

The Royal Masonic Benevolent Institution Care Company

Prince Michael of Kent Court

Inspection report

Stratford Road
Watford
Hertfordshire
WD17 4DH

Tel: 01923234780
Website: www.rmbi.org.uk

Date of inspection visit:
23 February 2017

Date of publication:
08 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 23 February 2017 and was unannounced. This was the first inspection since the service was registered on 18 March 2016. Prince Michael of Kent Court is registered to provide accommodation for up to 55 older people who require nursing and or personal care. At the time of the inspection 51 people were using the service.

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

People who used the service told us that they felt safe living at Prince Michael of Kent Court. However not all staff understood how to keep people safe and risks to people's safety and well-being were not always identified and managed effectively. During this inspection we observed a safeguarding incident that involved two people who lived at the home and as a result we requested that the manager make an urgent safeguarding referral to the local authority. The service failed to follow and implement its own safeguarding procedure which could have placed the person at serious risk of harm.

Although the provider had arrangements in place to regularly monitor the health and safety, quality of the care and support provided to people who used the service these systems failed to identify issues raised as part of this inspection.

The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staffs were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff did not always know how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good ●

Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Visitors were welcomed at any time.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

Regular meetings were held for people who used the service and their relatives to share their opinions about the service and facilities provided at Prince Michael of Kent Court

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

The service was not always well led.

People had confidence in staff and the management team.

The overall quality and monitoring of the service had not been effective in identifying issues we identified as part of our inspection.

The atmosphere at the service was open and inclusive.

Requires Improvement ●

Prince Michael of Kent Court

Detailed findings

Background to this inspection

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

This inspection took place on 23 February and was unannounced. The inspection was undertaken by one inspector, one inspection manager, and one expert by experience and one specialist advisor. An expert by experience is a person who has experience in this type of service. A specialist advisor is a person who has the professional skills and knowledge in this type of service. This was to help facilitate the inspection and make sure that people who used the service and staff members were able to talk with us.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with 17 people who used the service, seven staff members, an activity co-ordinator, ancillary staff, the deputy manager and the registered manager. We spoke with relatives of four people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

Although initial inspection of staff and management knowledge around the safeguarding of people was positive, an incident occurred during inspection which showed that the service did not always appropriately respond to matters of concern that required a further safeguarding follow up.

We saw from the documentation provided by the manager that staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. We spoke with three staff who were all able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same.

One staff member told us "I would report any concerns immediately to the registered manager." Another staff member told us "The training here is good and we have opportunities to attend courses like moving and handling and safeguarding." However during this inspection we observed one person behaving in a sexually inappropriate manner towards another person in one of the communal areas of the home. Records and discussion with staff showed this was not an isolated incident. We immediately alerted the staff member on duty and informed the registered manager but they did not implement the home's own safeguarding procedure. We requested that the registered manager make an urgent safeguarding alert to the local authority. We also found that instances of unexplained bruising were not documented so that they could be investigated to determine whether there were any safeguarding concerns.

The lack of response to these incidents was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Despite the above incident, people and their relatives told us that people were safe living at Prince Michael of Kent Court. One person told us, "I do feel very safe here and there are always enough staff 24/7." Another person who lived at the home told us "I never have to worry since I moved in about being safe whereas at home I was worried all the time that someone could get into my home and hurt me. Never think twice about it here though." We spoke to a visitor during our inspection and they told us "I have peace of mind here, never have to worry about my [family member] as they are safe and cannot leave the home unless with a member of staff or me."

Staff told us they were confident that people's safety was promoted. One staff member said "We always check that people can reach their calls bells and the sensor mats are fitted in the right place and are switched on."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as mobilising independently, eating and drinking and skin integrity. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example individual risk assessments were in place for people who had been assessed at risk of choking.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two occasions where people were supported to transfer via means of a mechanical hoist. On both occasions we noted that staff communicated with the people and they were given reassurance by staff. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. This showed us that people's safety and well-being was a priority for the staff and management team. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained that confirmed when people had been assisted to reposition.

People, their relatives and staff all told us that there was enough staff available to meet their needs. A person who used the service said, "When I press my buzzer they always come within minutes." A relative told us "I am here every day and I see everything that goes on and I hardly ever hear the bells ringing for more than a couple of minutes, they always seem prompt to respond to people calling."

