

Preferred Care Service Ltd

Alma Residential Home

Inspection report

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20 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Alma residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Alma residential home is registered to provide accommodation and personal care for up to 22 older people. There were 17 people living in the service at the time of our inspection visit, some of whom were living with dementia.

We inspected the service on 19 and 20 November 2018. The inspection was unannounced.

There was a registered manager in post who was also one of the registered providers. They were present on both days of the inspection. 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 the last inspection on 17 and 18 October 2017, the overall rating of the service was 'Requires Improvement'. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The quality of the service was not checked to make sure risks to people were minimised and that staff knew what to do in the event of an emergency. Checks on new staff were not thorough, staff were not supervised and there were not enough staff employed to meet people's needs. Records were not accurate.

We required the provider to take action to make improvements. The provider sent us an action plan detailing how they planned to address the breaches of Regulations and said that this would be completed by 28 March 2018.

We also made five recommendations. These were: to make sure staff had access to local safeguarding procedures; about the management of medicines; that staff had all the training they needed; that people could take part in meaningful activities; and that there was a complaints procedure.

At this inspection we found that shortfalls remained in checking the quality of the service; managing risks; staff recruitment, training and supervision; record keeping and activities. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Quality assurance processes continued to be ineffective in assessing, identifying and addressing shortfalls in the service. The registered manager had delegated responsibility for the day to day running of the service to

a manager. However, there had been several changes to the manager to whom the registered manager had appointed, which had had a direct impact on people and staff.

The provider had not done all that it could to minimise assessed risks. Not all staff had received training in fire safety, visual checks had not taken place on fire-fighting equipment to make sure it was operational and night staff had not completed fire drills. The fire officer identified concerns about fire safety and people being safely evacuated in the event of the fire on the second day of the inspection.

The provider was not proactive in making sure lessons were learned. Accidents and incidents were reported to the management team, but they had not reviewed them to make sure appropriate action had been taken to minimise any reoccurrence.

Recruitment checks of new staff continued to be incomplete so it could not be assured that only suitable people were employed to support people.

Staff had not all received the training or supervision that they required for their role. After the inspection the provider confirmed that training in safeguarding and mental capacity had been arranged for the staff team.

Consideration had not fully been given to adapting the environment to meet the needs of people living with dementia or those who needed support with their mobility and we have made a recommendation.

The range of frequency of activities did not provide people with opportunities to pursue their interests and for everyone to engage in social activities. We have made a recommendation regards this.

Staff who gave people their medicines had not received regular training or had their competence assessed. Medicines were not audited to check people received their medicines as prescribed by their doctor.

People's health needs were assessed but support was not always provided in a timely manner.

Staff gained consent from people before providing care and knew how to support them in the least restrictive way possible. The provider was reviewing DoLs authorisations to make sure they were reapplied for in a timely manner.

Assessments of potential risks to people's individual safety had been undertaken and strategies put in place to minimise their reoccurrence.

The provider had assessed each person's needs and made sure that there were enough staff available to meet them.

Staff knew how to identify and report potential abuse and the registered manager accessed local safeguarding guidance during the inspection.

The service was clean on the days of the inspection and staff followed protocols to minimise the spread of any infection.

People were positive about the meals provided and were helped to eat and drink enough to maintain a balanced diet.

Staff knew people well and treated them with dignity, respect and kindness. People were supported to be as

independent as possible.

People's care plans set out their assessed needs and the support and assistance they required from staff. Steps had been taken to present information to people in an accessible way.

Provision was in place to support people at the end of their life to have a comfortable, dignified and pain-free death.

Resident meetings were held and people felt that their views were listened and responded to. People knew how to make a concern or complaint.

Full information about CQC's regulatory response to the breaches of regulations noted above will be added to our report after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider's recruitment checks did not ensure staff were suitable to support people.

Risks to people and in the environment, had not always been minimised to keep people safe. This included the management of fire safety.

There was no system to check people were receiving their medicines as prescribed by their doctor.

Staff knew their responsibility to identify and raise safeguarding concerns.

There were enough staff available to meet people's needs.

