

Alliance Care (Dales Homes) Limited

Birkin Lodge

Inspection report

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Tel: 01892533747

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Birkin lodge on 19 July 2017. The inspection was unannounced. Birkin lodge provides accommodation, personal care and nursing care for up to 50 older people. There were 18 people using the service at the time of our inspection.

We previously inspected this service on 14 December 2016 when we found breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 and the overall rating for the service was Inadequate. The breaches of regulation related to person centred care, dignity and respect, consent, governance and staffing. We took enforcement action to impose a condition on the registered provider's registration to ensure they reviewed and updated people's care plans and informed us about the action they had taken to improve care. We issued a warning notice in respect of staffing. The service was placed in special measures with an expectation that the necessary improvements would be made within six months. We found that the provider and manager had taken action to meet all breaches at this inspection.

There was not a registered manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service since our last inspection and a new manager had been appointed. They had not yet applied to be registered, but told us they intended to do so.

At this inspection we found that the provider had ensured there were sufficient numbers of staff working in the service to meet people's needs and respond to their requests. The registered provider ensured effective recruitment procedures to ensure that staff were safe to work with vulnerable adults.

The provider had systems in place to identify and minimise risks to the safety and welfare of people using the service and for the staff. There were regular safety checks on equipment that was being used. The provider had ensured that the environment was safe for people by carrying out safety checks on water, gas and electrical appliances. The provider had an infection control policy in place that was implemented in practice. People living at the service and their visitors told us that the premises were kept clean and tidy. However, relevant risk assessments had not been completed for bed rail safety. We have made a recommendation about this in our report.

People were protected from abuse by trained staff who understood how to recognise the signs of abuse and how they should report it. Staff received training that gave them the confidence and knowledge to provide effective care.

Medicines were being managed safely by trained staff. Medicines were being stored securely and there were appropriate auditing and checking tools used to quickly identify any shortfalls.

There were sufficient numbers of staff on duty at all times to meet people's needs in a safe way. The

registered provider had systems in place to ensure that staff were recruited safely. Staff received training that gave them the necessary skills to provide effective care. All staff received regular supervisions and yearly appraisals.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. Meetings were held, when needed, to make decisions in people's best interests, following the requirements of the Mental Capacity Act 2005.

Care records showed that people's dietary needs were being documented and known by kitchen staff. There was an option of two choices of meal per day and alternatives were available if someone did not like or want one of the main options. People had the equipment they needed so they could eat independently. If someone required assistance with eating this was provided by staff.

People received care that maintained their privacy and dignity. Staff demonstrated good knowledge about methods to ensure that privacy was maintained at all times and this was applied in practice. Staff promoted people's independence and encouraged people to do as much as possible for themselves. There were assessments that highlighted the tasks they could carry out for themselves, and any areas in which they would require assistance.

There were a range of activities available. People could go on regular outings, enjoy on site activities as groups or individually with staff. There were no restrictions in place on when friends and family could visit people living at the service.

People were involved in making decisions about their care and treatment. People provided their feedback on the quality of the service through residents and relatives' meetings, and a yearly satisfaction survey.

The manager was seen to be open and approachable. The visions and values of the service were focussed on providing person centred care. People and staff understood and spoke positively about the culture of the service. The manager had ensured that there were effective systems in place to check the quality of the service and make improvements. Audits included checks on care plans, care delivery and medicines.

The registered provider had met the requirement to notify the Care Quality Commission of any significant events such as safeguarding concerns and Deprivation of Liberty Safeguards authorisations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 safe. However, systems needed to be embedded and sustained over time.

There were systems in place to identify and minimise risk. However, we have made a recommendation about assessing the risk for people who used bed rails.

There were sufficient numbers of staff on duty at any one time to provide safe effective care to people.

Medicines were being managed safely by trained staff.

People were protected from abuse by staff who understood the provider's safeguarding policy and how to report abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received suitable training that gave them confidence to provide effective care.

The principles of the Mental Capacity Act were understood and applied in practice by staff.

People were supported to be as independent as possible through appropriate assessment and referrals to obtain equipment specific to their needs.

People were supported with attending appointments with medical and social services professionals.

Good ●

Is the service caring?

The service was caring.

People spoke positively about staff and the care they were receiving.

People received personal care in a timely manner and this was being recorded accurately by staff.

