

Mills Family Limited

The Sloane Nursing Home

Inspection report

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Date of inspection visit:
14 February 2018
15 February 2018

Date of publication:
01 June 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 and 15 February 2018 and was unannounced. At our last inspection of the service on 23 and 24 February 2016 we rated the service 'Good' overall and Requires Improvement in Well led. This was because some systems and procedures to evaluate and monitor the quality of the service provided required improvement and some provider policies and procedures required reviewing and updating to ensure they were reflective of best practice. The Sloane Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were 32 people using the service. The home had a manager in post who at the time of our inspection was in the process of registering with the CQC to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found a breach of regulations because systems in place to monitor the safety of the premises and equipment were not effective or well-led. We have also made a recommendation to the provider in relation to the safe management and administration of medicines. Staff were knowledgeable about people's dietary needs and appropriate risks assessments were in place; however some improvement was required to enhance people's meal time experience.

Staffing level ratios corresponded with staff that were on duty and call bell records showed staff responded promptly when required. There were arrangements in place to manage emergencies and staff were knowledgeable about what to do in the event of an emergency. There were systems and policies and procedures in place to protect people from the risk of infections. There were systems in place to ensure risks to people's health and well-being were identified, assessed and managed appropriately. Accidents and incidents were recorded, managed and monitored to assist in reducing the risk of reoccurrence. There were systems in place to protect people from possible abuse and harm and staff were aware of their responsibilities to ensure people were kept safe. There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a health and social care environment. We observed there were sufficient numbers of staff on duty to support people appropriately.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation. People and their relatives where appropriate were involved in planning for and reviewing their care and had access to health and social care professionals when required. Staff received support, supervision and appraisals when required and had access to appropriate regular training. People told us they were happy with the care they received and staff

were kind, supportive and attentive. People said that staff promoted their dignity and respected their privacy and independence. People told us they were involved in decisions about their care and their communication needs were met.

People's physical and mental health needs and risks were assessed and care plans were implemented from assessments undertaken with participation from individuals and their relatives where appropriate. People's end of life care needs and wishes were documented and respected. People's diverse needs and independence was promoted and respected and activities were provided to meet people's need for stimulation. People told us they were aware of how to raise a concern and make a complaint if needed.

People and their relatives were complimentary about the management and staff at the home. Staff spoke positively about the management and culture of the home and told us they felt supported. There were systems in place to ensure the provider sought the views of people using the service and their relatives through regular residents and relatives meetings, annual surveys and by inviting people to submit feedback to help drive improvements.

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.

We recommend that the service considers and refers to current medicines guidance and practice on time sensitive medicines and takes action to update their practice accordingly.

Risks associated with the premises were not always effectively identified or mitigated and the manager took action to address these at the time of our inspection.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Risks to people were assessed and care plans were in place to manage identified risks safely.

There were arrangements in place to deal with emergencies.

People were protected from the risk of abuse because staff were aware of the signs and action to take if they had any concerns.

Accidents and incidents were recorded and acted on appropriately.

There were systems in place to ensure people were protected from the risk of infections.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff were knowledgeable about people's dietary needs and appropriate risks assessments were in place; however some improvement was required to enhance people's meal time experience.

People and their relatives where appropriate were involved in planning for and reviewing their care and had access to health and social care professionals when required.

Staff received an induction when they started, supervision and

Requires Improvement ●

appraisals when required and had access to appropriate regular training.

Staff sought people's consent and acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where applicable when people lacked capacity to make decisions for themselves.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy, dignity and independence.

People told us they were happy with the care they received and staff were kind, supportive and attentive.

People told us they were involved in decisions about their care and their communication needs were met.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan to reflect their individual needs and preferences.

People's end of life care needs and wishes were documented and respected.

People's diverse needs and independence was promoted and respected and activities were provided to meet people's need for stimulation.

People told us they were aware of how to raise a concern and make a complaint if needed.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Systems in place to monitor the safety of the premises and equipment were not effective or well-led. There was a lack of

oversight in monitoring the home environment and some service provision.

The home had a manager in post who at the time of our inspection was in the process of registering with the CQC to become the registered manager for the service.

People and their relatives spoke positively of the management and staff.

