to reassess their needs.

Other care plans to support people to move lacked detail to ensure staff could support them safely. For example, one person had a care plan for their mobility that stated they required two staff and the use of a hoist, but it did not detail the size of sling they should use or the steps staff must follow. The person had conflicting information about their mobility elsewhere in their care plan. Their continence care plan stated that the person used a rollator walking frame. This is confusing for staff and may lead to staff following

incorrect information which places the person at risk of injury.

Staff were able to describe the importance of good skin care and keeping accurate records about any changes. Records showed that changes to people's skin condition were noted and reported. However, we found that one person required the use of a medicated cream to keep their skin healthy. They had consistently declined the use of this cream and staff had noted this on the person's risk assessment, but they had not taken action to escalate this to senior staff or the registered manager to trigger a review of the care plan and the cream. There was clear information in people's care plans about the risk of skin breakdown, but one person required assistance to reposition every two hours (to avoid pressure damage) and the records had not been completed consistently to show this had happened in line with the care plan. Staff were aware of the need to be gentle when doing personal care and one staff said: 'Old people's skin is very thin. It can rip and bruise easily. I am very careful'.

Risks relating to the management of catheters and the risk of infection were not managed effectively. There was inconsistency in the completion of care plans and risk assessments. For example, there was a care plan for one person for the use of a urinary catheter, but it did not contain accurate information as it noted the last change of catheter as 19 May 2017 whereas staff confirmed the accurate date was 22 August 2017. Another person using a catheter had no care plan or risk assessment in place for this.

Risks relating to people's health and nutritional wellbeing were not always managed effectively. Staff told us that a person was "not eating well", but when we reviewed the person's care plan we found that this recorded that the person's diet and fluid intake was good. This is confusing for staff and may place the person at risk if staff do not have accurate information about their nutritional wellbeing. A person had been identified as being at risk of malnutrition and staff had appropriately made a referral through the GP to a dietitian. However, the referral had been made one month earlier without any contact from a dietitian and staff had not taken action to follow this up or enquire about the referral.

Risks in relation to people's mental health and behaviour were not assessed and managed properly. One person was prescribed an antidepressant, but they did not have a care plan to describe how their depression impacted upon them or what action staff should take to promote their mental health. Two people had ABC charts in use (a chart used to record the situation immediately before, during and after a period of behaviour that is aggressive or challenging). The two people did not have any risk assessment or care plan in place that identified what the risks were, why the behaviour was being managed or any strategies for staff to follow to respond.

The garden of the home contained a pond and we saw a notice in the entrance hall stating that visiting children must not be unaccompanied in the garden. The registered manager told us that this was because the pond was not secured. We found that one person who was living with dementia had doors leading onto the garden from their bedroom that were easily opened by them. There was not a risk assessment in place to identify and manage the risk of the person accessing the garden unsupervised. We found notes in the person's care plan stating that they had exited the home through fire exits unsupervised during the night.

Two fire doors in the home were propped open with a sign on the door saying it was to be kept shut at all times. There were areas of possible risk to people that had not been assessed. A narrow corridor on the first floor contained stairs that were unguarded. Staff told us that people moved around this area with walking frames. This may present a risk of falling down the stairs. This risk had not been identified or assessed. There was no assessment of the risk of people living with dementia accessing the lift in the home unsupported.

The failure to safely manage risks is a continuing breach of regulation 12 of the Health and Social Care Act

At our inspection on 10 November 2015 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People's medicines were not managed safely. At our inspection on 4 July 2016 we found that sufficient improvements had not been made to the management of medicines. We found that the registered provider continued to be in breach of regulation 12. At our inspection on 27 March 2017 we again found that sufficient improvements had not been made to the management of medicines to ensure the registered provider was fully compliant with regulation 12. We found that the registered provider continued to be in breach of regulation 12.

People's medicines were not consistently managed so that they received them safely. All senior staff had completed medicines training and had received regular competence assessments to ensure their knowledge was accurate and their practice correct. However the training had not been effective in ensuring that staff followed safe practice for ensuring people received their prescribed medicines. We found that on 6 December 2017 five people had not received their medicines as prescribed. Staff told us that this was due to an incident that occurred in the home that day where a person became unwell. Whilst staff had sought guidance from the GP no action had been taken by the registered manager to investigate the matter. One person routinely missed a prescribed medicine as they went to a day centre twice a week. There was no plan in place to ensure they still received the medicine.