Good ●

People's privacy and dignity was respected at all times by staff. Staff demonstrated good knowledge of the people they supported and how people liked to be cared for.

People's personal records were held in a secure location to which only staff had access.

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People had access to a wide range of activities provided inside and outside the service that was personalised to their needs.

People told us they knew how to complain if they needed to do so. There was a robust complaints procedure in place at the service.

People's friends and families could visit at any time.

People's care plans were being reviewed on a regular basis. People were involved with the planning and reviews of their care.

Is the service well-led?

Requires Improvement ●

The service was well-led. However, systems needed to be embedded and sustained over time.

The manager had introduced new systems to identify shortfalls within the service and to drive improvements.

People and staff spoke positively about the manager at the service.

The visions and values of the service placed people at the heart of the service.

The manager had informed the Care Quality Commission of any notifiable events.

Birkin Lodge

Detailed findings

Background to this inspection

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

This inspection was carried out on 19 July 2017 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

The registered provider had not been asked to complete a Provider Information Return (PIR) before the inspection as they had completed one within the last 12 months. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before our inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and the commissioning team to obtain their feedback about the service to help us in planning our inspection.

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

We spoke with eight people who lived in the service and two people's relatives to gather their feedback about the care provided. We spoke with a regional manager, the manager, two senior care staff, two care staff, maintenance staff, one trainer and one nurse as part of our inspection.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person told us, "I like living here, the 24 hour staff make me feel safe." Another person said, "The home knows their responsibilities and provide resident's safeguards which make me feel safe." A person's relative told us, "Mum is definitely safe here. Well looked after, fed well and the staff are brilliant." Another person's relative told us, "She must be happy here, this is the only home she has been in where she has never asked to come back home. She feels safe with the staff." Another person's relative said, "Here there is always someone about to help him if he falls. Very safe here."

At our inspection on 14 December 2016 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured sufficient staff were working in the service to meet people's needs within a reasonable time. At this inspection we found improvements had been made and the registered provider was meeting this regulation.

Sufficient numbers of staff were working in the service to be able to meet people's needs and respond to their requests. We saw that staff responded quickly when people called using their call bells or when people asked for support. Staff were visible in the communal areas of the home to supervise people and ensure their needs were met. One person told us, "There are enough staff, there has been more recently. You ring the buzzer and they are usually here quickly." A person's relative told us, "There always appears to be enough staff, I know them all, they are always very helpful to mum." At our last inspection we found that people waited an unreasonable length of time to receive personal care in the mornings. At this inspection we found that improvements had been made and people were receiving their care at the time they required it. The manager had agreed a target time of 11am for everyone to have been provided with personal care. Where people did not want to get up at that time they had ensured that the offers of care by staff were clearly recorded and arrangements were made to return to offer again at a time convenient to the person. During our inspection we saw that everyone had received the care they wanted by 10.30am.

The manager showed us the tool they used for calculating the staffing numbers required. This was based on a dependency assessment for each person using the service to establish how many hours of care they required. The rotas showed that an appropriate number of staff was deployed in the service. All staff we spoke with told us about improvements that had been made to the staffing levels. One member of staff said, "It is so much better, the amount of people living here has gone down, but not the amount of staff." In addition to the care staff working in the service, there was a team of nurses and the manager. There was a vacancy for a deputy manager/clinical lead and the recruitment process was underway to fill this vacancy. There was a number of auxiliary staff employed at the service that provided support with housekeeping, laundry, catering and maintenance. The manager had reviewed the structure of the activities team and was in the process of recruiting three activity staff to provide cover across the service seven days a week. At the time of the inspection the service was not fully occupied. Whilst staffing levels were sufficient to meet the needs of the 18 people using it, the registered provider needs to demonstrate robust plans to ensure staffing levels are reviewed and increased appropriately as the service admits more people.

The registered provider followed robust procedures for the recruitment of new staff. Staff files contained interview records, references and evidence of a disclosure and barring service (DBS) check. Gaps in employment history were explained. New staff were subject to a probation period before they became permanent members of staff. The manager had made checks of the registration of nurses on the professional register. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

At our last inspection we found it was taking up to two hours to support everyone to take their prescribed medicines, which meant people did not always get their medicines at the right time. At this inspection we found that improvements had been made. A system had been introduced to ensure that nurses were not disturbed during medicine administration to allow them to complete this more efficiently. One person told us, "I always get the correct medicine on time, if I need pain relief I just ask." Another person said, "My medication always comes on time, they always watch while we take it with a drink." The manager recorded and monitored the duration of medicine administration to identify any concerns. Medicines were stored securely and records to show when people had taken their medicines had been completed accurately. The nurse on duty administered the medicines following safe practice and ensured that people were asked for their consent to the medicine before it was given. People were offered a drink to take with tablets and the nurse ensured the person had taken the medicine before completing the administration record.