We asked all seven staff if they thought there were enough staff provided to do their job effectively and safely. One staff member said "I have always found that when I require help from another staff member there is always someone to help me." I feel the rota gives us the time to provide good quality care without having to rush and we also have time to sit and chat with people, which I think is very important to people's welfare." However another staff member told us "We did have recruiting problems. At the moment it is ok. I would like to have 100% of our own staff as we have to use agency staff sometimes which is not quite the same. All the staff are good. The management team always try to keep a positive attitude in the home." Throughout the day we noted that whilst the staff team were all busy there was a calm atmosphere throughout the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff carried out their duties in a calm and organised way.

We found that staff had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service.

People's medicines were managed safely by staff who had been trained in the safe administration of medicines. One person told us, "My illness is progressive. However the treatment plan is effective. The home makes sure that I receive my medication at the correct time every day."

We saw that staff also had their competencies to administer medicines assessed on an annual basis. Room and fridge temperatures were regularly checked to help ensure that the efficiency of people's medicines was maintained. Medicines were stored and disposed of safely and were administered as per the prescriber's instructions. The home dispenses medicines using a Monitored Dosage System (MDS). Blister packs are assembled on a 28 day cycle by a local pharmacist.

During the lunchtime medicine round the team leader was both vigilant and thorough when they administered people's medicines. They wore a 'Do not disturb medication administration in progress' tabard whilst they carried out the medication round. The staff member was both knowledgeable and proficient in describing the common side effects of medicines they had administered to four people we selected from Forrester Unit. They asked each person if they required any pain relief. Four people were given paracetamol the staff member then counted the remaining stock of this medicine and recorded this within the MAR chart (Medication Administration Record) for each of the four people. There was guidance for safe management of medicines. This included the availability of the corporate medicine's policy which was available for all staff, and there was signatory proof it had been read. Consent was documented on

Medication Administration Records [MAR] charts and audited each time medication was administered in order to identify any errors that may have occurred at the earliest possible stage, to ensure people were not placed at risk of harm.

Is the service effective?

Our findings

People who used the service received care and support that was effective in meeting their current and changing needs. One person told us "Staff are always helpful here and staff know what they are doing". Another person said "I am actively involved with my care regime; they do what I want them to do". A visiting professional stated "They regularly train their staff in dementia care and they make huge efforts to engage them in cognitively stimulating activities."

Staff had a comprehensive induction when their employment commenced. All staff had access to regular training and updates and were undertaking the care certificate, some had already achieved NVQ 2/3. Staff received regular supervisions from their line manager where they reviewed their practice, training and development and any other work related topics. Staff told us they found these useful and they were fully involved. The registered manager and senior staff gave them feedback on their overall performance and they agreed objectives and recognised positive achievements. One staff member told us, "They listen to what I have to say and then act on it; I have never been in a situation where I have not been entirely happy with the care they give me. They are so very kind and respectful." A visiting relative also told us "My [family member] can be quite a challenge sometimes and they deal with these situations in a compassionate and patient way, which calms everything down much more quickly than I could ever do."

The provider ensured a comprehensive assessment was completed before people came to live at Prince Michael of Kent Court. This ensured as far as possible that the home would be able to meet the person's holistic needs meet their expectations and provide a good service. The registered manager explained that as part of the assessment process they also considered people who are already living at the home so as not to compromise the standards of care.

The provider and staff demonstrated a clear awareness of the importance of not overstretching staffing resources. The registered manager told us that they were focussed on delivering high standards of care and life style for people and this was reflected in the detail of the daily hand over records.

Prince Michael of Kent Court uses a computer software system to assess and plan the care needs for people who live at the home. This computer system is a 'live' record which monitors every aspect of the person's care needs and is continually updated to reflect the changing needs of each person who used the service. It is used effectively by the home to assess risks and implement care plans, for example: mobility, personal care, nutrition and hydration, dementia, sleep patterns, mental health, continence, medication, falls and overall health and well-being.

We spoke with seven staff members who all told us they felt the delivery of care at the home was of a good standard. All seven staff also told us that they found working at Prince Michael of Kent Court to be a positive experience regarding the delivery of residential care. One of the team leaders described the positive aspects of the level of communication since the new computer software system had been introduced and how it keeps them fully updated on the care needs of each person. They told us "It really helps with accessing up to the minute information on a day to day basis so that everyone can keep informed of the slightest change

with a person's care needs." We found that all seven staff spoken with were positive about this system and they felt it led to a better standard of person centred care.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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.