The failure to ensure people receive their prescribed medicines in a safe way is a continuing breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

When staff administered medicines to people it was completed in an unhurried way and people were offered a drink with their tablets. People told us that the staff gave them the support they needed to take their medicines. One person said, "They bring it up at night time so you can't take too many tablets." Another person said, "Staff give it to me every day." Medicines were stored securely and safely and only trained staff had access to them. Information about people's medicine allergies were recorded on the front of their notes. There was clear guidance in place for staff to follow when using medicines that were prescribed to be taken 'as required'.

The medicines policy was comprehensive and provided clear advice in line with national guidance from the National Institute for Clinical Excellence (NICE) and the Royal Pharmaceutical Society. The policy covered all aspects of safe medicines management, including ordering, receipt, storage, administration, recording, and disposal, as well as special arrangements for controlled drugs.

The service had an appropriate business contingency plan for possible emergencies. First aid kits were available in prominent locations and staff had received training to use these. There was first aid training update underway during the inspection. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. People had individual evacuation plans to ensure staff knew how to help them evacuate the building safely and these were tested through regular fire drills. The maintenance staff member carried out regular checks of the premises and equipment for fire safety. Fire extinguishers were situated throughout the home, and had been serviced within the previous 12 months. Fire escape routes were clearly marked, and the procedure for safe evacuation to the fire assembly point in case of a fire was displayed throughout the home. The lift was seen to be in working order. Equipment used by people, such as hoist and transfer equipment, had been serviced regularly. There were weekly tests of the call bell system. The electrical and gas appliances in the home were safety checked annually.

At our last inspection on 27 March 2017 we found that the registered provider was in breach of Regulation 18

of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. There were insufficient numbers of staff deployed in the service to meet people's needs and requests in a timely way. At this inspection we found that the required improvements had been made and the registered provider was meeting the requirements of the regulation.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. People and staff told us there were generally enough staff on each shift although they commented that staff were busy. One person said, "It just all depends, if they phone in sick it can be short, but generally it's not too bad." Another person told us, "If you ring the bell they usually come pretty quickly." Another person told us, "I have seen lots of staff turnover, but they have got more staff than they used to have." The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night and at weekends. In addition to care staff the service also employed auxiliary staff, such as housekeepers, catering staff, laundry assistants and an activity coordinator. The service had one vacancy for a senior care staff, but they were able to cover this role with existing staff member working extra hours. The registered provider did not use agency staff in the home.

The registered provider had ensured robust procedures for the recruitment of new staff. Staff had provided two references prior to taking up employment and a full employment history. They had filled in questionnaires to show that they were fit and able to undertake the work they had been employed to do. Gaps in employment history were explained. Staff had provided proof of their right to work in the United Kingdom. Staff completed Disclosure and Barring Service (DBS) checks to ensure that they were suitable to work at the home. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were safeguarded from the risk of abuse. There was information provided to people in the service user guide about their rights and how to report concerns about their care and treatment. Staff we spoke with had a good understanding of safeguarding procedures and they were able to describe steps they would take to report concerns if they felt they needed to do so. There was a safeguarding policy in place for the service and this had been communicated to staff through induction and supervision. Staff were aware that they would need to escalate concerns to their manager or the relevant agency if required. There was a whistleblowing policy in place and this included guidance about how staff should raise concerns about practice.

The registered provider monitored safeguarding concerns and patterns in the service to ensure that people were protected from abuse. Where safeguarding investigations had taken place the registered provider had ensured that any recommended actions were implemented to ensure the service learnt from incidents and concerns. The registered manager had ensured that relevant safety alerts issued by external agencies were shared with the team.

The risk of infection spreading in the service had been minimised and the premises were kept clean. There were domestic staff working in the service seven days a week and they told us that all areas of the home had cleaning schedules. Records were seen confirmed this. There were also deeper cleans carried out weekly. There was an appropriate supply of personal protective equipment throughout the service and we saw that staff used this as needed. Staff told us, "We have enough equipment to use here." Suitable hand washing facilities were available and alcohol gel in dispensers throughout the home. We saw staff using these. Laundry was managed safely to reduce infection risks. Staff had received training in infection control and in

safe food handling. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection.