People's views about the service were sought and considered through residents meetings, satisfaction surveys and feedback opportunities.

The Sloane Nursing Home

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 checked whether the provider was 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 14 and 15 February 2018 and was unannounced. The inspection team consisted of three inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on the second day. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for commissioning the service to obtain their views. We used this information to help inform our inspection planning.

During this inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 11 people using the service, four visiting relatives and 12 members of staff including the manager, nursing and care staff, kitchen staff, maintenance staff and the activities coordinator. We looked at six people's care plans and records, staff records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds.

Is the service safe?

Our findings

People told us they received their medicines from staff as prescribed by health care professionals. Comments included, "I get my medication when I should", "Yes I do get my medication when I need it", "Medication is given when I expect it", and, "Yes, we do get our medication on time." However one person told us, "I have to tell them when I need my medication. I know what I am saying and need. I do get pain killers when I need them but my medication is not always ordered on time."

We looked at the arrangements in place to manage, store and administer medicines safely. We saw that Medicine Administration Records (MAR) contained staff signature lists and initials of all nursing staff who are trained to administer medicines to ensure the safe administration of medicines. However we noted the initials of one nursing staff who was administering the lunchtime medicines was not on the list but their full signature was. We drew this omission to the nurse's attention who took appropriate action at the time of our inspection to ensure their name was recorded as appropriate.

Throughout our inspection we observed staff administering medicines to people at set prescribed times during the day. Staff checked MARs before administering medicines to people and staff explained to people what medicines they were administering and asked people if they wanted any pain relief where this was required. Staff waited with people to ensure that they had taken their medicines appropriately before recording it on the MAR that they had been given. Where people refused pain relief this was recorded on the MAR that it was offered but refused. However we noted that the morning medicines round was long in duration and medicines were still being administered to people in the main lounge area at 10:40 am which could impact on people who required time sensitive medicines. For example one person was given pain relief at 10:40 am and we saw that this had been signed on their MAR as the 9:00 am dose but no actual time was recorded when administered. We then observed that the person was offered pain relief again at 1:40 pm however the person declined. This meant that if the person had accepted the pain relief, this would have been given before the stated and prescribed four hour interval time and this required improvement. We drew this omission to the manager's attention who told us they would ensure medicines were administered promptly and within people's prescribed times.

We recommend that the service considers and refers to current medicines guidance and practice on time sensitive medicines and takes action to update their practice accordingly.

There were policies and procedures in place for the safe handling and administration of medicines including obtaining, storing and disposing of medicines and a protocol for 'as required' (PRN) medicines. At the time of our inspection there were no people at the service who received their medicines covertly and no one who self-administered their medicines. Covert medicine is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them.

Medicines were stored safely and there were procedures in place for managing Controlled Drugs (CD). Controlled drugs are prescription medicines which are controlled under the Misuse of Drugs legislation. We

reviewed the storage and administration of CD and saw this process was safe and in accordance with legislation. There were two staff signatures to evidence these medicines were administered and accounted for appropriately.

Staff received medicines training and the manager carried out competency assessments annually to ensure safe practice. A recent external pharmacy audit identified some minor issues such as recording gaps on MAR, people's allergy status to be updated, variable doses not clearly marked, two staff signatures for handwritten entries and temperature checks were not routinely conducted. The manager had also carried out monthly medicines audits which also identified the same issues. We noted that action had been taken to address these areas and an audit conducted in February 2018 confirmed this.

People had mixed views about staffing levels within the home and how promptly staff responded to their requests. Comments included, "There is a shortage of staff at times and they usually respond to a call in 10 or 15 minutes", "No, not enough staff generally. The response times are not too good", "There is a possible staff shortage", "Yes, there are enough staff and when I need help, they give it quickly", and, "At most times there are enough staff, but at bedtime it can be a bit chaotic." Staff we spoke with said they felt there was enough staff to support people promptly. One member of staff said, "I think there is enough staff. We get time to spend with people and they never have to wait too long for us to support them." Another member of staff commented, "I feel there are enough staff to meet people's needs in a timely manner. We work well as a team to ensure people get the care they need."

We looked at call bell audits that had been carried out and saw a memo was sent to staff to remind them about prompt answering of call bells. The manager told us there had been improvements in response times subsequently as a new allocation system meant they could more easily identify the staff who had not responded in a timely way. Call bell response time records showed there were no significant delays identified.

