

The Whitepost Health Care Group

Iden Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Iden Manor provides accommodation, personal care and nursing care for up to 51 older people including people living with dementia. At the time of our visit 45 people were living at the service, 24 of whom lived with dementia.

Accommodation was provided over three floors in an adapted building. There were communal areas, including lounges, meeting rooms and dining rooms. A lower ground floor was purpose-built and accommodated 21 people living with dementia at the time of the inspection.

People told us they felt cared for by staff and relatives confirmed this. Staff were knowledgeable and experienced to deliver care including nursing. People were supported by staff to have maximum choice and to make decisions about their care. We observed positive interactions between staff and people. People were treated with respect. We observed people were happy and relaxed in the presence of staff. Medicines were managed safely and in accordance with current regulations and guidance.

People were protected from infection by staff that kept the premises clean and used appropriate protective equipment when needed.

Recruitment processes continued to be robust. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff knew how to keep people safe in an emergency.

People took part in structured activities. People were supported to pursue their own hobbies and there was time for staff to spend one to one time with people. Visitors were made welcome and interactions between staff and visitors were warm and friendly. Family and friends were able to visit freely without restriction.

Care plans described people's needs and preferences and guided staff about people's needs and how to meet them. People had enough to eat and drink and had choices in what they ate and drank. Staff accommodated any specific dietary requirements or preferences. Health and social care were accessible for people and appointments were made for regular check-ups.

People and relatives knew how to make a complaint and people felt confident that their feedback was listened to and acted upon. Staff told us they felt supported, records showed they had regular supervision and annual appraisals. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

The service met the characteristics of Good in all key questions. More information is in the 'Detailed

Findings' below.

Rating at the last inspection: The last rating for this service was Good (published 06 June 2017).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Iden Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

At the time of our visit, 45 people were living at the service. People who lived at the home had varied needs associated with old age and frailty and some people were living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law.

Due to technical problems, the provider was not asked to complete a Provider Information Return by CQC. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people and a visiting relative. As some people living at Iden Manor were living with dementia, 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 spoke with eleven members of staff, including the registered manager, care staff, nursing staff, managerial staff, a maintenance person and an activities coordinator.

We reviewed a range of records such as care plans, medication records and daily notes. We looked at staff records in relation to recruitment and training. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We received feedback from a relative by email, we spoke to another relative by phone and received feedback from two GPs and a foot healthcare practitioner who gave us permission to quote them in this report. We also spoke with the registered manager by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We observed that people were comfortable in the presence of staff. Relatives confirmed this, a relative told us, "[Person] will get anxious and they respond quickly if she rings the call bell."
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff knew what actions to take if they had concerns.

Assessing risk, safety monitoring and management

- Staff knew how to keep people safe in the event of an emergency such as a fire. Staff were trained in fire safety and in using equipment to keep people safe.
- People's risks had been identified and assessed. People had a range of risk assessments including eating and mobility.
- Staff made a safe environment for people. Premises were managed safely. Internal environmental checks were completed.

Staffing and recruitment

- People told us there were enough staff to meet their needs, our observations and records such as rotas confirmed this.
- Staffing levels were assessed based on people's support needs. The provider used feedback from staff and observations to adjust staffing levels when people's needs changed. The registered manager told us, "I speak to staff about staffing numbers. The deputy manager and I spend time on the floors, in handovers and take part in mealtimes for example to be involved and share good practice."
- Each person had a key worker. A carer told us, "When you're a person's key worker you're the key staff member to liaise with relatives or family and to arrange things like toiletries if anything is running low, it's checking that the person has what they need and being a consistent contact for the person, family or friends."
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC) before and during their employment.

Using medicines safely

- People told us they received the help they needed with their medicines. Care staff were trained in the

administration of medicines and their competency was checked annually.

- Medicines were managed safely. Records showed that medicines were ordered, stored, administered and disposed of as required, including medicines that needed special storage arrangements. Where people had as and when needed (PRN) medicine staff were guided by individual PRN protocols.
- Medicine audits were carried out monthly by staff and the provider invested in an external pharmacist also carrying out a medicine audit. The provider also changed pharmacy and medicine arrangements after a review with the local clinical commissioning group pharmacist and a GP.

Preventing and controlling infection

- The home was clean and well presented.
- Staff were trained in infection control and we observed staff using appropriate personal protection equipment (PPE) and washing their hands.
- A team of housekeeping staff worked throughout the week. Housekeepers carried out monthly deep cleans and showed pride in their work. The head of housekeeping told us, "I love the work and I'm proud of what the housekeeping team does to keep the building clean, I have good management support which means I feel effective in my role."