Is the service effective?

Our findings

People told us that they felt the service was effective in meeting their needs. They told us staff had the necessary skills to provide the care they needed and that they supported them to access health services as needed. One person said, "The staff know what help I need and they look after me well." However, we found the service was not always effective.

The registered provider had not always ensured that the principles of the Mental Capacity Act 2005 (MCA) were adhered to when assessing people's capacity to make decisions and give consent to care and treatment. The 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. When people had difficulty making decisions or giving consent the proper processes had not been followed to assess their mental capacity. Staff and the registered manager had been trained in the principles of the MCA, but when we spoke with them they were not able to demonstrate that they fully understood these. This was particularly in relation to the need for MCA assessments to be completed for specific decisions. Staff took a blanket approach to carrying out MCA assessments rather than assessing the person's capacity to make specific decisions. This meant that some people's records stated they could not make any decisions, which compromised their right to make decisions when they were able to. Of the care plans we viewed three people's contained MCA assessments that did not relate to a specific decision.

There were also MCA assessments and recorded information about people's capacity to consent and make decisions that conflicted with other information in their care plans. One person had a MCA assessment that said they lacked capacity, but it did not relate to any specific decision, and it noted that any decisions were to be discussed with their relative. However, a do not resuscitate order on their file stated that they had been able to make a decision not to be resuscitated. Another person had a bed safety rail consent form signed by their relative, but there had not been a MCA assessment completed of their capacity to make their own decision about this. Another person had been given a flu vaccination without any record of them giving consent to this or having an MCA assessment completed to establish if they had the capacity to consent. One person's personal care records showed that they had refused personal care, but the care had still been given without a MCA assessment completed or a decision made in their best interests in line with the legislation.

The registered provider had not ensured that the principles of the Mental Capacity Act 2005 were adhered to when assessing people's capacity to give consent and make their own decisions. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People that were able to make their own decisions told us that staff asked for their consent before providing care and supported them to make decisions about their routines. One person said, "It's up to me what time I get washed, they don't push me around." We saw that people's consent to the flu vaccination had been recorded. Where they were able to, people had consented to having their photograph on their file and had

agreed to their care plan. Records showed that a person had declined personal care and this was respected and the care offered at a later time.

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 application procedures for this in care homes 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. Two people using the service had a DoLS authorisation in place and 16 other applications had been made. The service did not use any forms of restraint. Staff told us that although some people had a DoLS authorisation they were still enabled to go out when they wished, but may require staff to support them to do so.

At our last inspection on 27 March 2017 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that accurate records were maintained in relation to people's health needs. At this inspection we found that some improvements had been made, but that some care plans continued to lack accurate information about people's needs and how to meet them. The registered provider was continuing to breach this regulation.

Some people's care plans did not accurately reflect their current needs. For example, a person was using a urinary catheter, but their care plan had not been updated and instructed staff to use incontinence pads. There was no plan in place to tell staff how to manage the person's catheter safely, however staff were able to describe safe practice. Some people had wounds that were dressed regularly by the district nursing team from the local GP surgery. There were no care plans in place that gave staff information about the wounds, how to identify signs of infection or what to do if a dressing came off. There were gaps in the mouth care records for a person who required regular mouth care.

People did not have accurate records of their needs in their care plans. This was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People's care records showed many health and social care professionals were involved with their care, such as district nurses, GPs, chiropodists and dentists. Referrals had been made to other healthcare professionals for advice when needed. A person had recently moved to the service had been referred to a dietitian and dentist. People told us that they could see health care professionals when they needed to. One person said, "The GP comes in Tuesday and Friday." Another person told us, "I make an appointment with the podiatrist and see them once every 6-8 weeks." Another person said, "Yes they see about my leg. I've had an ulcer on my leg and had a job to heal it, the doctor has been today." All healthcare professional visits or interactions were recorded within the person's care plan, including doctor and nurse visits for vaccinations, and appointments with local NHS providers. Staff worked with other organisations and professionals to deliver effective care. A healthcare professional told us there was good liaison with the team. They said "I feel that this is one of the better homes." Healthcare professionals we spoke with told us that staff followed the guidance and advice they gave about meeting people's health needs. Some people using the service had recently had a change in need. The registered manager had re-assessed their needs and contacted the funding authority to work with them to review the placement.