Staffing rotas showed that the service used regular agency staff to maintain staffing levels and continuity. We noted at the time of our inspection that staffing level ratios and rotas corresponded with staff that were on duty. Records and profiles were held for each agency staff member which confirmed training that they had undertaken. We spoke with the administrator who told us they were currently recruiting due to staff vacancies and until posts were filled they were using agency staff. We spoke with the manager who told us that in August 2017 they introduced a new staff post of senior carer to support nursing staff and develop their roles further. They told us that staffing levels were assessed on a regular basis against people's needs in order to plan and set the staffing levels accordingly. They told us that the service was currently operating at a high level of staffing ratio and levels took account of the dependencies of each person and the lay out of the home. We will check on improvements made with staffing levels at the next inspection of the service.

There were arrangements in place to manage emergencies. Staff were knowledgeable about what to do in the event of a fire and told us they had received training on fire safety and the use of evacuation equipment. We saw that fire drills were conducted on a regular basis and there was an up to date register of people's personal emergency evacuation plans readily available. A business continuity plan was in place with emergency numbers to contact for a range of emergencies and a suitable place of refuge for people if needed in an emergency.

However we found that risks associated with the premises were not always effectively identified or mitigated. During our inspection we found doors that should be locked to reduce possible risks and hazards to people were not. These included the laundry and sluice room doors which contained Control of Substances Hazardous to Health (COSHH) and hazardous equipment. The basement door did not have an

appropriate signage to warn visitors and was unlocked which posed a risk to people who could fall down the stairs. They could also access potentially hazardous equipment. These doors were all locked by keys which we found were kept in the doors and it was clear that staff were not vigilant to ensure these stayed locked to reduce risks to people. There were no checks conducted on door security as part of regular monitoring and maintenance checks and this required improvement. We drew these concerns to the manager's attention who took appropriate actions to ensure doors were locked and following our inspection they confirmed that a keypad lock had been fitted to the laundry door so no unauthorised access could be gained.

Equipment and premises checks were carried out routinely to check the safety of the home environment. These included checking and maintaining window restrictors, radiator covers, water temperatures, bedrails, fire safety equipment and hoists and wheelchairs. We noted that a gas safety check had been completed on 15 November 2017 and annual electrical equipment testing had been completed which confirmed these were safe. We saw that for one person who required the use of oxygen, that there was suitable signage on their door in accordance with fire regulations although this was not recorded on their personal emergency evacuation plan. We brought this to the attention of the manager who addressed this at the time of the inspection.

There were systems and policies and procedures in place to protect people from the risk of infections and to ensure the home environment was kept clean. During our inspection we observed the premises were clean and odour free. Toilets and bathrooms and communal areas contained alcohol gel dispensers and liquid hand soaps so hand washing practices could be maintained. Housekeeping staff told us there was enough domestic staff to ensure the environment was kept clean and they were aware of the need for colour coding cleaning equipment to prevent cross infection. They had received training on COSHH and infection control. Cleaning checks were completed in the kitchen and across the home and these identified if there were areas that were not satisfactory and ensured these were followed up in staff meetings. The laundry room was clean and we saw colour coding was in use for the washing of clothes to reduce cross infection risk. A pressure mattress audit had been completed in December 2017 and action was taken to replace mattresses where needed. The manager had a copy of the Department of Health Infection Control guidance for reference and details of who to contact in the event of an outbreak of an infection.

There were systems in place to ensure risks to people's health and well-being were identified, assessed and managed appropriately. Risk assessments were conducted and stored electronically and staff updated these on a regular basis using electronic tablets. Areas of risk identified and assessed included personal care and neglect, falls and mobility, moving and handling, nutrition, choking, medicines, skin care and pressure ulcer prevention, cognition and mental health and for areas of medical physical conditions such as diabetes and breathing problems amongst others. Risk assessments included guidance for staff and actions they take to support people safely whilst promoting independence. Dietary risks were identified when people were admitted to the home or if staff observed any changes. Dietary information including assessments from health care professionals such as speech and language therapists was available in the dining room for staff reference. This included clear information about people's dietary consistencies and any thickening fluids required for safe drinking for those at risk of choking. Staff were knowledgeable about people's needs and how to reduce identified risks and we observed during the lunch time meal that thickening fluids were administered for people who required this.