We checked whether the service was working in line with the principles of the MCA and found that the manager had made one Deprivation of Liberty safeguards [DOLs] application to the local authority which was pending an outcome. For example one person had recently managed to leave the building without the knowledge of the staff and was found outside on the road. The Registered manager made an urgent DOLs application to lawfully restrict this person's liberty, but was in their best interest. The DOLs application was authorised by the local authority and as a result the person was issued with a pendant alarm that alerted the staff whenever they reached the boundary of the home, in order for staff to act immediately. This meant that the person still had the freedom to access the grounds of the home but safeguarded them from the risk of harm associated with the nearby roads and traffic.

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well. Where people did not have family members to support them with important decisions we noted that the registered manager took appropriate action to ensure that alternative arrangements were made, for example the use of an advocate or Independent Mental Capacity Assessor [IMCA].

We noted that people's consent was obtained for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person's care plan, for their photograph to be taken and consent to take their medication.

The meals provided to people were of a high standard with an extensive range of choices and a full and varied menu. Meals were mainly provided in the main dining room areas however people could also choose to have their meals in their rooms or in one of the many lounges if they preferred. People were offered a choice of three choices for their main meal at lunchtime, and an extensive range of supper choices, which included a range of homemade soups, macaroni cheese, and a selection of homemade sandwiches. We saw from the food records that special diets were also catered, for example vegetarian and for people who were diabetic. It was positive to also see that people had free access to a bar on the ground floor of the home where we saw two people enjoying a glass of beer with their lunchtime meal.

We saw that people had free access to a range of snacks and beverages. We observed the lunch time meal which we saw was an enjoyable and sociable experience with everyone we spoke to. One person told us "The food here is outstanding and it's much better than I could ever cook for myself when I lived at home." We saw several examples of staff assisting people with both their choice of meal and also supported people who required assistance with eating their meal. This was carried out in an unrushed and respectful manner, with the staff member explaining the food they were about to receive, detailing each mouthful to the person. One person told us, "It's like being at a restaurant here, we get offered a range of meals and if we don't like what's on offer they simply make us something that we do like. I especially like chicken and if I wanted to eat that every day I could, but obviously I don't."

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Is the service caring?

Our findings

One person told us "The staff here are very caring and show respect and dignity, they are always very kind". Another person told us "The staff that help me to have a bath or shower always treat me with the upmost dignity, they never rush me or say anything unkind to me, I feel valued by all of them." One relative we spoke with told us "I consider the whole staff team here are outstanding in their knowledge and their care of my [family member]. I know this type of work doesn't pay very well but the staff here are loyal, caring and heroes in my book." We spoke to another relative who was visiting their [family member] and they told us "I cannot praise the staff and manager enough, we are like a family here and that's one of the Freemasons' philosophies, to care about others and look after their welfare."

During our visit we observed several examples of positive and friendly interactions between staff and people which clearly demonstrated the positive, kindly and jovial atmosphere of the home. Another person told us "I have never had cause to feel unhappy or upset by any of the staff who look after me, they are all like guardian angels to me."

We saw staff were caring and committed and people were treated respectfully with both their dignity and privacy at all times.

The message throughout the day was that people who lived at Prince Michael of Kent Court wanted to inform us on how caring and committed the staff and provider was. The atmosphere was of a friendly and happy home and with positive relationships between staff and the people they supported and cared for.

The environment throughout was maintained to a very high standard with a wealth of communal and private areas for people to access freely. This included a library, computer room and bar area. We saw in one unit where people were living with dementia, the staff and managers had created an environment that provided people with both visual and sensory experiences. This included a sensory bathroom, with a Jacuzzi bath, a range of colour changing lights, a 'Bluetooth' music facility and a tiled wall that depicted a seaside pier scene. There was also a café located within this unit and a memorabilia box for people to access. People's bedroom doors had been painted in a variety of colours in order to assist people with locating their bedrooms. We also saw large memory boards displayed within the corridors for people to reminisce and reflect on their past lives and memories. We were told that there were also plans to create an interactive 'street' experience in the garden leading from this unit which would give people further freedom to access the outside areas of the home.

We were invited to look around some people's bedrooms and found these to be well maintained and personalised with many items that had been brought in from their home such as cushions and pictures.

People were offered choices in respect of such areas as food, clothing, activity and where they spent their time and these were respected which contributed towards people feeling that they had control in their lives. People's care records were maintained confidentially and all electronic information was passworded and locked within the main office.

There were photographs of the staff team on display in the main reception area of the home which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. One person told us, "The carers are very good and I have no concerns about them, staff know me very well and I asked for consistency with staff because of my medical and physical needs and the home have provided that, I call them my very own angels." People were observed to be comfortable in the company of the various nursing and care staff and house-keeping and catering staff.