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Actions taken in the short and long term were also recorded. Records showed that help from health and social care professionals had been sought immediately where needed. The registered manager reviewed incidents, investigated and looked at measures to prevent future incidents from reoccurring.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were knowledgeable to meet their needs. A GP gave positive feedback about staff knowledge and ability, they told us, "The nurses at Iden Manor are caring, responsible and knowledgeable."
- Staff told us they received training considered mandatory by the provider. Staff were encouraged to study for vocational qualifications in health and social care. New staff followed an induction that mirrored the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. The provider was in a federated scheme with a local vocational qualification provider.
- Staff had access to training that was specific to people needs such as additional training in dementia and challenging behaviour. A relative said, "[Person] has a condition that staff have an understanding of already but they're learning more about it, the manager told us staff have been booked in for further training."
- Staff told us they had frequent supervision, worked well as a team and felt well supported by managers. They each had an annual appraisal.

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

- People told us they enjoyed the food, had sufficient to eat and drink and that they had choices. People were supported to receive their meal where they wished and were encouraged to have fresh snacks such as fruit or cakes and drinks throughout the day.
- Relatives gave positive feedback about the food. A relative told us, "I've visited lots around mealtimes, there's a good choice of food, including vegetables, hot and cold drinks. Staff do well to give [Person] a glass of water as well as a hot drink to encourage her to keep hydrated. Since moving here she's eating well now." Another relative told us, "All agency and new members of staff are introduced to my relative and made aware of her dietary needs."
- Staff knew of people's allergies, dietary needs and preferences and how the kitchen staff accommodated these needs. Where people were assessed by a Speech and Language Therapist (SALT), the guidance from this assessment was recorded, and all staff knew each person's needs such as the need for soft and moist food. Staff knew if people need thickeners and staff followed IDDSI (International Dysphasia Diet Standardisation Initiative) thickener levels and guidance.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by having access to a wide range of health and social care professionals, for example GP, community mental health team and dietitian. Records, and external professionals we spoke to,

confirmed this.

- A foot healthcare practitioner told us, "Staff are professionally friendly and make me feel part of the team that is collectively working towards the one goal of helping the residents to feel at home."

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

- People had access to equipment for their mobility or pressure care needs. People had access to a range of mobility aids. The building had lifts as well as stairs and people were observed freely moving around the home.
- The dementia unit was adapted to be dementia friendly and was consistent with best practice. People living with dementia can experience changes to their sight, including loss of peripheral vision, changes to vision of colour and objects. For example, the unit had plain wall colours and floors and large digital clocks in communal spaces to orientate people to time.
- Around the unit there was signage and reminiscence posters, pictures and objects such as a bus stop with a timetable, a post box and textured wall tiles. Reminiscence items such as era-specific pictures or familiar objects like a bus stop, can help people living with dementia remember how to find their way around. Each person's bedroom door was in a colour of their choosing.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received the care and treatment they needed. Records showed that staff liaised with other agencies such as social services and health professionals.
- People's care plans reflected any needs or conditions such as diabetes, Huntington's and epilepsy. Nursing staff received specific training such as catheters, wound management and venepuncture. Relatives gave positive feedback about how nursing staff managed their relatives' nursing needs.
- The provider learned from new initiatives and guidelines. In response to new oral hygiene guidelines, staff registered people with a domiciliary dentist, the provider introduced a mouth care policy and prompts, or support, were written into people's care plan depending on their needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager told us staff liaised with the DoLS teams for relevant local authorities and sought advice. Any restrictions on people's liberty had been authorised, the registered manager had oversight of

this and worked with the local authority.