Accidents and incidents were recorded, managed and monitored to assist in reducing the risk of reoccurrence. Accidents and incidents were referred to local authorities and the CQC when appropriate and staff took prompt actions to identify concerns and referred to health and social care professionals when required. Accident and incident information was reviewed by management to ensure appropriate actions

had been taken.

People told us they felt safe within the home environment and with the staff that supported them. One person said, "Oh yes, we all feel very safe here." Another person commented, "I like living here and feel very safe. The staff are very caring." A third person told us, "Yes I feel very safe. Staff are friendly and I get all the help I need." There were systems in place to protect people from possible abuse and harm. Policies and procedures provided guidance to staff on the processes to follow to protect people from the risk of abuse. Staff received safeguarding training to ensure they were aware of the appropriate actions to take if they had any concerns and staff demonstrated a good understanding of their safeguarding responsibilities. Safeguarding records we looked at included local and regional safeguarding policies and procedures, reporting forms and contact information for local authorities to assist in managing any concerns if required. Safeguarding referrals were appropriately made to local authorities and the CQC when required and information for people and visitors was displayed within the home for reference.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a health and social care environment. Staff files contained completed application forms with records of interviews questions and responses and how the decision to appoint was reached. Files also contained records of appointee's previous employment history, identification and right to work in the UK where applicable, and criminal records checks to ensure staff were of good character and suitable for the roles. Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Is the service effective?

Our findings

People had mixed views about the food served at the home. Comments included, "The meals are reasonable", "I'm on a soft food diet but it lacks taste", "My food is sometimes cold and sometimes not the right meal", "I buy my own food and the kitchen cooks it for me", "The food's excellent and there is choice", "The food's OK, enough portions and its hot enough", "The food is good", "I really enjoy the meals. I find the choice very good", "The quality of the food is changeable", and, "It's always tasty and there is plenty."

Kitchen staff were knowledgeable about people's dietary needs and we saw the kitchen was kept clean. The kitchen had received the top rating of five at the last Food Standards Agency inspection. There was a folder of people's dietary information available and information was also displayed in the kitchen to remind kitchen staff about peoples' dietary and cultural needs. People's menu preference lists also contained information on their dietary needs and we noted that one person was on a specialised diet and clear detailed information was available for staff. However, we saw that one person had a recorded allergy to shell fish but when speaking with kitchen staff they said no one in the home had allergies but had forgotten this as they did not cook shellfish as this was not on the menu. This required improvement. We discussed this with the manager who took action to ensure that an up to date list of allergies was on display for staff reference.

During the lunch time meal we observed that people received the diets and consistency of foods in line with health care professional's recommendations. However, we noted that for one person who was at risk of choking the speech and language therapist (SALT) guidance stated that staff must provide one to one supervision for all eating and drinking and encourage the person to take second swallows and eat at a slow pace. We observed that whilst staff were in and out of the dining room staff did not provide direct one to one supervision in line with guidance throughout the meal and this required improvement. We also observed before lunch that the person was sat at a table drinking sherry that a member of nursing staff confirmed had not been thickened to prevent choking in line with SALT guidance because, the person did not like it thickened. We brought these issues to the attention of the manager. They took appropriate actions following our inspection to hold a best interest meeting with the SALT team to consider the persons wishes, decisions and risks and if one to one direct observation at meals times was required as the person's diet had been changed to minimise risk and also as this conflicted with previous guidance they had received upon the person's discharge from hospital.

We saw that people ate their meals in various rooms according to their preferences, for example in the dining room, lounge or conservatory. For people who ate their meals in their rooms we saw that staff supported them promptly and in line with their plans of care. We noted that staff queued by the kitchen serving hatch at meal times in one corner of the dining room and took individual meal trays to people. There was no staff presence in the conservatory during lunch except to bring in food and there was limited interaction in the other rooms where food was being served. People who were supported to eat were supported at their own pace and staff sat at their level but there were very limited interactions between them which was in contrast to observations during the day where we saw staff were kind and attentive to people. This area required improvement. We drew this to the manager's attention who advised that they

would look at people's meal time experiences, staff deployment and interactions in order to make them better.