The service was clean and there were effective systems for the control of infections.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The service was not proactive in making sure staff received the training and supervision they needed for their role.

People said their health care needs were met, but professionals said they were not always met in a timely manner.

The provider did not have effective systems to monitor Deprivation of Liberty Safeguards.

The needs of people had not always been taken into consideration in the adaption of the environment.

People received a choice of nutritious meals and drinks were made available throughout the day.

Is the service caring?

The service was not always caring.

Some people were not able to be as independent as possible.

Staff knew people well and there was positive interaction between people and staff.

Staff treated people with kindness and understanding.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People did not have accesses to a range of activities that reflected their choices and preferences.

Care plans gave guidance to staff about people's health, social and care needs.

A complaints procedure was in place and people felt confident to raise any concerns.

People were asked about their needs and choices at the end of their lives.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Systems to monitor the quality and effectiveness of the service continued to be ineffective which resulted in continued breaches of regulation.

Records were not always accessible.

Changes in the management of the service had been unsettling and had a direct impact on people and staff. □

Inadequate ●

Alma Residential 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 was planned to check whether the registered persons continued to meet 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.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. Due to technical problems, we did not ask the provider for to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the provider's action plan which detailed progress towards meeting the breaches of Regulations.

We visited the service on 19 and 20 November 2018 and the inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service. We received feedback from a commissioner of the service, the local authority safeguarding team and a health care professional. They had all voiced their concerns about the way the service supported people with their care and treatment.

During the inspection visit we spoke with six people who lived in the service and two relatives. We spent time with people and the lounge and joined some of them for lunch.

We spoke with the registered manager, deputy manager, care coordinator, senior carer, carer, chef and two housekeepers. We looked at the care records for six people. We also looked at records that related to how the service were managed. This included four records of staff who had been recently employed by the service, staff training matrix, health and safety, the management of medicines and quality assurance.

Is the service safe?

Our findings

At the last inspection on 17 and 18 October 2017, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to minimise risks to people and in the environment, to keep people safe. The provider's policy did not allow staff to respond to major incidents and emergency situations: Regulation 12. The provider had failed to make sure there were enough staff to meet people's needs: Regulation 18.

At this inspection on 19 and 20 November 2018, we found that guidance was available for staff to help prevent risks to people and respond to emergency situations, but risks in the environment remained. Improvements and adjustments had been made to staffing levels so that people's needs were met.

People were at risk of harm due to lack of fire safety. On 14 September 2018, the local authority raised concerns to the provider about evacuating people from the service. This was because staff had not undertaken fire training and the manager said that they were not confident that staff knew how to get people out of the service safely. Staff said they had not had fire training recently to refresh their knowledge and give them confidence about what to do. Only ten out of the staff team of 19 were booked on fire training on 27 November. People who had poor mobility had been assessed as needing to use an evacuation chair to exit the premises. However, no staff had received training in the use of this equipment. The local authority action plan set out the need for staff to take part in fire drills and for night staff to be prioritised. Fire drills had taken place, but this had not included night staff. A fire officer visited the service on the second day of the inspection and required the provider to act to make sure people could be safely evacuated. They sent three enforcement notices to the provider on 26 November 2018 and required them to take the necessary action by 1 February 2019. This was due to safety concern in the environment, hazards preventing people evacuating in the event of a fire and a lack of training for staff on fire safety and evacuation.

The provider had made sure the electricity supply, shaft lift and hoists were serviced at regular intervals to make sure they were safe. However, the provider could not find a gas certificate and arranged for the system to be serviced after the inspection on 31 November. The gas engineer recommended works to seal the gas flu. The provider informed us on 10 December they had booked an engineer to carry out the works.

When a person had an accident, or an incident had taken place, a record was kept. This included the nature of the incident and action staff had taken such as seeking medical advice. For example, when one person had been found on the floor, an ambulance had been called. One person said, "Staff are good at handling people. If someone falls over they (staff) know the procedure and take control. Staff make sure the person doesn't get up and makes sure they are comfortable until the paramedic comes". However, the section at the back of each report to record any management investigations and actions had not been completed. The registered manager had not looked at these records and was not aware if any other member of the management team had done so. Therefore, there had been no review of these events to see if there were any patterns or trends, lessons that could be learned and that as much as possible had been done to minimise any reoccurrence.