The registered provider had not always ensured that people had care plans that ensured their care was delivered in line with evidence based guidance. They used a range of guidance to inform practice including Skills for Care, the National Institute for Clinical Excellence (NICE) and Department of Health guidance, but they did not use NICE guidance when planning the care of people living with dementia. For example, people

living with dementia should have in place care plans that detail the type of dementia, how this affects the person and what staff should do to help them manage the symptoms and live well with dementia. These care plans were not in place for people living with dementia.

Staff had not received training in the Equality Act 2010. There was no information in people's care plans about protected characteristics and what action staff need to take to ensure people were not discriminated against. For example, some people had limited mobility, but their care plans did not address how they could safely access the garden of the service. One person told us, "I can't get out into the garden, it's awful." Another person told us, "It's a bit rough out there; I wouldn't want to lose my balance."

The registered provider had not ensured that care and treatment was delivered in line with evidence based guidance and legislation. This is breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff had received essential training that included safeguarding, first aid, infection control, safe moving and handling, person centred care, dignity and privacy and the Mental Capacity Act 2005. The majority of staff had completed dementia awareness training. Some staff had also received training in nutrition, pressure ulcer and wound care management. The registered manager told us that some training was now outsourced to other training providers to improve the quality of learning. Staff had also begun to use an online training platform to support their learning. People told us that they felt the staff were generally skilled to meet their needs. One person said, "I think so, I don't have any problems at the moment." Another person said, "They do know what they are doing. They are pretty good." A staff member told us, "The training has really improved."

New staff were required to undergo an induction that included the completion of the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. We saw that nine staff had achieved their Care Certificate at the time of the inspection and 16 staff were working towards this. Staff were supported to undertake qualifications relevant to their roles. 14 staff in care roles had either completed another type of qualification in health and social care or were working towards this.

Staff were supervised and supported in their roles. At our last inspection on 27 March 2017 we made a recommendation that the registered manager include discussions with staff about their development needs as part of their supervision. At this inspection we found this improvement had been made. The registered manager and senior staff carried out individual supervision meetings with staff every two months. Staff confirmed that supervision meetings took place and they told us this was an opportunity to discuss their work and any issues they had or training they needed. Staff had an annual appraisal of their performance. Staff told us that they felt supported and could request any additional training they felt they required.

People had enough to eat and drink to meet their needs. People told us that they were satisfied with the meals provided. One person said, "The meals are very varied; very good." Another person told us, "The lady who does the cooking brings a thing around and you choose what you want. If you didn't like what was on offer you could choose something else." Drinks were easily accessible at all times of the day and night in the communal spaces and in people's bedrooms. Care records showed that people had a nutrition risk assessment, which identified any specific needs and risks, such as the risk of choking. The risk of malnutrition was assessed and recorded, and any weight gained or lost was documented, with action taken as needed, for example a referral to the dietitian. Recommended advice was included in the person's care plan and records showed this was implemented by staff. At our last inspection on 27 March 2017 we made a recommendation that the registered provider review the arrangements for the service of the lunchtime meal

to ensure people received their meal at a suitable temperature. We also recommended that they research the use of picture menu boards to help people living with dementia to make choices about their meals. At this inspection we found that improvements had been made. People were satisfied with the temperature of their meals. The registered manager had introduced a picture menu to help people make choices about their meals. The menu options offered varied low fat, gluten free and vegetarian choices, and staff told us that people were also offered alternatives to the displayed menu. Staff offered choices of meals and drinks and where they preferred to have their meals. People were given the assistance they needed to eat their meals. A person's relative told us, "Mum wasn't eating or drinking much, but she's eating now that staff encourage her all the time."