At our previous inspection we made a recommendation that the registered manager ensured that learning from safeguarding investigations were applied across the whole service. At this inspection we found that improvements had been made. The manager told us, "There has been a recent safeguarding raised following an investigation we had reflection meetings with staff and the care plan was updated along with the risk assessment. We got their GP involved to complete a new assessment of their health needs. We also made appropriate referrals to the mental health team. The person was involved throughout." People were protected by staff that understood how to recognise and report any signs of abuse. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy reflected the guidance provided by the local authority. Staff had completed training in safeguarding of adults. Staff understood their responsibilities to report any concerns about abuse and told us they were confident to do so. One member of staff told us, "There are different kinds of abuse. Like physical and psychological. We look out for things and if we suspect something we tell the manager. I am very confident the management would act on anything, but I also know I can contact the social services safeguarding team or even the Care Quality Commission." Another staff member told us, "In our safeguarding training we were told how we identify and report abuse. Firstly I would ensure that the person is safe. Then I would report it to the manager and complete an incident form. I know the manager would deal with any situation but I can go higher or go to the safeguarding team if required." The manager demonstrated that they had worked positively with the local authority safeguarding team to respond to any issues of concern.

Risks to the safety and welfare of people using the service were identified and minimised. This included the risk of falls and the risk of developing pressure wounds. Staff checked that pressure relieving equipment was operating correctly and recorded these checks. There was a clear falls policy in place that ensured that people were referred to the specialist community falls team as needed. Falls in the service were monitored monthly and the action taken recorded. Each person had a risk alert form at the front of their care plan that alerted staff to any significant risks to their wellbeing, for example a high risk of falls or malnutrition. People had personal emergency evacuation plans (PEEPs) to inform staff what support they needed to evacuate the building in the event of an emergency. People at risk of dehydration, some of whom were at risk of frequent urinary tract infections as a result of this, required their fluid intake to be monitored. At our last inspection

we found that a target fluid intake had not been agreed for each person to allow effective monitoring. At this inspection this was in place. Risk assessments had not been completed for the use of bed rails. At this inspection, appropriate measures were in place for bed rail safety, including rail bumpers, however we recommend that the risks be assessed and the steps to reduce these risks recorded.

The manager had completed risk assessments for staff to identify any potential risks to them and how these could be mitigated. This included risk assessments for long term injury, pregnancy and mental health. Staff we spoke with told us that the risk assessments helped them and made them feel more confident in their roles as the manager understood their circumstances and put measures in place to keep them safe. Risks within the premises were assessed and managed appropriately. There were fire safety measures in place and the fire safety systems were checked regularly by an external contractor. People had personal emergency evacuation plans to tell staff what help they would need to leave the building in the event of a fire or other emergency. There were plans in place to respond in the event of any emergency in the service. The registered provider had ensured that safety checks were made of the water, gas and electrical supplies in the premises.

The premises were kept clean and hygienic at the time of our inspection. We saw housekeeping staff undertaking their regular daily cleaning tasks. People told us that the service was kept clean. People had a deep clean of their bedroom once a month when they were 'resident of the day' and their whole care package was reviewed. The service had an infection control policy that followed the Department of Health guidance. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. We saw that one nurse was wearing a watch and jewellery which can increase the risk of spread of infection. The regional manager identified this issue at the same time and took immediate action to address it. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. The laundry room was organised in a way that reduced the risk of infection spreading. This meant that people's risk of acquiring an infection was reduced.

Improvements have been made to ensure people's safety, however these new systems needed to be embedded and sustained over time as the service admits more people.

Is the service effective?

Our findings

People told us that they were confident the staff had the knowledge and skills to meet their needs. One person told us, "I just think that they have the right skills to be able to their jobs properly. The various levels of the staff here including the manager appear qualified in what they do. When I had to have the hoist the two carers always knew the best way to use it." Another person said, "The staff all seem to know what they are doing, I'm always treated well." A person's relative told us, "All the staff seem to have the right skills and all treat mum the same way. I would think they have been trained."