The provider had failed to ensure assess and act to minimise risks to people in the environment and to people's health and safety. This is a continued breach a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 17 and 18 October 2017, the provider had failed that to ensure that checks on new staff were sufficient to make sure people were safe. At this inspection these shortfalls in recruitment checks remained. Although Disclosure and Barring checks took place, which check if a person has a criminal record, other checks were not always carried out to help prevent unsuitable people from working at the service. People's identity and references had not always been checked before staff supported people unsupervised. The provider had not explored and recorded the reasons for gaps in people's employment at the application stage. One applicant had left their employment history blank and two other applicants had significant gaps in their employment. In addition, two staff had started employment without any references as to their previous work or character being checked. Therefore, the provider had not taken all necessary steps to minimise the risks of employing unsuitable people to support people with their care and treatment.

The provider had failed to ensure safe recruitment practices. This is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 17 and 18 October 2017, we made a recommendation about the management of medicines. This was because there was no guidance for people who took medicines 'as and when needed' (PRN).

At this inspection, PRN protocols were available to guide staff when to give people their medicines. However, one person's PRN pain relieving medicine was not available in the morning when they were in pain and requested it. Staff confirmed this medicine was available for them later in the day. Staff involved in giving people their medicine only received training every three years and did not have their competency assessed during this time in line with national guidance. The provider confirmed after the inspection that staff had been booked on face to face medicines training in December to ensure they were competent to give people medicines. The provider took immediate action to make sure that people had body charts in place to direct staff where to apply prescribed topical creams.

Staff recorded when patches for pain relief were applied to people and when they were rotated to ensure they were regularly moved to maintain people's skin. People said they got the support they needed to take their medicines. Staff gave people their medicines and checked that they had taken them before signing the medication administration record. One person told us, "Without fail I always get my medication". A relative praised the service for the support their family member received with their medicines. "At home my relative would refuse to have their pills. Here, staff have found that if they give them one pill at a time and take them to a quite area away from distraction, it is much easier to get them to take their pills".

At the last inspection on 17 and 18 October 2017, we made a recommendation about keeping people safe. This was because the registered manager and staff did not have access to Kent and Medway safeguarding protocols and the provider did not have a safeguarding policy.

At this inspection the registered manager was not aware of written guidance about local safeguarding protocols and obtained a copy during the inspection. The Kent and Medway safeguarding protocols set out the definitions of different types of abuse, staff's responsibilities and local arrangements about how to report any concerns. Staff understood the signs and symptoms of abuse and to report their concerns to a member of the management team or the local authority. People and relatives told us that they or their relatives felt safe at the service and there was a relaxed and friendly atmosphere. One person said, "There are staff here all the time keeping us safe". Another person told us, "The girls are always watching out for you".

to make sure you are Okay".

Individual risks to people's safety had been assessed such as developing pressure ulcers, choking and when moving around the service. For people at risk of developing pressure ulcers, plans advised staff of the specialist equipment they required, directions on how to move the person safely, the frequency they needed to be repositioned and to report any concerns in the person's skin deterioration. Staff demonstrated they understood who required this care and how to follow the individual guidance. Staff made a record of treatment provided to each person including when people were turned and on which side to help keep their skin healthy. For people who were at risk of choking, guidance included how to support the person to eat and the consistency of their food and drink.

The provider had introduced a system to assess people's dependency levels and this information had been used to calculate the number of care staff that needed to be on duty during the day and night. The provider explained that this was because staff had informed them of their unavailability at short notice so alternative arrangements could not be made. This had been discussed with staff at the last staff meeting. People said there were usually enough staff. One person told us, "At the moment we have fewer residents so there are enough staff". Another person said, "I think there is enough staff. Once a person is in the day room (lounge) there is always one staff present to check on people and the home is strict at adhering to this policy". People said that staff came quickly when they used their call-bell. One person said, "If I press the buzzer staff are here more or less straight away". Another person told us, "I am quite independent. I tested the buzzer once to see how quickly the staff came. They were with me straight away". People's needs were responded to in a timely manner during the inspection visit.

