Extrafriend Limited

Glendale Lodge

Inspection report

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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?	Requires improvement

Overall summary

This was an unannounced inspection that took place on 28 and 29 April 2015.

Glendale Lodge offers care and support for up to 30 older people, some of whom may be living with dementia. The majority of bedrooms are on the ground floor and have en-suite bathrooms. The service is located on the outskirts of Deal overlooking countryside. At the time of our inspection there were 30 people using the service.

The service is run by the registered manager with a deputy manager. Both were present on the days of our 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.

People and most relatives had confidence in the staff and how they cared for and supported people. However staff were sometimes over familiar with people and this had led to a lack of understanding by some staff about where the boundaries were between a professional caring

Summary of findings

relationship and over familiarity. This resulted in staff sometimes making decisions for people, because they felt they knew what people wanted. Some people felt that staff could sometimes 'moan' at them rather than encourage them and staff did not always speak with people in a respectful manner.

Risks to people were not always assessed and planned for to make sure people were consistently safe from harm. People's care plans were not all kept up to date to ensure that people were receiving care in accordance with their individual needs. Records were not always kept up to date and accurately maintained.

There was a complaints procedure and people and their relatives knew who they could raise any concerns with. Complaints had not been managed consistently and the service's policy and procedures had not been followed.

The process used to recruit staff was not robust and did not ensure that all the information as required by Schedule three of the regulations was in place. Staff had not received regular supervision, but were given support when any improvements in practices were needed. There were plans in place to address the shortfalls in the systems for supervising staff. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles. There was sufficient staff with the appropriate mix of skills, experience and knowledge allocated on duty. People told us they thought there was enough staff on duty, although they commented that staff were busy. People did not feel they had to wait 'a long time for help'.

People talked about their safety and said, 'Oh, definitely safe. I've never really thought about it". "There's nothing to be concerned about here" and "It is absolutely safe. You can go to bed and feel comfortable". Staff understood how to keep people safe and protect them from abuse. Staff had been trained in safeguarding people and understood the importance of reporting any concerns.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications were made for anyone who had their liberties restricted. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and the DoLS. When people lacked the mental capacity to make decisions the home was guided by the principles of the MCA to ensure any specific decisions were made in the person's best interests.

People felt staff were kind and caring and told us, "They are always polite and very caring indeed". "It's nice to be in a place like this. You get looked after and get lots of attention".

People had a choice of activities and people told us they liked the different things that were on offer. Some people felt they would like to 'Help out' more by doing 'little jobs' for staff. People felt they were treated with dignity and respect and said staff knew how they liked to be supported. Friends and relatives were able to visit at any time and most relatives said they were made welcome.

People were offered and received a healthy and balanced diet. People enjoyed their meals and told us, "The food is good" and "The food is very good and well balanced here". One person thought the meals were not like 'home cooking', but told us they were happy with the food. Drinks and snacks were available at regular times and when people requested them.

People received appropriate health care support. People's health needs were monitored and referrals made to health care professionals if any concerns were identified. People told us they saw the GP as soon as they needed to. People confirmed that they were visited by district nurses when they needed additional support. Most relatives said they were confident that people's health care needs were met. People were supported safely with their medicines.

Staff felt well supported by the registered manager and were encouraged to discuss any concerns. The registered provider was contactable if staff felt they needed to talk to them rather than the registered manager. The registered manager acted appropriately if staff were not carrying out their duties in the best interests of people using the service.

The environment was maintained safely and checks were carried out on equipment. Procedures were in place to protect people in the event of an emergency.

There were systems in place for monitoring the quality of the service provided and actions were taken to address

Summary of findings

any shortfalls. Plans were in place to address the shortfalls in the care plans. Systems were in place to make sure that the registered manager and staff learned from events such as accidents and incidents.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 You can see what action we told the provider to take at the back of the full version of this report.

We have made a recommendation for the provider to consider improving the service.

We recommend that the registered provider seeks advice and guidance from a recognised source about supporting staff to understand how to promote the culture and values of the service.

Summary of findings

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.

Risks to people were not always assessed and managed to ensure that people were safe and protected from harm. The environment was safe.

Recruitment procedures did not always ensure that all the required information was obtained from new members of staff.