At our inspection on 14 December 2016 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Staff had not received appropriate training and supervision to carry out their roles effectively. At this inspection we found improvements had been made and the registered provider was meeting this regulation. All staff were required to complete an induction and shadow more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. The training matrix record indicated that all staff had completed an induction or were working on this. Staff had completed the training they required to enable them to carry out their roles effectively. There was a programme of training for staff to complete that included behaviours that challenge, dementia awareness, falls management, fire safety, food hygiene, health and safety, infection control, moving and handling, nutrition, safeguarding and values of care. Additionally, nursing staff were required to undertake training in nursing procedures specific to their role including pressure area care and tissue viability, catheterisation, palliative care and safe medicines practice. A member of staff told us, "There has been a lot of training here recently and it has got much better." Another member of staff told us, "We have moved to classroom-based training. This is much better as we can interact more." Nursing staff told us that the training in the use of more specialist medical equipment was accessed through the local hospice training suite.

Staff received regular supervision to ensure they were competent and effective in their roles. The manager told us that it was the policy of the service that all staff had a supervision meeting with their line manager at least every two months. Nursing staff told us that they received regular clinical supervision to discuss aspects of their nursing duties. Staff told us that they felt the team worked effectively together. One staff told us, "It is excellent here. Everyone now feels like part of a team, we all help each other. We are now feeling relaxed in our roles."

Staff were encouraged to gain qualifications relevant to their roles. The Care Certificate was not used in the service at the time of the inspection as the registered provider covered the required standards through their internal induction programme. However the operations manager said, "We will be introducing the care certificate." The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff told us they had the opportunity to study and gain other qualifications such as a diploma in health and social care. We saw that most staff had completed a relevant qualification.

At our inspection on 14 December 2016 we found that the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People's right to make their

own decisions was not always respected and the principles of the Mental Capacity Act (MCA) 2005 were not applied where people had difficulty in making decisions. At this inspection we found improvements had been made and the registered provider was meeting this regulation. People's right to make decisions was promoted and the principles of the MCA were adhered to. Staff had been trained in the principles of the MCA and were able to demonstrate that they understood these and implemented them in practice. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager demonstrated a robust knowledge of the MCA. They had recently reviewed decisions that had been made on behalf of people that had been assessed as lacking the capacity to make these themselves. A staff member told us, "The manager talks about it a lot. We must assume capacity, support decisions; an unwise decision is not a necessarily a wrong decision, any decisions must be in the person's best interest and it should be the least restrictive option." Another staff member told us, "Following a hospital admission [the person] was put on a DNR (do not resuscitate order) following a mental capacity assessment whilst in hospital. Once back the manager did not believe that the person did not have capacity to make the decision. The manager re-assessed and found they did have capacity and wanted to be taken off the DNR. This happened shortly after." The person's records showed that the manager had contacted the person's GP who agreed with the outcome and the order was removed.

Staff understood the need to use a variety of methods to help people communicate their decisions and wishes. This included using communication aids such as a letter board and written information. Staff sought people's consent before providing any care and respected their wishes. For example a person had not been ready to get up so the staff member recorded this in their notes and returned in a short while to offer support again. People told us that staff always asked their permission before providing care. One person said, "Staff always ask 'Shall I help you' before they do anything." Another person said, "The staff motto here is, 'What you want not what I want'."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered provider was complying with the requirements of the legislation and the safeguards. The manager had a good understanding of the principles of the act. They described how they had reviewed the mental capacity of a person who had previously been subject to an authorised Deprivation of Liberty in respect of refusing care and treatment. The manager checked if the person had the capacity to make a decision about refusing the treatment and the mental capacity assessment showed they did. Therefore the manager had not reapplied for the deprivation of liberty authorisation and had instructed staff to respect the person's wishes. The manager told us that since then, with further explanation and information, the person had become more accepting of the treatment they required. Where people were using bed rails for their safety, their agreement to this had been recorded in their care plan.