Some people became anxious, distressed or presented behaviours that challenged themselves or others. Guidance was available in people's care plan about the staff assistance they needed to maintain their, or other people's safety.. This included the nature of the behaviour and the best way in which staff could respond to put the person at ease. Staff knew how to follow individual guidance to promote positive outcomes for people. During the inspection, one person on occasion raised their hands as if to hit out. Staff were quick to distract the person in a positive manner. They made it clear to the person that it was not okay to hit people and suggested that they gave them a hug instead. The person immediately wrapped their arms around the staff member. The person and staff member then danced together in a conga to the other side of the room.

Infection control audits checked that there were effective systems for the control of infection. Personal protective equipment which is designed to protect staff and people from the spread of infection, was available throughout the service and used appropriately by staff. Housekeeping staff followed a schedule of cleaning to make sure the service was clean and pleasant smelling. There was a dedicated laundry room and procedures to deal with dirty and clean laundry separately, to minimise the spread of any infection. Laundry was managed by day and night staff due to the absence of the dedicated laundry assistant.

Is the service effective?

Our findings

At the last inspection on 17 and 18 October 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not receiving regular on-going supervision to make sure they were supported to carry out their roles. We also recommended that the staff training programme was reviewed so that staff had all the training they needed for their role, including training in dementia and challenging behaviours.

At this inspection on 19 and 20 November 2018, we found that shortfalls in staff training had not been addressed in a timely manner and not all staff had been supervised. New staff undertook training by e-learning in essential areas as part of their induction, shadowed senior staff and spent time getting to know each person's needs. The staff induction programme also included staff new to care completing the Care Certificate, but not all staff had started this qualification. The Care Certificate is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way. The provider's training policy stated that, "Without being stimulated by new learning, staff can become bored, take shortcuts, lapse into bad habits and feel undervalued and under-used". However, shortfalls remained in staff training in safeguarding, mental capacity, dementia and challenging behaviour remained. Staff that they had either not received training in these areas or the training they had had was a long time ago and they could not remember specific points of learning. Training had been provided by e-learning which staff said was not always very informative and they said they preferred face to face training. After the inspection, the provider confirmed face to face training had been booked in safeguarding and mental capacity in December 2018 to make sure staff were knowledgeable in these areas.

There had been changes in the management of the service which had had a direct impact on the support that staff received. The registered manager had been a consistent presence at the service since the last inspection, but had delegated responsibility for the day to day management to other managers. Staff said changes in the day to day management of the service had been unsettling, as each manager had a different way of working and different expectations. This had resulted in staff not receiving regular supervision. The staff supervision matrix for 2018 identified that only three out of the care staff team had taken part in a supervision meeting. Housekeeping staff had been supervised. No one had had an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

The provider had failed to provide staff with appropriate training, supervision and appraisal in a timely manner, to enable them to carry out their duties. This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consideration had not fully been given to adapting the environment to meet the needs of people living with dementia. People spent their day in the lounge, which also functioned as a dining room. There was not sufficient seating to accommodate everyone who chose to eat their meals at a table, so people remained in the same seat throughout the day. Some people liked to walk but they were unable to access other spaces, such as corridors or the garden without staff support. This meant that some people spent all of their day in

the lounge. The layout of the service did not make it easy for people to find their way around. Corridors had little natural light or distinguishing features or colours to identify them. Signage was available to direct people to the lounge and toilets and bathrooms. Some people had been helped to identify their bedroom by a photograph or picture. Some corridors were narrow and difficult to negotiate for a person using a wheelchair or walking frame. Bathrooms were equipped with hoists and baths that people with mobility difficulties could use.

We recommend that the service seek advice and guidance from a reputable source about how to adapt the environment for people living with dementia.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

Staff asked people for their consent before supporting them with their care and treatment. Staff explained that people had the capacity to make day to day decisions about their care and that if their capacity fluctuated, these decisions should be made in their best interests. Applications had been made for those people who may be restricted in their freedom to ensure the service was acting lawfully. The provider was aware that some authorisations needed to be renewed and had started to review these to make sure they were renewed in a timely manner.