We observed that people were treated with warmth, kindness and compassion and we saw staff had time to sit with people and chat to them. One person said, "The staff are very caring in a happy sort of way." Another person we spoke with described the staff and registered manager as "Professional to the highest degree." One [relative] said "The staff, managers, cleaners and kitchen staff are all marvellous and they work together to make a very efficient team. I have no concerns or worries when I leave my [family member] and go home."

The service had appropriate plans and procedures in place to support and care for people at the end of their life. Staff had received training in supporting people with their end of life needs to help people have a dignified, pain free end of life care pathway. Families were welcomed and accommodated during people's final days of life as part of end of life care. Families were cared for and supported by the registered manager and staff throughout this difficult time.

The six care plans we looked at provided detailed information about people's personal histories and life stories were well known by the staff and documented in people's care plans. One member of staff said, "I love reading about people's lives and the people who live at Prince Michael of Kent Court as they have come from such interesting backgrounds and all with a link or connection with the Masonic institution.

We saw one care plan that described how a person had an erratic sleep pattern and that staff were to respect and support the person, when they wanted to get up or go to bed. We saw this guidance was written in an empathic way and described how staff should support this person, it stated 'Always try and speak in a quiet and reassuring voice'. We saw this type of support being demonstrated during our visit and found it to be effective in reducing several potentially challenging situations for both the staff member and the people themselves.

It was clear to us that staff knew people well and we observed staff anticipating people's needs and responding to them quickly. Support was offered discretely in order to preserve people's dignity. People told us that staff respected their dignity and privacy when they were providing any personal care. We saw that staff noticed when one person was in need of some support and they responded quickly and discretely to take the person to their room to provide this.

People told us that relatives and family members were invited to join them anytime for meals and this made for a more sociable visit.

People were able to access advocacy services whenever required to support with a variety of topics and family were also supported to access advocacy services to provide support and advice..

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. One relative told us, "I have been invited to read my care plan on several occasions but I don't feel I need to as I know what it says and it doesn't need to change as I am very happy with everything about my care here." Another person told us that they had only recently moved into the home but had already been offered the chance to read their care plan and offer their comments. They told us that they remembered someone asking them to sign a document about their care, which they did. One of the local GP's who provides medical care to people at the home stated "I have found that the staff have been very approachable and caring towards their residents and responsive to carrying out medical instructions and advice given." Another professional stated "The home is always clean, as are the resident's rooms and I personally would be quite happy to have one of my relatives cared for there."

Two people we spoke with were not sure if they had reviewed their care however, they were able to tell us that staff had asked them if they were happy with the service provided. One person told us, "The manager comes and sees me when they walk around the home and asks me if I am happy with my care and if I would like to be told when it's time to review my notes. I told them that I don't mind as I am happy with everything they do, no complaints."

People's care plans were reviewed regularly which ensured they continued to meet people's needs. We saw that people's relatives were invited to attend regular review meetings where appropriate. A relative told us "The staff are very responsive, there is always someone available to speak to if you need to." Another relative we spoke with told us "Staff are good at keeping us up to date with important events in my [family members] life."

People received personalised care and support that met their individual needs and took full account of their background history and individual circumstances. For example we met one person who had spent several years working in a nursery and had a strong bond with babies and young children. We saw that the registered manager and staff had used this information to form an important part of the person's care plan which played a vital part in providing reassurance and support during times when this person became distressed. We saw that the registered manager had provided a range of nursery equipment, which included a pram, a high chair and baby's cot for this person to use and to recreate their previous life. We saw this gave enormous pleasure and comfort to this person and they were proud to show off these babies to passing visitors and relatives. They clearly saw that they had an important and defined role within the home.

Care plans showed that people were asked to think about their wishes in relation to their end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. For example care plans looked at all contained information about where the person would prefer to spend their final days, their religion and symptom control (pain relief).

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Prince Michael of Kent Court. A relative of a person who used the

service said, "The manager is always around if I have a question about my [relatives] care, they are approachable and professional." A person who used the service told us, "I like to attend all the meetings as it's a way of finding out what events are coming up so I can plan my calendar around them. I also like to go along as it gives me a chance to catch up with other people and hear what they have to say."

There were a variety of activities taking place throughout the home on the day of our visit. There are three activities co-coordinators who provided a range of diverse and interesting activities, six days a week. During our visit we saw the popular weekly coffee morning was in full swing which created a jovial and welcoming atmosphere throughout the home.