People told us they enjoyed the meals provided and had sufficient choice and variety of foods. One person said, "I worked with the chef creating my own menu and if the meat is going to be difficult for me to swallow I have a shepherd's or fish pie." Another person told us, "The food is very nice, always get plenty, always tasty." A person's relative told us, "Mum never complains about the food. She is always given a choice." People's dietary needs and preferences were documented and known by the kitchen staff. The menu provided two choices of meal per day. People told us that if they did not want either meal the cook would

prepare an alternative. People had access to hot and cold drinks and snacks at all times of the day. Staff ensured they offered drinks regularly to people who were unable to help themselves. A person told us, "There are plenty of cold drinks, always a fresh jug of juice every day in our rooms. Staff are always checking if we are having enough to drink especially in this weather." People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently. Mealtimes were relaxed and sociable. One person told us, "There is a lovely atmosphere in dining room, we sit and chat to each other."

People's care records showed that health and social care professionals were involved with their care, including GPs, dentists and district nurses. A GP from the local surgery visited the service regularly, along with specialist palliative care nurses from the local hospice. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. People told us that their health needs were met and they had access to health care professionals as needed. One person said, "I have been to hospital this morning, one of the staff came with me." Another person told us, "I had a bad stomach once, staff got the doctor and they decided to send me to hospital for some more checks." Staff reported concerns about people's health to the nurse in charge and they made referrals to other health care professionals as needed. This included seeking support from physiotherapists to improve people's mobility. A staff member described an improvement that had resulted from this. They said, "X is quite independent. He could not walk but now can walk to the shower. He is really proud that he can do that. We had the physio visit him and put a plan in place and this was continued by us." A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded when people's health needs changed.

Is the service caring?

Our findings

People and their relatives told us the staff were caring and treated them kindly. One person told us, "No danger here, staff treat me with respect." Another person said, "Last night with all the thunder and lightning I got scared about having the TV plugged in. I pressed the buzzer and one of the staff came straight away and unplugged it for me. Nothing is ever too much trouble for them. She sat and chatted to me for a while to reassure me the storm would soon pass." Another person told us, "First class staff, more than happy with the staff, always help when I ask them." A person's relative told us, "Mum always looks clean and tidy and always has her hair brushed."

At our inspection on 14 December 2016 we found that the registered provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People were not always provided with timely personal care that promoted their dignity. At this inspection we found improvements had been made and the registered provider was meeting this regulation. People were cared for in a way that ensured their dignity was maintained. Improvements had been made to the delivery of personal care to ensure people were given care at the time they needed it without waiting. A person told us, "One night I wasn't well and needed some help. Staff came straight away and sorted me out in a very nice way, no embarrassment." Records showed that staff checked that people were comfortable and if they required any support at regular intervals throughout the day.

People had positive relationships with the staff that supported them. Positive interactions were seen between staff and people throughout the inspection. One person told us, "We get on well together, they are very friendly and always chat about the past and what our families are up to." A person's relative said, "Staff know him very well. Staff know he responds well to jokey jovial banter when he is in one of his moods." Staff were kind and patient when talking with people and when providing support. We saw that staff put their arm around people's shoulders to comfort them when needed. When people were sitting staff asked if they would like their feet raised. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. A staff member assisted one person to use a walking frame. The staff walked beside the person chatting, with their arm outstretched behind them in case they needed to give the person some support.

At our previous inspection we made a recommendation that people's preferences regarding their doors being open should be discussed with them or recorded. At this inspection improvements had been made. The registered manager told us, "Each care plan has an agreement in place if they wish for their door to remain open. Staff respected people's privacy. We saw that staff knocked on people's doors before entering their bedrooms and waited for a response. Staff ensured that doors and curtains were closed before providing personal care and they were discreet when discussing people's needs with other staff members. People told us that staff respected their privacy. One person said, "The staff here are first class. When I go for my shower which is very early in the morning, they make sure I have my dressing gown on before we go to the bathroom." Another person said, "The door and curtains are always closed when they are helping me get dressed or undressed." A person's relative told us, "We always know when she is having care as the door is shut and a notice is hanging on the door handle." People's care records were stored securely in the nurses'

office to ensure confidentiality of their personal information. Staff were able to access the records when they needed to and people could see their care plan when they wished to. Consultations with health care professionals took place in private in people's bedrooms.