The accommodation was provided in a building that met the needs of older people, those with limited mobility and people living with dementia. Refurbishments to the premises were underway and the environment was homely and comfortable. The registered manager had sought and followed advice regarding dementia friendly environments. Some improvements had been made to help people manage independently in the home including clear signs to help people find their way around and contrasting colours to make it easier for people to identify doorways, handrails and switches. Some carpets had been replaced to reduce the visual confusion that can sometimes be caused in people living with dementia from heavily patterned carpets. There was a large lounge and a dining room with additional areas of seating around the home where people could sit quietly. Special clocks that are easy to read for people living with dementia were fitted around the home.

Is the service caring?

Our findings

People were not always assisted discreetly with their personal care needs in a way that respected their dignity. One staff member talked to us openly about a person's personal care needs in front of them and other people in the home. A person was using a commode with no clothing on their lower half with the door open near to a busy lounge. Staff did not notice this immediately, but a staff member closed the door after five minutes. People had urine bottles left in view in their bedrooms. Staff approached one person in a wheelchair and gave them a clean incontinence pad to hold telling them "You hold this and we'll take you and change you." Staff were not discreet asking residents if they needed to use the toilet when in the lounge area.

Staff did not always ensure that people's right to dignity was respected. Staff used terminology that was not respectful. They described people as doubles (people that needed two staff to help them) wanderers (people living with dementia who walk around the home) and feeders (people who need help to eat). When we discussed this with the registered manager they told us that this was not usual practice, however staff did not challenge each other on the use of this terminology. A person was being supported to move with a hoist, but as they were wearing a skirt their dignity was compromised. Staff did not take action to protect their dignity.

Staff spoke about people's needs over their heads. Whilst pushing a person in a wheelchair a staff member had a conversation with another staff member about another person's personal care needs. The staff member said, "She will have to wait or someone else will have to do it as she's a double now." We heard staff talking about people on other occasions too, for example, a staff member said to another, "shall we turn her?" without involving or acknowledging the individual. Another staff member said of a person, "She's up and down like a yoyo that one. Would it be better to put her over there?" A staff member told us in front of a person, "She's in one of those moods where you can't do anything for her." We saw a person being encouraged to stand from their chair to transfer to a wheelchair. Staff were saying "Stand up, stand up" abruptly to the person. When they noticed the presence of the inspectors they spoke more kindly. Staff continued to talk over the person however saying "She's not going to stand up, what shall we do?"

People's right to privacy and to be treated in a dignified way were not always upheld. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "Staff are kind and caring." Another person said, "Very kind and pleasant all of them." Another person said, "They are kind and caring all the time." A person's relative told us, "I've had no problem with them; they are all polite and kind." People benefitted from staff that knew them well and understood their personalities. We saw that people knew the staff that supported them and staff were warm and friendly towards them. People told us that the staff had the time to chat with them and they were always friendly when talking with them. Staff told us they had time to talk with people during the day and we saw this happening. Staff made sure they regularly visited people who remained in their rooms and spent time chatting with them. Staff checked with people regularly to see if they needed anything. People had a 'My life,

my choices' book that gave information about their biography, their past occupation, family and things that were important to them. They used this information when talking with people, for example by chatting with people about their families or by responding appropriately when they referred to previous places they had lived. Staff said this information helped them engage people.

A person had recently celebrated their 100th birthday. Staff had arranged for them to have their favourite breakfast of smoked salmon and eggs delivered to them in bed. Staff were wearing Christmas jumpers on the day of our inspection as part of a weekly Christmas jumper day that had been set up by the registered manager. Staff were taking the time to decorate the home for Christmas for people to enjoy. There was a monthly newsletter that celebrated people's birthdays.

Staff spent time reassuring people if they were anxious. Staff understood how to respond when people who were living with dementia were confused or disorientated. Staff told us that some people gained comfort from soft toys and we saw that these people had them with them throughout the day. We saw examples of good interactions by staff, for example a staff member engaged with a person who was anxious and frustrated and was able to help the person to feel calmer. The staff member told us, "Some people here can be anxious and they can be challenging to us and other people, but we are trained to work with these situations." A person was calling out about pain in their leg. Staff were kind and checked they had taken their pain relief and offered to help the person reposition for comfort. We saw that staff were attentive to people's comfort needs. They offered to close the curtain when the sun was shining in a person's eyes.