People said their health care needs were met, but professionals said they were not always met in a timely manner. We received mixed responses from professionals about how people's health needs were assessed and monitored. One health care professional said that staff did not always follow the guidance that they gave staff. A social care professional said that despite asking the provider in October to make sure people had access to the dentist, this had not occurred. During their visit to the service on 12 December, one person, who had not seen a dentist, said that they had toothache. Other people did have access to a dentist when they needed one. The local authority safeguarding team had found elements of poor practice when they had investigated concerns about people's care and treatment.

People told us they had access to health care when they needed it. This included the chiropodist, dentist and doctor. One person said, "If I need to go to the doctor, one of the staff will walk with me to the surgery". Another person told us, "I had a tooth taken out and it started to bleed and just wouldn't stop. Staff called the paramedic and the night staff made me a bed sitting up in the lounge and they stayed with me all night. I was advised to go back to the dentist and staff took me there the next day to get a stitch". A relative commented, "Staff are very good at recognising the signs and symptoms of a urinary tract infection early and call the doctor". A health professional had complimented the service on, "A change in attitudes and willingness to improve care that they give the residents".

The district nurse monitored the blood sugar levels of people with diabetes and had provided staff with training in this area so they knew what to do to help them remain healthy. For people with specific health conditions, detailed information was provided for staff about the condition, signs and symptoms to look at for and the action staff should take

People made positive comments about the food at the service. One person told us, "We get lovely food with plenty of Vegetables. Plenty of choice. My friend is vegetarian so I'll have the same lovely fish dish she is having". Another person said, "I know if I am hungry I can ask the kitchen staff at any time if I want something to eat, they are very good to me". The menu was displayed at the service including pictures of each meal. The chef was passionate about providing nutritious meals that people enjoyed. They chef knew people well including their likes, dislikes and dietary needs. They discussed the daily food choices with people with enthusiasm and encouragement, giving a detailed description of the choices on offer including the ingredients.

People were offered drinks and snacks throughout the day. A relative commented, "Staff are always encouraging my family member to have a drink to reduce the number of bladder infections. It seems to be working well." Lunch was relaxed and sociable with staff sitting beside people and chatting and encouraging people to eat and drink. People were given the support or equipment they needed to eat their food. One person said, "Staff always make sure that I have a straw in my cup. It is easier for me. I don't have to worry about dropping the cup". One person became distracted and wandered off. Staff encouraged them to return and eat their lunch and sat beside the person to give them encouragement. Another person did not want a main meal, but ate a pudding. In the afternoon, this person asked staff if they could have some toast and a staff member suggested they may like some baked beans with it. The person ate all their toast and beans. A relative told us, "My relative had lost a lot weight when they first came. Staff will sit with them and encourage them to eat. They are getting better at eating. I still cannot believe how well they looks now compared with this picture I took last year in hospital". A member of staff had been appointed to weigh people on a regular basis so that appropriate action could be taken if there were any significant changes.

Is the service caring?

Our findings

People were treated with kindness, compassion and respect. Comments from people included, "Staff are pretty cool. They enjoy a laugh"; "Staff are very patient. We get hugs"; and ""Staff are very gentle. They stay with me when I have a bath and let me have a soak as long as I like". A relative said, "Staff are always interacting with everyone. My relative is always smartly dressed when we visit". Staff chatted with people, to put them at ease when providing them with support, such as eating their meals, or assisting them to walk around their home. One person told staff that they were cold. A staff member fetched them a cardigan and checked later to see if they were warm enough. Another person asked to go outside for a cigarette dressed in their night clothes and dressing gown. A staff member explained it was very cold outside and asked if they would like them to get their shawl. The staff member then made sure the person was wrapped up warmly before taking them out to the smoking area. Another staff member commented, "You have such a lovely face", after they consented to the staff member cleaning it for them.