Staff encouraged people to retain their independence. People's assessments focussed on the things they could do for themselves and the areas where they needed help. People were provided with equipment, where needed, to enable them to move around independently, for example walking frames and handrails. A person who had hearing difficulties had a communication pad so people could write their questions or comments and they were able to be involved and respond back. One person told us, "My physiotherapist and carers work well together and have encouraged me to take more responsibility for my own care and comfort. I now walk to the shower and toilet with walking frame. The carer comes along to make sure that I have put on the brakes." A member of staff told us, "By letting people do as much as they can or want to we find out what they are able to do and go from there. X likes to walk to the bathroom on her own and can wash their face. X tells us what deodorant they want to have on each day. With toileting we assist with trousers and they do the rest. We stand outside their door and they call us when they are ready."

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move into the service. There was a clear complaints procedure which was made available to people when they moved into the service and was displayed on the noticeboard in the home. People and their relatives were involved with developing their care plans when they first moved to the service. People and their relatives were involved in reviewing their care through the 'resident of the day' system. This was a day each month allocated to the person to review their whole care package. It included input from all departments in the service including the chef, care staff and maintenance staff.

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs. One person told us, "If I want some help I press this red button and staff always come along pretty quickly." Another person said, "They always ask if I want more help. Always come in to see if I want to join others in the lounge." People told us that their care was personalised to reflect their needs and preferences. One person said, "My care plan has evolved over the last six months I am always changing it as I get more mobile and independent. I decide what help I need from the carers. I am currently reading my care plan before I sign it off." Another person said, "I am fully involved in making the decision about what care I want help with."

At our inspection on 14 December 2016 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People did not receive care that was personalised to their needs and preferences. At this inspection we found improvements had been made and the registered provider was meeting this regulation. People's care needs had been assessed and their care plans had been reviewed and improved to provide more detail about their needs and the way these should be met. One person told us, "Staff always ask what you want first 'would you like a shower today or a good wash', you can have a shower every day of the week if you want one." People told us that staff took time to get to know them by sitting with them and chatting to them. They told us that staff involved them in decisions about how their care should be provided and this was included in their care plan. A person's relative told us, "We are happy about the care mum gets, the staff knows her very well, she decides what help she needs, staff sit and chat with her." We saw that people's care plans included detail about their preferences such as their preferred morning routine and the care they wished to receive during the night.

People told us that there had been improvements in the availability and quality of social activities provided in the service. One person said, "We have been out to Hever Castle, Penshurst Place and had coffee and cake at the Pantiles." Another person said, "The entertainment is good, we have been having singing lessons. The manager has been playing his guitar to us." Another person told us, "There is more than enough to do. I have not got time to watch TV." A staff member told us, "Activities are much better. People are actually going out and not just in the garden." People were enabled to spend their time how they wished. There was a weekly programme of activities that included outings, craft sessions, musical entertainment and film afternoons. Staff spent time with those who preferred to remain in their bedrooms and those who preferred one to one activities. A person's relative told us, "Mum cannot get out of bed, staff go in and sit and chat with her." We saw that staff spent time playing board games with people. One person told us they looked forward to these games and that these were frequent. A staff member who worked on the activities team told us, "I see enjoyment of life as essential for residents." People's records showed that they were supported to spend time doing the things they enjoyed for example, chats about football and fishing for one person and a trip to the pub for another. The manager told us that outings in the service had increased from zero to 55 in June 2017.

There was a 'Wishing Well' programme in operation to support people to make wishes and have staff support them to achieve these. One person had made a wish for a fish tank in their room. Steps towards

achieving this had been agreed including researching tank sizes and types of fish. During a residents and relatives' meeting held during the inspection, a family member mentioned that their relative always loved the garden, but could no longer get out of bed. The manager suggested that they use the Wishing Well programme to bring the garden into their room by bringing flowers and plants to their room. This task was allocated to the activities team at the meeting.

People told us they could see their relatives at any time and there were no restricted times for visitors. A person's relative told us "I often pop in to see mum and am always welcomed with smiles." Another person's relative said, "I am always made welcome with a cup of tea. They know me by first name and always let me know what mum has been up to."

People and their relatives were aware of how to make a complaint if they needed to. One person told us, "I had a problem with the heat in the rooms; it got too uncomfortable to sit in here. Straight away they got fans and I have got mine going all day. The staff also record the room temperature on the sheet on the wall." Information about how to complain was provided for people in the brochure and in the reception area of the service. At our last inspection, we found that the outcome of some complaints had not been recorded and we made a recommendation about this. At this inspection, we found that complaints had been responded to appropriately and within an acceptable timeframe. Where shortfalls in the service had been identified, the registered provider had apologised and had informed the person what action had been taken to put things right.