Staff understood the individual ways that each person communicated and any support that they needed. For example, they ensured that people had their glasses and hearing aids if they needed these. One person's care plan instructed staff to give additional time to promote effective communication and use written communication if needed. Whilst not all interactions by staff were respectful we saw that some staff spoke gently to people and got down to their level to communicate with them.

Some people told us that staff enabled them to be independent. One person said, "Yes, I do what I want to do especially around choosing clothes." Another person said, "I am independent. I don't ask them to do too much for me." We saw that people's care plans identified some areas where they could be independent, for example in managing their medicines, their personal care and their finances. People had equipment to help them move around independently, such as walking frames, and to eat without staff support. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these. People's records were kept securely to maintain confidentiality and we saw that staff knocked on doors before entering people's bedrooms.

Staff understood, and were supportive of, people's rights to personal relationships. People were able to receive visitors when they wished and in private. There was a policy for the protection of people's human rights and staff were able to describe key rights under the Human Rights Act 1998 such as the right to a private life. People were able to invite family members for meals. One person's spouse visited weekly for lunch.

People and their relatives were supported to make decisions about their care. People and their relatives were provided with a brochure and information about the services that could be provided when they moved in. There was a clear complaints procedure which was made available to people. One person's relative told us, "I do feel involved in her care plan. I keep a watching brief." However, as described above where people could not make their own decisions the principles of the MCA were not consistently followed.

Is the service responsive?

Our findings

At our inspection on 27 March 2017 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. There were insufficient opportunities for people to take part in social activities and staff did not plan effectively to meet people's social needs. At this inspection we found improvements had been made to the provision of activities. However we found other shortfalls in relation to this regulation and the registered provider was continuing to breach this regulation.

At our last inspection on 27 March 2017 we made a recommendation about seeking advice on best practice around the care of people at the end of their life. At this inspection we found that some people who required them still did not have end of life care plans written. The registered manager told us that there was no one who was receiving end of life care at the time of the inspection. However, one person's notes showed that they had been identified as needing end of life care 18 months earlier. The registered manager told us that their condition had remained stable and that they were not in receipt of end of life care. The person had a care plan in place for end of life care, but this was blank. There was conflicting information about this person's care as the registered manager did not agree that the person was receiving end of life care and said that they had not had their prescribed medicines discontinued. However the person's records showed that the GP had stopped some medicines and the care notes stated the GP would not prescribe antibiotics for chest infection, but recommended 'TLC' only. Another person had been identified as requiring an end of life care plan in an audit of care plans carried out by the registered provider on 27 November 2017. This had not been completed when we checked. The registered manager told us they were intending to action some of the audit points that day.

People did not have effective care plans in place to support them with their specific needs at the end of their life. This is a breach of regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People and their relatives told us that the staff were responsive to their needs and requests. One person said, "They mostly do things the way I want. I can say how I want to spend my day." Another person told us, "There are always staff around if you need them, they come quickly if I need anything and nothing is too much trouble." The registered manager held a record of compliments received about the service. We reviewed these and noted that compliments included comments such as, "Thank you for all your care and kindness." And "Thank you for the care you gave my mother." Since our last inspection people's care plans had been improved to include more information about their wishes and preferences. People had an assessment of their needs before they moved to the service to ensure their needs could be met. This included looking at all areas of their daily living and seeking feedback from the person and their family about their needs and the care they wanted. There was information about the care people wanted and needed and also the way they would like this delivered. For example, one person's care plan stated that they liked to remain in their bedroom for their meals. Staff ensured that their wish was respected. A person told us, "If I want my hair washed I go to the hairdressers as I prefer to do that, they don't do it in the bath." Care plans included the person's preference for food, drinks, clothing, and their usual day and night routine.

There was information for staff about their hobbies or interests.

People were enabled to have choice and control over their lives. They told us that the routines of the service were flexible to allow them to get up and go to bed when they wished and to have meals and snacks at their preferred time. Staff were aware of any protected characteristics and had ensured these were taken into account when planning their care. For example, people were asked about their spiritual and cultural needs as part of the assessment. People were supported to practice their religion and were enabled to attend religious services if they wished.