People told us staff sought their consent and respected their choices. One person said, "They do ask before doing something." Another person said, "Yes they always ask me what I want." Another person commented, "I do have a say on my care."

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

We checked whether the service was working within the principles of the MCA. Care plans we looked at showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. Where people had capacity or fluctuating capacity to make decisions we saw these were documented, for example choosing to eat foods that health care professionals had advised against. We saw that applications had been made to local authorities to deprive people of their liberty where this was assessed as required. Where these applications had been authorised we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

People and their relatives told us they were involved in planning for their care and were consulted about services offered. One person said, "Absolutely I'm involved. I know what help I need and they do it." A relative told us, "I am involved in decisions about my mum. Staff were helpful with enquires we had with the hospital." Assessments of people's needs were completed prior to their admission into the home to ensure staff and the home environment could meet their needs safely and appropriately. Assessments reflected people's choices and preferences and included detailed information on their physical and mental health needs.

People told us they had access health and social care professionals when required. Comments included, "They would call for a GP if necessary", "I see the dentist and a chiropodist and a doctor comes to see me if needed", and, "Chiropodist, dentists, opticians and physios all visit. The GP would be called quickly if you are unwell."

The service employed two part-time physiotherapists to work with people living at the home, people recovering from hospital stays and people receiving a respite service. We spoke with one physiotherapist who told us that their aim was to enable people to become more independent or to retain their independence particularly for people who were receiving short term stays with the aim of returning to their home. One person told us they had been visited by the physiotherapist who supported them to mobilise safely before they returned home. Care and nursing staff we spoke with told us how they supported people to meet their healthcare needs and worked with visiting professionals to achieve this. Care plans confirmed that people had access to a range of health and social care services when needed and records of people's appointments with health and social care professionals were maintained by staff.

There was a comprehensive induction and training programme in place for new staff. All new staff were

enrolled in the Care Certificate as part of their induction. The Care Certificate is a set of standards that social and health care workers are required to follow in their daily working life. It is the minimum standard that should be covered as part of induction training for new care workers. Staff were provided with an information pack regarding health and safety as part of their induction which covered general health and safety guidance within the home, infection control and moving and handling. Staff also completed a staff orientation form which gave an overview of the provider's policies and procedures. Staff we spoke with confirmed that they had received an induction and records we looked at confirmed this.

Records showed that staff received regular supervision and annual appraisals of their practice. One member of staff told us, "I feel very supported to do my job. I have supervision on a regular basis but feel I can speak with the manager at any time." Supervision was conducted every two to three months or more frequently if there was a need such as concerns to discuss or follow up issues from previous supervisions. Records confirmed that staff were able to discuss any actions agreed or comments and also had the opportunity to raise any concerns. We saw that when staff raised any issues or concerns actions were taken to address them. For example we saw that issues raised about shortages of equipment were address and new equipment was sourced.

Staff told us they received training that met their development needs and the needs of people using the service. One member of staff said, "The training is really good here. We get training in a range of topics that are all very relevant to the work that we do." Staff training records showed that training was monitored to ensure staff had completed the required training for their roles. Staff received training in areas such as dignity diamonds, promoting positive behaviour, Mental Capacity Act and Deprivation of Liberty Safeguards, equality and diversity, fire safety and fire marshal training, emergency first aid, infection control, medication awareness, pressure ulcer prevention, end of life care and safeguarding adults amongst others. We saw that where staff had not completed refresher training, the manager had arranged future training dates for them to attend.

Is the service caring?

Our findings

People told us they were happy with the care they received and staff were kind, supportive and attentive. Comments included, "Most of the staff are very nice, caring", "Staff are very nice with my visitors", "They make visitors to the home very welcome", "Generally the staff treat me very well", "I like most of the staff", "Staff are lovely, very attentive", "Staff are nice, they are good with us all", "Staff are very friendly, nice", "I have daughters who visit and the staff are welcoming", "Carers are friendly and caring", and, "Wonderful care here."