- People's capacity had been assessed to make particular decisions in relation to their care and support. Where people were assessed to not have capacity to make particular decisions, best interest meetings were held involving staff that knew the person well, the appropriate relative and relevant professionals. These discussed options to find the least restrictive and safest option for the person.
- A relative told us, "I have had discussions with the Manager, Care Team and GP as to the way forward as [Person's] condition progresses and feel everyone has her best interests at heart and that we are all in agreement as to the way forward."
- Staff understood best interest decision making processes and involved appropriate stakeholders such as external health and social care professionals. People had decision specific capacity assessments around several topics such as personal hygiene, locked doors, challenging behaviour and pain management. We saw records of best interest decision meetings, for example one record showed a meeting involving the person and their relative about the person having their seasonal flu jab.
- Records showed that each person's care was reviewed periodically or when needed with the person where possible, appropriate relatives or friends and relevant professionals. Each person had given consent for nursing treatment and care and where a person lacked capacity around this decision this was signed by the person's representative such as a Lasting Power of Attorney for health and welfare.
- Staff understood the principles of the MCA and our observations confirmed this.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and our observations supported this. A person told us, "The home is good, the staff are kind." A relative told us, "They (staff) are fantastic, there are staff my relative has become very fond of, staff are very attentive to my relative and to us as a family, it's a lovely home, we're very happy with the care."
- People were supported to maintain relationships that were important to them. A person said, "My daughter lives nearby, and she visits often."
- External professionals gave us positive feedback about the staff having a caring and kind approach. A GP told us, "Staff really do care. I find the atmosphere is one of being part of a big family where we are all doing the very best for the people." Another GP told us, "Staff appear to be well informed, caring, person-centred and responsive to problems arising. They seemed to really know the residents well and were extremely caring in their interactions with them."
- People were supported to present themselves in accordance with their grooming or clothing preferences. A relative told us, "[Person] is washed, dressed with clean clothes every day and clean nightwear every night, which is how they would want to be cared for if they were well enough to be at home." Preferences were recorded in detail, for example one person's care plan described how they wanted their hairstyle and length of finger nails and nail varnish.
- People were supported with any needs they had with emotional and mental wellbeing. Relatives confirmed that staff managed their loved ones needs in this aspect of their care. A relative told us, "Staff are nice and kind, they understand [Person] gets anxious and they give her reassurance when she needs it, they handle that nicely." Another relative said, "[Person] is always treated with dignity and respect even when she is agitated and being verbally aggressive to staff, they use calming techniques and make sure she is settled before leaving the room."
- Where people had a preference of the gender of carer this was respected and accounted for in the staffing. A nurse told us, "We always have a mix of staff, so we can support and be consistent with any preferences, one person for example only has care from female carers and some men living here prefer care from male carers so we accommodate that too."
- People were supported to pursue any religious, belief or spiritual preference. Church services and seasonal celebrations were arranged at the home and people were supported to access places of worship of their choice, for example local churches and bible study classes.

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

- Records showed that people and appropriate relatives were involved in informing the person's care plan and in making decisions about their care. We observed that people were supported to make choices and decisions.
- Relatives we spoke to confirmed that they were involved in decisions when appropriate. A relative said, "Whenever there's a referral, an appointment or if anything is happening I get a phone call instantly, they've gone above and beyond for us, I see the registered manager often, he's communicative and asks us for feedback. We're invited to review meetings and have a feedback form to complete before that meeting."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were upheld, our observations confirmed this. A relative told us, "[Person's] privacy and dignity is maintained at all times." A nurse told us, "When giving personal care in a person's room I close the curtains and door and talk to the person throughout, if needed in communal areas we have a privacy screen to use, this helps maintain a person's dignity and privacy until we're in a more private space like a bathroom."
- A foot healthcare practitioner told us, "Every client is treated with respect, dignity and protected from neglect and harm."
- People's confidential information was kept secure by staff. Staff had locked cabinets and offices where they could keep information safe.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff that knew them well including their needs, preferences and interests. Relatives confirmed that staff knew their loved one well. A relative told us, "Staff know my relative very well and know her likes and dislikes. She receives excellent care and kindness every day from the staff caring for her, I feel my relative is safe and well cared for by the staff."
- A structured activities programme was available to people including external entertainers, board games, visiting animals and outings. Activities staff listened to feedback shared by people during one to one time, in surveys and monthly resident meetings, they made changes due to people's feedback.
- Activities staff adapted activities for people living with dementia and had dedicated time every day to facilitate an activity in the dementia unit. Our observations and daily notes for people confirmed this.
- Relatives confirmed that a structured activities programme was available that their loved ones enjoyed. A relative told us, "There's always things going on, there's an entertainer this afternoon and staff will sit with [Person] to do painting and colouring which she likes and finds relaxing." Another relative said, "Staff make an effort, there's entertainment every day."
- Care plans were person centred, they included information about the person's background, their current needs, their likes and dislikes. At the time of the inspection, the provider was transferring paper care records to an electronic care plan system, we will be able to assess the new care plan system when it is fully embedded and sustained at the next inspection.
- People's needs were assessed before coming to live at the home. These assessments included health and emotional wellbeing needs and was inclusive of protected characteristics such as disability or religious needs. A relative told us, "[Registered manager] visited [Person] in hospital to get to know us and [Person's] needs and to make sure they (staff) could meet her needs."