People told us they felt safe and staff knew how to recognise and report any allegations of abuse. There was enough staff to meet people's needs.

People received their medicines safely and when they needed them.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received the training they needed. Supervisions had not taken place regularly, and this was being addressed.

The provider met the requirements of the Deprivation of Liberty Safeguards.

There were procedures in place in relation to the Mental Capacity Act 2005 to ensure that people's rights were protected.

People were supported with a range of nutritious and healthy meals, which they enjoyed. Drinks and snacks were available as and when people wanted them.

People's health care needs were monitored and they were supported to access health care professionals as needed.

Is the service caring?

Requires improvement

The service was not consistently caring.

Staff were kind and caring in their approach, but there were occasions when staff did not communicate in a respectful way with people.

People were treated with dignity and respect and felt they were able to have a say.

People felt well cared for and staff promoted people's independence. Staff knew people well.

Is the service responsive?

Requires improvement

The service was not always responsive.

Complaints had not always been responded to appropriately.

Summary of findings

Care plans were not kept up to date to reflect people's changing needs and choices. This did not promote consistency of care.

People had opportunities to take part in a range of activities which they enjoyed.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

Staff understood the values of the service, but over familiarity had compromised the culture of the service.

Records were not consistently maintained.

People and their relatives were invited to put forward their suggestions. Some relatives felt that comments were not always listened to and acted on.

Staff and people were mostly positive about the leadership at the service. The registered manager understood her responsibilities.

There were systems in place to monitor the quality of the service, with actions taken when shortfalls were identified. Plans were in place to address the shortfalls in the care plans.

Glendale 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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and had specialist knowledge of people living with dementia.

We asked the provider 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. The PIR was returned within requested timescales. We brought the inspection forward because we had received a complaint about the service.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals. We spoke with health care professionals and the local authority safeguarding officer.

During our inspection we spoke with 21 people, nine relatives who were visiting and one by telephone, nine members of staff and the registered manager.

We observed how staff spoke with and engaged with people. We looked at how people were supported throughout the day with their daily routines, their meals and activities and assessed if people's needs were being met. We looked at six care plans and associated records. We looked at staff records, records for monitoring the quality of the service, minutes of meetings and complaint records.

The last inspection was carried out on 12 February 2014. There were no concerns identified.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living at the service. People said, "Yes, I do. I feel very safe. They are very care conscious". "I do feel safe, quite safe. There's been nothing yet, to frighten me" and "Yes, no problem, it is all safe here". One person told us about a news programme they had watched, about abuse in another care home. They said, "There's nothing like that here". Relatives told they were happy with safety at the service. One relative said, "It is all very safe, and that's peace of mind for us." Another relative said, "Good Lord, yes. It's very safe here".

Our observations supported people's views that they were cared for safely and actions were taken to ensure people were not at risk of harm. However, there was an inconsistent approach to risk assessments and most lacked detail about how to manage identified risks.

One person had been identified as being at risk of dehydration and requiring regular fluids. Their fluids had not been monitored and they had subsequently been diagnosed with an infection which could be related to a lack of fluid intake. One person had been identified as being at risk of pressure areas because of a poor skin condition, but there was no detailed risk assessment in place that gave staff clear guidance about reducing this risk.

A risk assessment stated that a person needed to walk with a Zimmer frame and needed one carer to supervise them while they were walking. We observed this person using a wheelchair and their relative told us that this person's mobility varied. The risk assessment for the person did not identify the person's changes in mobility and therefore changes in required support. Staff used two different hoists for another person, as this depended on their support needs at different times of the day. This information had not been reflected in the risk assessment to ensure a consistent safe approach.

Not all risk assessments identified the current level of risk. The daily records for one person stated that they 'needed three carers to transfer'. The risk assessment stated that this person needed, 'one person to supervise'. Staff told us that this person's needs had changed, but the risk assessment had not been updated to promote consistent care.

Some people used bed rails to prevent them falling from bed. People had agreed to have bed rails, but not everyone had been subject to a risk assessment to ensure this was the safest option and to assess if the bed rails posed further risks.

Risk assessments were not completed and reviewed regularly to ensure that there were plans for staff to follow to reduce risks to people. This is a breach of Regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff managed risks safely on a day to day basis, by observing people and responding to any requests for help quickly. Staff were aware of the different risks to people. Staff supported people to walk safely and checked on people regularly. Some people chose to wear portable alarms, so they could alert staff immediately if they needed assistance. People told us that staff responded quickly when they used them.