During our inspection we observed positive and caring interactions between people and staff. Staff were attentive to people's requests for support and regularly checked on people's needs and well-being throughout the day. We observed staff were prompt to offer support when people required it and were knowledgeable about people's needs and how best to meet them. Care plans and computer based and paper records were kept securely in staff offices and when staff were not present, office doors were locked to maintain security and confidentiality.

People told us staff treated them respectfully and maintained their dignity and privacy. One person said, "There is a male member of staff who is good at washing and changing me, he is very discreet and respectful. They respect my request about that." Another person commented, "The male carers do treat me with respect and dignity." A third person said, "Oh yes, staff are very respectful. They make sure I am covered when possible." Staff we spoke with told us how they maintained people's dignity and privacy. One member of staff said, "I always ask people how they want to be helped. It's important that people are supported how they want to be. I always close doors and curtains to ensure people's dignity is maintained when helping them with personal care." We observed staff spoke with people and their relatives in a respectful manner and saw that staff knocked on people's doors before entering their rooms showing respect for their privacy.

People and their relatives, told us they were involved in decisions about their care and communication with staff was good. One person said, "Staff talk to me about my progress. I feel I am allowed to be independent." Another person said, "Yes, I am aware I have a care plan." A third person commented, "There's lots of information sharing and staff always tell me what's going on." A visiting relative said, "Staff keep us informed about my loved ones care." Records we looked at showed that staff met with people to discuss their care and held meetings with relatives where appropriate, when required. Care plans included information on individual communication needs and methods to ensure staff communicated with people effectively and appropriately. We saw that people were also supported to access advocacy services when required to ensure their choices and wishes were respected and their voices were heard.

Is the service responsive?

Our findings

People told us they received care and support that was responsive to their needs and met their preferences. Comments included, "I am getting all the personal care I need", "Staff are giving me all the care and support I need", "I am getting help from the physiotherapists to move around", "Usually the staff know what care I need", and, "I do believe I get the service I need and its right for me."

People's physical and mental health needs and risks were assessed appropriately. Care plans were implemented from assessments undertaken with participation from individuals and their relatives where appropriate. Care plans and records documented the care and support people required in a range of areas relevant to their needs such as nutrition and hydration, medicines, communication, mobility, falls, wound and skin care, cognition, personal care, social and emotional needs and end of life care planning amongst others. We saw that people received responsive care and support at the end of their lives and care plans documented discussions had with individuals and their relatives where appropriate, about any advanced directives and end of life care wishes and needs such as 'do not attempt resuscitation' forms and choice of funeral arrangements. The home was awarded the Gold Standards Framework (GSF) platinum accreditation award which was dated September 2017. The Gold Standards Framework is a national accreditation recognised for the provision of end of life care.

Care plans and records demonstrated people and their relatives where appropriate were involved in planning and reviewing their care. Where people were not able to be fully involved in the planning and reviewing of their care, relatives and professionals, where appropriate, contributed. People's care needs were identified and documented from information gathered about them including their life histories, preferences and the things that were important to them. The manager told us that work was currently being done with people to create 'life stories' that included pictures and personal details for people to reflect on and reminisce. Care plans contained detailed information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. For example one care plan detailed how staff supported the person to reposition themselves in order to prevent pressure areas and also detailed the equipment required and how it should be used to ensure safe movement and mobility. Staff we spoke with were knowledgeable about the content of people's care plans and how people preferred their care to be delivered. We saw that staff kept daily records of people's day to day wellbeing to ensure that people's planned care met their needs. Care plans and records we looked at were reviewed on a regular basis in line with the provider's policy to ensure the care provided met people's needs.

People's diverse needs and independence was promoted and respected. People told us staff supported them to be as independent as possible and we observed this throughout our inspection. One person said, "Staff are very good as they try to let me do as much as possible. I see the physiotherapist which is good as they help me to keep moving." There was equipment in place and available that assisted in the promotion of people's independence such as walking frames, wheelchairs and fully adjustable beds and baths. Staff were knowledgeable about people's needs with regards to their physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. We saw that staff received equality and diversity training to ensure people's needs could be met and care plans documented identified needs.

There was a range of activities offered to people to support their need for social interaction and stimulation. People told us they enjoyed the activities on offer, comments included, "I do take part in the activities and the programme is adequate", "The activities co-ordinator does visit my room sometimes", "We do enjoy the activities provided here", "Yes I like to join in. We do all sorts of different things", and, "The activities lady is very good. We have a mix of activities."