Some people could move around the service and be independent, but other people were restricted by the layout of the building. People living with dementia who liked to walk only had independent access to the lounge. There were no other areas such as corridors, where they could walk by themselves. This meant that some people spent their whole day in the lounge and remained in the same seat to eat their meals as there was not sufficient seating to accommodate everyone at a dining table. People who were able could get themselves drinks and snacks from the kitchenette situated at the corner of the lounge. One person told us, "I do everything for myself, even my own laundry and ironing. Staff know I would be lost without my independence". Another person said, "The staff know I like to be independent and they let me decide what help I want". This person told us that being independent was important to them. Staff remained near the person when they took their coat off, so that they could give them support if they requested.

Information about people's past history such as their previous occupation, where they used to live and family members was available to staff. Staff knew people well including their likes and interests which meant that they could talk to people about things that interested them. One person told us, "I decide when I want to go to bed. I just let the staff know so they can come with me and help me undress". People asked staff about their family members and what they had done when they were not at work and staff responded appropriately. One person said that they were anxious and introduced us to a member of staff who they said would always help them to feel better. The person held the staff member's hand and smiled whilst they engaged in conversation. This person told us, "If I am feeling melancholy, and staff have time, they will hold my hand and chat".

Staff knew how to speak to people in a way that they could understand. When speaking to people who were seated, staff sat in the seat next to them or knelt in front of them so they had level eye contact. Some people were not able to communicate verbally. At lunchtime, staff showed people two different jugs of drink so people could point to the one that they wanted. Staff asked people for their permission before providing support and explained clearly to people what they were going to do before they did it. One person asked a staff member to fetch a book from their room. The staff member asked permission to check their bag first in case they had already brought it with them. Staff valued people's contributions. One person told us, "Staff

are ever so kind. They are always interested in what I have been doing at the day centre." I've shown the staff the prize I won at the centre today and asked one of the staff to put it away in my room for me, which they have". When one person described their ideal Christmas in detail to a member of staff. The staff member responded positively at the end of the conversation, "You are a diamond".

Is the service responsive?

Our findings

At the last inspection on 17 and 18 October 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people's wellbeing. This was because care plans did not reflect people's changing needs.

At this inspection on 19 and 20 November 2018, we found that care plans had been reviewed and reflected people's needs. One person told us, "Before I came here the manager came and assessed my needs and what help I wanted". Assessments took into consideration people's individual needs with reference to their gender and ethnicity. Care plans contained information and guidance about the assistance people required with their health, social and medical needs. This included assistance with washing and dressing, getting about safely, promoting their continence and managing healthcare conditions. Detailed information was available about the type of dementia people were living with and how this affected them. Some people were not able to express themselves verbally and guidance was in place about how they communicated their needs. For people who used a catheter, staff were guided about how to provide care to minimise the risk of any infection. A catheter is a tube in the bladder for removing fluid. A resident of the day scheme had been introduced to make sure that people's care plans were reviewed on a regular basis.

People and their relatives told us that staff knew them well and understood how they liked to be supported. One person explained, "Staff soon get to know me. They know I want to be me. Staff always ask what I would like them to do for me". Another person said, "I like to have a bath. I get staff to help me wash my feet, back and hair. I do the rest myself. They always make sure that I am dry before I put on my clothes".

At the last inspection on 17 and 18 October 2017 we made a recommendation about extending the range of meaningful activities available to people on a group and individual basis. At this inspection, we found that people had been asked about their interests, but they had not been acted on so the range of activities available remained limited.

The provider had not prioritised supporting people to follow their interests and to take part in activities on a regular basis. People had been asked about what things they liked to do and their responses recorded in the care plans. The provider had not advertised to replace the full-time activity coordinator and the range of activities on offer did not provide people with the stimulation that they needed. A staff member undertook activities two afternoons a week such as skittles, painting and quizzes. These were all group activities and did not include people's preferred activities which included being read to and making cakes. There was no stimulation or activities on offer for people who spent time in their rooms. People in their rooms only received interactions from staff when they were providing them with personal care.

We recommend the provider seeks advice and guidance to increase the opportunities for people to take part in meaningful activities either as a group or individually, drawing on people's personal interests and preferences.