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

- Since the last inspection, the provider implemented the Namaste programme for people that respond well to sensory activities. The Namaste programme was developed for people living with dementia and anxiety. It is a sensory activity programme designed to promote wellbeing, particularly for people who do not respond to structured activities.
- We saw from records and observations that this had a calming and settling impact on some people, for example some people enjoyed aromatherapy and hand massages and we observed one person feeling settled and calm with sensory lights in their room. The registered manager told us, "Namaste is working well."

We use it in individual rooms for people that have anxiety and dementia. It's having a major impact on the environment in the dementia unit and in general the approach to care changes."

- Staff supported people to avoid social isolation, for example where a person chose to stay in their room by choice or because they were cared for in bed staff had time to visit people daily for a chat or to do an activity.

Meeting people's communication needs

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

- People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans and staff reflecting this in how they cared for people. Staff used technology such as a large projector for board games played in a group.

Improving care quality in response to complaints or concerns

- Complaint records showed that complaints were investigated, acted on and followed up. Relatives confirmed that they knew how to raise concerns or complaints.
- A relative told us, "I am always kept informed of any changes in [Person's] condition and have a good relationship with the Carers and Management. Should any issues arise (which is rare) I know I can make [Registered manager] aware. I have never had an issue which was not resolved." Another relative said, "Staff never make us feel like we can't make a comment or ask for something to change, they're very attentive and open to [Person's] needs."

End of life care and support

- Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. People were supported to receive care and treatment up to the end of their lives in the home where staff could continue to support them. Staff were trained in dying, death and bereavement and specific palliative care equipment such as syringe drivers.
- At the time of the inspection, no one was receiving end of life care however two people had been identified as approaching end of life by a health professional and due to this staff had access to anticipatory prescribed end of life medicines if needed.
- Where people had a do not attempt cardiopulmonary resuscitation (DNACPR) or an advanced care plan, this was recorded. Where people agreed to discuss their preferences and choices in relation to end of life care, this was recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People consistently told us they liked living at Iden Manor Nursing Home. Staff demonstrated pride and enjoyment in their roles and valued making a homely atmosphere for people and visitors.
- Relatives told us that staff were approachable and that they felt engaged and supported by staff. A relative said, "I am grateful for all the excellent care and kindness she has received and also for the support given to me." Another relative told us, "The registered manager is good, and all staff were good at the beginning, very approachable. Since [Person] moved here a few months ago I've received a newsletter and a questionnaire."
- The registered manager told us, "I know all the relatives, I try to meet with them and have a chat, we have residents and relatives' meetings and they are kept up to date through our newsletter, but they know my door is always open and I go out to meet them if they're visiting." Relatives and visitors told us they were able to visit when they wanted without restrictions.
- Records showed that people and relatives were given opportunities to give their views on the service. A satisfaction survey was sent out annually to relatives, people and visitors. People and relatives' meetings were held, and managerial staff acted based on feedback.
- People and their loved ones received a newsletter every three months and staff engaged with social media so family and friends could keep up to date with events at the home.
- Team meetings were held every other month, records confirmed this. Staff were well established and told us they enjoyed their work. Staff consistently told us they felt supported by colleagues and managerial staff, a nurse told us, "[Registered manager] is an impressive manager, who really cares."

Continuous learning and improving care

- Quality assurance systems monitored the quality of service being delivered and the running of the service, for example medicine and infection control audits. All identified areas for improvement were clearly documented in an action plan and followed up to ensure they were completed in a weekly managerial meeting. This demonstrated a commitment to continual development.
- In addition to internal audits the provider invested in external consultants to carry out audits and mock inspections. Learning from external audits were actioned or integrated into the internal audit programme.
- The registered manager engaged with local networks such as a regional managers forum.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good understanding of the duty of candour. They also told us that building good communicative relationships with families and loved ones was an important value of the home, they told us, "I get to know all the people and their families, we build good relationships with them and we communicate often, if anything happens we inform families as soon as we can."
- All managerial staff understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed.

Working in partnership with others

- Records showed that staff liaised with external professionals to support people to achieve good outcomes. External professionals gave positive feedback about how staff worked with them. A GP told us, "We have a fantastic relationship where we respect each other's opinion and any decisions made for people is very much adopted jointly between us. It is an excellent nursing home where everyone plays an important role."
- Where appropriate the provider ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.