Staff were responsive to people's needs and requests throughout the inspection. We saw that staff were available in the shared area of the home to respond to people's needs and requests. Call bells were answered promptly and staff knew which people needed to be checked on regularly to ensure their safety and wellbeing. Where people were unable to use a call bell there was an effective system in operation to check on them at regular intervals.

People's bedrooms had been personalised with their belongings, personal items and photographs. People had been offered a key to their bedroom and some people used this to keep their room locked. There were lockable facilities in each person's bedroom to keep personal belongings.

People were supported to spend their time how they wished. There was a programme of group activities available that people could choose to take part in. This included games, quizzes, crafts and music. A new activity coordinator had been appointed since the last inspection and had recently begun work in the home. They were trained in armchair exercises and had introduced this as a weekly session. They told us about their plans for further developing the activity programme available to people. This included making better use of the garden and introducing regular local walks. During the inspection we saw a group of people playing bingo and another group enjoying dancing to 1950s music. There was a notice of scheduled activities displayed that included a pantomime, Christmas party, silent night music show, a school choir, music for health, bingo, quizzes, ball games, manicures and chair exercises. A person's relative told us, "They do a lot of activities. I bring our Dalmatian in to be petted as long as it's convenient and safe."

The activities coordinator told us that they were beginning to review people's social needs care plans to understand what each person enjoyed doing. A person told us they enjoyed drawing and painting. Staff had supported them to continue with this hobby by arranging for supplies of materials. People had newspapers and magazines of their choosing delivered each day. People who were at risk of social isolation, because they remained in their rooms for much of the day, were offered time with the activities coordinator for 1-1 activities twice a week.

There were links with the local community. A BBQ had been held in the summer raised money to improve the provision of activities. Children visited from schools, particularly around Christmas, and the activities coordinator told us they were planning to expand this. Ministers from local churches visited people and provided religious services.

People we spoke with, and their relatives, were aware of how to make a complaint and they felt their views were listened to. One person told us, "Oh yes definitely. I speak to the manager it's sorted straight away." Another person said, "I would ask to see (the registered manager). I haven't got any complaints." Another person said, "I just say to the carers if anything was wrong." Detailed information about how to complain was provided for people in the brochure and in the reception of the home. The registered manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe. They had not always recorded the outcome of complaints that had been received

verbally. We recommend that all complaints are recorded to show the nature of the complaint, how it was investigated and the outcome.

Is the service well-led?

Our findings

At our inspection on 4 July 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. There had not been effective monitoring of the service to identify shortfalls and to make improvements. This meant that people's health, safety and well-being were sometimes compromised. They had not ensured that the required improvements from the inspection in November 2015 had been made. Following our inspection on 4 July 2016 we issued a warning notice and required the registered provider to become compliant with this regulation by 31 August 2016. At our inspection on 27 March 2017 we found that the registered provider had continued to fail to make the necessary improvements to ensure they were complying with the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found that the registered provider continued to fail to ensure effective governance of the service and they continued to breach this regulation.

Governance systems continued to be ineffective in ensuring that shortfalls in care delivery were identified and rectified. The registered provider had ensured that regular audits were carried out to review the quality of the service. A range of audits were carried out each month to check on the safety of the service, this included an infection control audit, fire safety checks water temperature checks and food safety checks. However these had not been effective in identifying the breaches of regulation we had found at this inspection. The registered provider had not ensured that sufficient improvements had been made, following our previous three inspections, to the management of risks to individuals' safety and welfare or to ensure the safe management of medicines.

People's care records were not always completed with sufficient detail to demonstrate that they were receiving the care they needed. This meant that the registered manager could not effectively monitor their wellbeing and to review the effectiveness of care plans. The registered provider had not ensured that accurate records were maintained in relation to people's health needs and risks to their wellbeing. Some care plans continued to lack accurate information about people's needs and how to meet them.

The registered manager told us that they worked on shift alongside staff to role model good practice and to carry out observations to ensure standards of quality and safety. This had not always been effective in ensuring there was a person centred and respectful culture in the home. The registered manager had not identified the issues that we found in the way staff worked that did not respect individuals' dignity and privacy.