We observed people were encouraged to participate in exercises held in the lounge during the morning of our visit. People were engaged and laughing with staff and we saw that the activities co-ordinator also spent time with a visiting therapist supporting one person to carry out rehabilitation exercises. There was a full time activities co-ordinator employed to work during the week and a part time activity co-ordinator worked at the weekends ensuring activities were offered to people seven days a week. An activities manager had recently been employed by the provider to oversee the activities offered at their locations and they recently visited the home to find out what activities were in place. They were also looking at how they could share vehicles the provider had with other homes so that people could venture out of the home with support more often.

External entertainers formed part of the activities programme and visited on a weekly basis providing entertainment such as singing and music and visiting animals. Birthdays and seasonal celebrations were held within the home for people and their families and we saw one birthday party was planned for later in the week. People were asked what activities they would like to do each day as there was no fixed internal activities schedule in place which the activities coordinator told us that this allowed them to be flexible in meeting people's daily needs. They said, "I enjoy my job and I try and have a variety of activities ready for people. I assess every day what people want to do." We saw that people were supported to access local services and had trips out for example to the cinema, shopping and café and pub lunches. The activities coordinator told us that they worked closely with the in house physiotherapists and supported people to exercise and also offered Namaste care which involves massage and the use of hot oils and aromas. They said some people at the home had religious and cultural needs and they supported people to meet their needs by holding services from different denominations and holy communion every month.

People told us they were aware of how to raise a concern and make a complaint if needed. One person told us, "I've had no need to complain but I know how to if needed." Another person said, "No serious complaints by any of us." The provider had a complaints policy and procedure in place and this was displayed throughout the home for people and visitors reference. The procedure included information on what people or their relatives could expect if they raised any concerns, including details of timescales and action they could take if they remained unhappy with the outcome. Complaints records we looked at showed that when complaints were received these were responded to appropriately in line with the provider's policy to ensure the best outcomes for people.

Is the service well-led?

Our findings

People and their relatives were complimentary about the management and staff at the home and felt the home was managed well. Comments included, "Generally, I think on the whole, the service is good here", "Not much can be improved on", "This is a very nice place, we would recommend it", "The best thing for me here is I have no worries", "This is a nice place, I'm glad I'm here", and, "The main good thing here is the friendly atmosphere created by the staff." Despite people's positive comments we found that systems in place to monitor the safety of the premises and equipment were not always effective or well-led.

We saw that the maintenance of the premises and equipment was managed separately and the manager did not have up to date knowledge about areas of the premises or equipment that required action. They were not aware of required actions that could impact on safety from recent fire and legionella risk assessments and an electrical installation report that we found during our inspection. Premises and equipment audits were completed by the maintenance person and there was no record of any effective oversight of these audits to ensure actions were taken where required. The audits themselves did not cover important areas of safety such as the issues with unlocked doors we had found as referred to in the Safe section of this report.

We looked at the legionella risk assessment completed on 25 September 2017 and saw that a number of recommendations had been made. These included 'high actions' needed within one week and 'medium to high actions' which were required within one month. There was no information available at the home to advise on what action if any had been taken to address these. No actions had been recorded as completed and there was no action plan in place. The manager was not aware of the current situation and the maintenance person said they carried out weekly flushing of the water system but otherwise was not aware as this was the maintenance manager's role. There was a six monthly legionella report dated 29 November 2017 but this did not address most of the actions required. The risk assessment pointed to other missing documentation such as the water management book, the names of personnel duties, contact details, actions to be taken in event of non-conformance, and details of the legionella awareness training records. None of this was available at the inspection. We were sent training records subsequently which showed that the training had been completed after the inspection on 16 February 2018. Additionally the risk assessment failed to address areas specified in the guidance which include, a clear allocation of management responsibilities, the competence and training of key personnel and a description of the water system including an up to date schematic diagram. We were therefore not assured that systems in place to manage the risk of legionella were robust and effective in line with the Health and Safety Executive guidance and the Health and Safety at Work Act 1974 and Control of Substances Hazardous to Health Regulations 2002 (COSHH).