People were invited to give feedback about the quality of the service through residents and relatives' meetings held in the service. A meeting was held in the service on the day of our inspection. The manager gave feedback on improvements made to the service and gave people the opportunity to make suggestions and raise concerns. People and their relatives were also invited to complete an annual satisfaction survey. At the residents and family meeting the regional manager gave the attendees some feedback from a recent relatives' survey. The most recent survey had been completed in May 2017 and showed that the majority of people using the service were very satisfied with their care.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. They knew who the new manager was and felt they could go to them if they had any concerns. One person told us, "The manager always knows what is going on." Another person said, "The manager is easy to talk to. Just go to his door and he takes time to have a chat." Another person commented of the manager "Very friendly, always checking that everything is okay." A person's relative told us, "The manager is really welcoming. He always keeps me updated on what is happening with mum. If I have a question I always get an answer from him." Another person's relative told us the manager was "quietly getting improvements done."

At our inspection on 14 December 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that there were effective systems in operation for rectifying shortfalls in service delivery. At this inspection we found improvements had been made to meet this regulation. At the time of our inspection there was no registered manager in post. A new manager was in post from 25th April 2017 and was going through the registration process with the Care Quality Commission. The new manager had introduced systems for checking and improving the quality and safety of the service. There was a range of quality and safety audits that were completed each month by the manager and the regional support manager. Quality audits included checks of care plans, care delivery, activities, meal experience and comfort and cleanliness of the premises. Safety checks included fire safety audits, checks of maintenance of the premises and reviewing risk assessments. Systems had been improved to ensure that incidents in the service were monitored to identify any trends. This meant that the manager was able to identify where risks could be further reduced. However, the new management systems needed to be embedded to demonstrate their effectiveness and sustained over time.

The manager made regular checks of safe medicines practice and a quarterly audit of medicines. A nurse told us "[the manager] can definitely manage. He's very much involved with everything, around the home and in meetings. He wants to know that documentation is being done and how everyone feels. The nurses do a 24-hour report and go through it with him every day. It covers falls, pressure risks, nutrition, hydration, medicines issues. We never had anything like that before; the manager has put it all in place." They told us that residents had become more engaged and the home had become more homely. The manager held daily meetings with all the heads of department in the service so that they were kept up to date with current issues. The records of these meetings showed that checks were made of any immediate safety issues, staff attendance, the 'resident of the day', any training sessions planned and housekeeping and kitchen issues.

The service had a set of vision and values that focused on providing personalised care. People were positive about the culture of the service and felt these values were being reflected in practice. The most recent customer survey had been carried out in May 2017 and showed that people were generally satisfied with the service they received. The areas where improvements were required had been collated into an action plan and shared with people and their families. A staff member told us, "The culture here is about the people, teamwork, love and care." Another staff member said, "I enjoy working here. The atmosphere is now a very happy place. We all get along and work together." Staff told us that they were confident to raise any

concerns about poor practice or people's care with the manager.

The manager demonstrated that they strengthened the leadership in the service. One member of staff told us, "Morale has increased. We are all helping each other. When a floor is complete [well manned] a member of staff from that floor will ask if others want help." Another staff member said, "The new manager is so much more supportive and approachable." Staff felt that the manager responded to issues and concerns that they raised. A staff member told us, "The manager asks us how we are doing and is our current workload okay. If it was not he would do something about it." The registered provider was aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate and clear for staff to follow when they needed to refer to them. The manager and regional operations manager acknowledged the need to now ensure that the improvements are firmly embedded in the service and sustained to ensure standards of quality and safety do not reduce again. This will be particularly as the occupancy of the service increases.

We recommend that registered provider continues to closely monitor the service to ensure the improved standards of governance are sustained.

The registered provider had met the requirement to notify the Care Quality Commission of any significant events that affected people or the service. The registered provider had demonstrated that they had been open and honest with people and their families about the improvements that were required to the service following our last inspection. The previous inspection report was displayed at the service and on the provider's website. Records about the care provided to people and their wellbeing were completed accurately and with sufficient detail to demonstrate that they were receiving the care they needed.