People who spent their time in the lounge told us they liked to undertake their own activities such as

reading newspapers, word searches and knitting, and join in activities arranged by the provider. Special occasions were celebrated. Everyone said they had the Remembrance Day celebration. An Elf Day had been arranged for December with staff dressing up and a visiting entertainer. One person said, "I sometimes go out for some fresh air in the garden. We've had a Remembrance dance. I love my music and singing. Staff like me to sing for them". Another person said, "I am a people watcher. I like to watch what is going on. I always have my knitting with me and a book to read. No activities today". During our inspection, staff engaged people for short periods including painting people's nails, and singing and clapping to people's favourite music.

At the last inspection on 17 and 18 October 2017, we made a recommendation about making sure people were informed about how to make a complaint. At this inspection, the provider had developed a complaints policy. People said they felt confident to approach a member of staff or the provider if they had a worry or concern. One person said, "I would speak to the owner. If you want something he will do it for you". The complaints procedure was displayed and available to people and visitors. The provider reviewed complaints each month so that trends could be noted and action taken to improve the service.

The provider had taken steps towards ensuring that information was available to people in an accessible manner. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. Care plans were presented using pictures and symbols to help people understand their content. Photographs and pictures were used to aid people make food choices and to let them know which activities were taking place.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Consultation took place with the palliative care team and crisis medicines obtained to make sure that people had adequate pain relief. People had been asked about their wishes with regards to whether they wanted to be admitted to hospital or stay at the service and about arrangements after their death.

Is the service well-led?

Our findings

At the last inspection on 17 and 18 October 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate an effective quality assurance system. The provider had also failed to maintain accurate records as they did not have a range of policies and procedures about the running of the service.

At this inspection on 19 and 20 November 2018, we found that the provider had implemented a full range of policies and procedures. However, there remained shortfalls in quality checks and record keeping.

Systems for identifying, capturing and managing risks and issues were ineffective. This had resulted in continuous breaches of regulation with regards to managing risk, staff training and staff recruitment. The provider had not assessed and properly managed environmental risks. The provider had not made sure that staff knew how to evacuate people in the event of a fire or that all that had been done to minimise the risk of a fire spreading. After the inspection, Kent Fire and Rescue Service found the provider had failed to comply with their duties to take general fire precautions, to keep emergency routes and exits clear, and to make sure staff had the competence and skills to evacuate people safely in the event of a fire. Kent Fire and Rescue Service issued the provider with three requirement notices with regards to fire safety.

The provider had reviewed the skills mix of the staff team, but had not acted to address shortfalls in safeguarding, mental capacity. The provider only booked face to face training for staff in safeguarding and mental capacity once this shortfall had been brought to their attention. The provider had not ensured the staff team had the necessary skills and knowledge to respond to people's changing needs. Staff had not received or had their knowledge updated in supporting people living with dementia and displayed behaviours that challenged. A registered manager was in place but staff performance had not been monitored adequately and staff had not receive the supervision they required for their role.

Required recruitment checks on staff continued not to be undertaken. This meant that there was a risk of unsuitable people being recruited to support people as a result.

The provider had not looked for themes and trends when gathering safety related information. Information about incidents and accidents had been obtained, but there was no overview to assess if any actions needed to be taken to improve the service or reduce risks. There was little evidence of learning lessons when things had gone wrong or addressing shortfalls in the service when they had been identified. At the last inspection in October 2017, we made a recommendation about the provider obtaining local safeguarding protocols and the activity programme being extended to include meaningful activities. At this inspection these highlighted shortfalls had not been addressed.

The culture of the service was one of being reactive to concerns rather than looking ahead and addressing issues before they become more serious concerns. Medicines had not been audited to make sure there was a clear audit trail of medicines coming in and leaving the service. This is particularly important if there are any medicine errors so it can be established if it was a recording error, or if people have not received their

medicines as intended. A commissioning officer with the local authority visited the service on 12 December. They told us that they found some medication errors which they raised as a safeguarding concern. Some people had not been given their medicines as prescribed and there was no record of the reason or any action taken to address the shortfall.