On the second day of our inspection we were shown records of weekly flushing carried out and we were shown an action plan that addressed some annual actions. However there was no recorded action to address the removal of dead ends of pipe work to help prevent the proliferation of bacteria which was ranked as medium to high risk.

An electrical installation check had been carried out on 13 October 2017 and was found to be unsatisfactory. Thirteen actions were identified as requiring action. The maintenance person told us that they did not know anything about it and it would require a specialist. We were shown an action plan on the second day of our inspection which recorded an electrician had been booked to attend the service in March 2018 six months after the inspection date. However items on the list for action included five items that required immediate or urgent action as dangerous or potentially dangerous. Four of these were not included in the action plan and no evidence was provided that these had been addressed. No evidence was provided despite requests to see that an asbestos survey had been completed in order to identify potential areas that require monitoring and alerts to internal and external maintenance personnel to reduce risk.

There were no recent records of external contractor lift maintenance visits. These were sent to us following our inspection and we noted that a number of recommendations had been made on the previous visit including an upgrade of shaft lighting. No evidence was provided that these had been addressed. The infection control audit required improvement as it did not include checks on equipment such as hoist slings and pressure cushions and only checked areas related to the appearance and cleanliness of the environment. Although a memo to staff from the manager dated 2 October 2017 was sent reminding staff about infection control measures, it was unclear how progress with these issues was being tracked as it was not recorded on monthly audits conducted.

There was evidence that the manager had identified some issues and taken action to address them. A night report visit conducted in October 2017, found concerns with areas of practice by night staff. This was followed up by additional infection control training being provided and a memo to all staff about the need for regular repositioning and completion of positioning charts. However, no further visits had been conducted to ensure learning was embedded. The manager told us there had been no direction from the provider about night checks and there was no designated template.

Failure to maintain effective oversight of health and safety issues is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

There was a manager in post. At the time of our inspection they were in the process of registering with the CQC to be the registered manager for the service. They had experience in managing a home and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the manager demonstrated good knowledge of the needs of the people using the service and the needs of the staffing team. During our inspection we saw that the manager made themselves visible within the home and spent time with people and staff.

Staff spoke positively about the management and culture of the home. One member of staff said, "I have been working here for many years and seen lots of changes. The current manager is very good and approachable." Another member of staff commented, "I feel well supported by the manager and the staff team work well together." We saw that staff meetings were held every two months and provided staff with the opportunity to discuss areas of the service. The agenda for these meetings included discussing people's needs and giving staff a refresher of how to ensure people's basic needs were met such as food and fluid monitoring and pressure ulcer care. Staff meetings also enabled staff to keep informed of changes to the service such as introducing the new nursing twilight shift and taking on patients discharged from hospital.

There were systems in place to ensure the provider sought the views of people using the service and their relatives through regular residents and relatives meetings, annual surveys and by inviting people to submit feedback through the use of a comments and suggestions box located within the reception area. Minutes of

a residents meeting held in January 2017 recorded that people felt their meals could be cold and an action plan from the meeting was implemented. The action plan detailed that a heated trolley to take food to people's rooms had been ordered to address people's concern. More outings were also discussed and requested by people and this was raised again at a meeting on 28 September 2017. The problem appeared to be transport which the service was addressing. A number of people at the home had visual impairment and the manager told us that they were working with The Kent Association for the Blind to assess if there were ways in which they could improve people's quality of life within the home.

We looked at the results for the service user and relative's survey that was conducted in January and February 2017. We saw that results from the survey were largely positive. 100 percent of relatives felt that they were able to visit their relative in private, 95 percent said they were happy with the management's response to any concerns or complaints they may have made, 100 percent said they were happy with the social activities provided or arranged, and 91 percent said they were satisfied with their overall care. The provider also sought feedback from staff to help drive improvements and we saw results from the staff survey also conducted in January and February 2017. Results showed that 100 percent of staff said they felt supported during their induction, 100 percent felt that residents received good care, 100 percent said the manager had time for them and 85 percent felt they were given the opportunity to attend training sessions.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to ensure systems in place to monitor the safety of the premises and equipment were effective and well-led. There was a lack of oversight in monitoring the home environment and service provision.
Treatment of disease, disorder or injury	