The registered provider had not identified that staff were not implementing the principles of the Mental Capacity Act 2005.

The registered provider had not ensured that care and treatment was delivered in line with evidence based guidance and legislation. People did not have effective care plans in place to support them with their specific needs at the end of their life.

The registered provider had not ensured that effective governance systems were in operation to identify

shortfalls and make improvements to the quality and safety of care. This was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

There was mixed feedback about the effectiveness of the leadership of the service. Some people said they did not know who the registered manager was and other said they did. One person said, "I don't know who it is, but if you want something you find someone to do it." Another person said, "I don't see much of (registered manager). She would come if I asked for her." Another person said, "I don't know who the manager is." However other people commented "She's very hands on" and "Oh yes I see her often." One person told us, "She's alright seems to listen to what you say and improve things." The registered provider sought feedback from people using the service, their families and staff and used the information to plan improvements to the service. There was an annual quality questionnaire for people and their families to share their feedback. People told us that they felt comfortable to make suggestions. The most recent survey had been carried out in October 2017. The registered manager had received the completed questionnaires and was reviewing and collating the results to provide a report. Comments we saw in the questionnaires from people and their families included "I couldn't ask for more, they do their very best" and "She is very happy which makes us happy." Quarterly meetings were held for people using the service and their families to share information and seek feedback. A person told us how they had been consulted about the menu when they loved to the home. They said the chef and manager had spoken with them about their favourite meals and had asked for suggestions. The registered manager told us that this person loved to cook and they were trying to involve them more in the meal planning and preparation.

The staff we spoke with told us that they felt well supported and were clear about their roles and duties. Feedback from staff in the survey included comments such as "I'm proud to work for Sevington Mill" and "I am grateful for management support." Another staff member commented, "Over the last 12 months the home is running a lot better. I feel supported in my role." The registered manager had recently introduced an employee of the month scheme which gave people using the service an opportunity to nominate a member of staff they felt had made a difference to their life that month.

The registered manager told us about plans to improve the service that included the introduction of staff champion roles for dementia care, health and safety and safe medicines practice.

The registered manager completed a weekly return for the registered provider that included information about vacancies in the service, staffing numbers, incident and accidents. Staff had completed questionnaires on areas of safety, the most recent being infection control to check their understanding of the policy and best practice.

The registered provider understood the requirements of their role and they were open and transparent. They had notified the Care Quality Commission of any significant events that affected people or the service. Where things had gone wrong in the service the registered provider had fulfilled the requirements for duty of candour by being open and honest with people and their families and had assured them about the action taken to put things right. The registered provider was displaying their rating in the entrance of the service and on their website. The certificate of registration was displayed.

The policies and procedures were appropriate for the service. The provider had a whistleblowing policy that provided protection for whistle blowers under the Public Interest Disclosure Act 1998. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them. The registered provider ensured that the workforce were treated fairly and with regard to the Equality Act 2010. People's personal information was stored in line with the Data Protection Act.

The registered provider worked positively with other agencies to meet people's needs and develop plans for continuous improvement. This included the local authority commissioners and the safeguarding team. They worked with Skills for care to ensure the Care Certificate was implemented effectively and to make use of other learning opportunities provided.

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 9 HSCA RA Regulations 2014 Person-centred care People did not have effective care plans in place to support them with their specific needs at the end of their life.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect the registered provider had failed to ensure that people's right to privacy and to be treated in a dignified way were upheld.

The enforcement action we took:

We imposed a condition to the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured that the principles of the Mental Capacity Act 2005 were adhered to when assessing people's capacity to give consent and make their own decisions.

The enforcement action we took:

We imposed a condition to the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure that risks to people's safety and wellbeing were appropriately assessed and managed. The registered provider had failed to ensure that people's medicines were managed safely. The registered provider had failed to ensure that care and treatment was delivered in line with evidence based guidance and legislation.

The enforcement action we took:

We imposed a condition to the registered providers registration.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had failed to ensure that accurate records of people's needs and the care delivered to meet these needs were maintained.

The registered provider had failed to ensure that effective governance systems were in operation to identify shortfalls and make improvements to the quality and safety of care.

The enforcement action we took:

We imposed a condition to the registered providers registration.