Regular weekly activities that people were able to enjoy included a range of board games, musical entertainment, arts and craft, reading sessions and there was also a reminiscence area for people to enjoy and reflect on their past times. People also had access to a library and the computer room. We saw that people were also offered regular trips out of the home and had access to the on-site minibus. The home is also supported by the 'Association of Friends' who are permanent source of fundraising support. The Association has contributed greatly to the welfare and experiences of the people who live at the home.

The refurbishment of the sensory bathroom was one example of how the association of friends have enhanced the lives of the people who live at Prince Michael of Kent Court. The garden project is also supported and funded by the Association of friends.

The activity staff were aware that not everyone wanted to take part in group activities and some people preferred to remain in their own rooms. For example, one person who preferred to remain in their room for the majority of the day enjoyed regular hand massages from staff members.

We saw that there were several communal areas available where people had the opportunity to sit and chat with their friends and relatives. The atmosphere of the home was both welcoming and homely, with a steady flow of visitors coming in to meet their relatives and friends. We also saw that people were able to enjoy a walk in the grounds of the home where the pathways had been adapted to allow wheelchair access throughout.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. We reviewed records of complaints and found that the provider's policies and procedures had been followed and that there was a clear trail of the investigation into the concerns and a report back to the complainant.

Is the service well-led?

Our findings

Although people and staff told us that the management team was good and effective, we found shortfalls in the quality monitoring of the service which required some improvement to mitigate potential risks to people.

There were regular management meetings held between the registered manager and the senior team members to discuss such issues as recruitment, the performance of the service and any matters arising. There were also '10 at 10' meeting held with the heads of each department which enabled information to be shared between all areas of the service and gave staff the opportunity to raise any concerns they may have regarding the people who live at Prince Michael of Kent Court.

There were a range of checks undertaken routinely in the home which ensured that the service was safe. These included such areas as water temperature checks, safety checks of sensor mats and monitoring of the call bell system, and fire checks. However when we asked a senior staff member where any unexplained bruising were recorded they were unable able to locate any records of these instances within the last twelve months. The registered manager told us that bruises were documented on body maps within people's individual care plans however on the day of this visit there were no body maps available or evidence provided that confirmed that the manager was monitoring, reviewing or responding to people with unexplained bruising.

We found that when we reviewed the communication books they showed a high number of falls had occurred and although these falls had been recorded we found there was no evidence in place to demonstrate how this information was used to review and prevent the risk of further falls. This placed people at risk of harm.

We found the systems in place to review and monitor the daily care records of people had not been effective in identifying a person who had behaved in a sexually inappropriate way towards another person who lived at the home. The current system in place only reviewed these records on a monthly, rotational basis between the four units which meant that these incidents had not been identified or managed within the timescales detailed within the home's safeguarding policy. The failure in systems meant that the person affected was placed at risk.

One person told us "I find the management team very open and approachable. I have been coming here for several years to visit my [family member] and the previous manager and the current manager have always been approachable and ready to listen to any issues or concerns I may have."

One person who lived at the home told us "It's wonderful here; all the care staff are amazing nothing is too much for staff and it's a very well managed home."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family

relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. One staff member told us "Both the manager and their deputy are out and about all the time. They pop into see me quite often."

The registered manager also carried out daily 'walk around audits' and audits that related to people's experiences of mealtimes and the activities provided. We were told that both the registered manager and deputy also attend shift handovers in order to keep fully up to date with information relating to the health and welfare of the people who live at the home. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. Staff meeting minutes confirmed that these were a two way process and that staff suggestions were taken seriously and incorporated into daily working practice.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor all training and to make arrangements to provide refresher training when necessary. Staff told us that the registered manager regularly 'worked alongside' the staff in providing care. This ensured that staff were implementing their knowledge and training to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager. This showed us that the provider was committed to obtaining feedback from external stakeholders to help ensure the service delivered a good standard of care.

We received several positive comments from healthcare professionals who have visited the home. These included one person who stated "In general I have found Prince Michael of Kent Court to be very well led, staff are proactive to their residents individual health needs but also with regards to their safety as well."

Providers of health and social care are required to inform the Care Quality Commission, (CQC) of certain events that happen in or affect the service. The registered manager had not informed the CQC of the recent events in relation to potential safeguarding concerns. Other significant events had been reported in a timely way which meant we could check that appropriate action had been taken.