There were widespread and significant shortfalls in the way the service was led. People said there had been significant changes to the staff team in the last year. One person told us, "There are always staff changes. We always get good ones". There had been a high turnover of staff and two different people had managed the service, the last leaving in October 2018. At the time of the inspection, the registered manager, who was also one of the providers, was recruiting a person to be responsible for the day to day management of the service. The registered manager was managing the service with the support of the other providers. The registered manager visited the service two or three days a week and did not have a clear overview of the day to day running of the service. The deputy manager was present at the service each week day and therefore responsibility had been delegated to them to manage the service. The deputy manager was enthusiastic about making improvements to benefit people, but they did not have previous experience of a management position. People said the registered manager and the deputy manager were approachable and easy to talk to. One person told us, "The deputy manager is covering. I know that if I needed something I would speak to staff. The owner is sometimes here. He is easy to talk to and often asks if everything is okay". However, management arrangements were not sufficient to make sure the service provided safe and effective care that was responsive to people's needs. On 11 December, the provider told us that a new manager had been appointed.

The provider did not always work effectively in partnership with other agencies which had resulted in an impact on people. The local authority sent the provider a safeguarding action plan on 14 September 2018, setting out the action it needed to take to address shortfalls in the service. The local authority reviewed this plan on 3 October 2018 and found the provider not had made all the necessary improvements. This included two people's health needs that had not been reviewed by their doctor, staff had not received training in mental capacity and there was no programme to ensure staff criminal record bureau checks were reviewed regularly. On the 12 December 2018, a commissioner from the local authority visited the service and found not everyone had received a dental check up, despite this being requested by them in October 2018.

There was inconsistency in record keeping. Some records were not easily accessible. The provider could not access hoist servicing records and these were sent after the inspection. This lack of organisation of records meant that the provider was not aware that there had not been a recent service of the gas supply. When a service was carried out recommendations were made to carry out some minor works. The provider's monthly audit stated that there was a complaints log and that this had been reviewed. However, the complaints log book could not be found during the inspection.

The provider had failed to operate an effective quality assurance system and to maintain accurate records. This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said that the changes in management had had an unsettling effect on the staff team. This was because different managers had different ideas about how the service should be run. Staff were satisfied with the management style of the deputy manager and said that things would improve further if a new person was found to take on the day to day management of the service. Staff meetings had taken place with care staff, night care staff and housekeeping staff to aid communication within each team. The registered manager had notified the Care Quality Commission of important events that took place in the service.

People told us they had been to resident's meeting and were able to discuss their views about the service. One person said, "They haven't had a residents meeting for a while. At these meetings people were able to give their views to the manager. We would discuss the activities, give suggestions for meals and they would let us know any improvements they were planning". Another person said, "I have been to the resident's meetings. I've never had nothing to moan about. Everyone is looked after, depending on your needs".

People told us they were happy living at the service and would recommend it to other people. Comments from people and relatives included, "No cooking and no housework and waited on hand and foot. What else could you ask for. Staff are very good and attentive I would certainly recommend the home"; "It's a good home. I have a roof over my head, clean bed and still keep my independence, I would be lost without that. I would recommend the home to anyone it is not a bad little place"; My relative has totally changed. She has become more contented. The care from staff has been superb". When asked how the service could improve, people responded that they would like more regular staff with less changes and for staff to spend more time talking to them on a one to one basis.

A resident meeting had occurred in September to ask people about their views of the service. People said they had been consulted about their food choices. People said they would like more entertainment by different entertainers and monthly events had started to take place. Some people said they would like more regular baths. A member of staff had been identified on the staff rota to take on this responsibility.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure safe recruitment practices. 19 (2) (3) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide staff with appropriate training, supervision and appraisal in a timely manner, to enable them to carry out their duties. 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure assess and act to minimise risks in the environment and to people's health and safety. 12 (1) (a) (b) (d) (e)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate an effective quality assurance system and to maintain accurate records. 17 (1) (2) (a) (b) (d)

The enforcement action we took:

We issued a warning notice.