Staff reported any accidents and incidents immediately and actions were taken to ensure people were not at risk of a repeat event. The registered manager analysed these and took follow up action if there were concerns. Any patterns were identified and people were referred to health care professionals if they were identified as being at an increased risk, for example, of falls.

People were at potential risk of receiving care from staff that had not been vetted properly because recruitment procedures were not consistently followed. Most of the staff team were long serving although some newer staff had been employed. The information in the recruitment files was not complete. Full employment histories had not been obtained and there was no written explanation about gaps in employment in the four recruitment records. Not all records included proof of identity or a recent photograph. References and Disclosure and Barring Service (DBS) (criminal records checks) had been completed for staff before they started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered provider had not made sure that all the information was available as required by Schedule three of

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Is the service safe?

the Regulations before new members of staff started work. This is a breach of Regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives thought there were enough staff on duty. People told us that sometimes they felt they had to wait for staff and commented, "Sometimes they (staff) say, I'll be with you in 5 minutes, and they are" and that sometimes, "It could be 10 or 15 minutes if they (staff) are busy". People also said that staff always responded to them and that on the 'odd occasions' people had to wait they did not find this an 'inconvenience'. People told us, "They (staff) come just as soon as they possibly can. They stop what they are doing". Observations showed that call bells were answered quickly and when people wanted the attention of a member of staff, they responded and made time to talk to people and give them the help they needed. Staff told us they were busy, but felt that there was always the right amount of staff on duty.

The registered manager told us that staffing levels were based on an overall analysis of the levels of support people needed. There was an individual assessment in people's care records. The registered manager met with staff each morning and checked on people's needs and staffing levels were reassessed when people's needs changed. There was seven care staff on duty in the morning, four during the afternoon and three waking night staff. Rotas showed that staffing levels were the same every day including bank holidays or when staff undertook training. Staff were given their duties through a system called 'consistent assignment', which ensured that staff knew what they were doing during each shift. The registered manager was supported by a deputy manager and there were additional ancillary staff employed to cover catering, laundry, maintenance, cleaning and administrative duties.

People were supported to live in a safe environment. Environmental risks were identified and managed. Radiator covers were in place to protect people from the risk of scalds and burns. Handrails were installed along the hallways for people to use when they were walking. The communal areas were tidy and free from clutter. Fire exits were clearly marked; there was emergency lighting and people's bedroom's included doors from which they could evacuate the building. There were signs on people's bedroom doors that showed their needs in the event of an emergency. There were plans in place in the event of an emergency and staff knew what to do. Personal protective equipment (PPE) including gloves, aprons and antibacterial hand gel, as well as first aid boxes were positioned throughout the building.

Qualified contractors carried out checks to make sure the utilities such as the gas and electric supplies were safe. Equipment was maintained safely. Hoists and other equipment to help people move safely were regularly serviced. Pressure relieving mattresses and cushions were monitored to make sure they were at the correct pressure for the person who was using them. These checks made sure that the equipment was in good order and safe for people to use.

People's medicines were kept in their rooms in secure lockable cabinets. Some medicines that needed to be kept at certain temperatures were stored appropriately. Staff completed Medicine Administration Record (MAR) charts to show when people had been given their medicines. One of the charts had a gap when the medicine administered had not been signed for, although it had been given. The rest of the charts had all been completed correctly.

People told us they received their medicines when they needed them. People said that they had their tablets at regular times and said if they needed any medicines for pain they would ask staff. People commented, "I get my tablets. I'm very arthritic, they give me painkillers and they would give me more if I asked". "They always bring my tablets in the morning" and "They give me my tablets two or three times a day". Some people needed cream to help keep their skin healthy. These were kept in people's rooms; staff knew where they needed to be applied and knew what they were for.

Audits and checks were carried out on medicines to make sure stocks were at the correct level. There were systems in place to check medicines when they were delivered and records kept of any returns. Only staff who had been trained gave out medicines. Some people needed medicines on an 'as and when' (PRN) basis. Staff checked with people to see if they needed these medicines and recorded if people had wanted them.

There were policies and procedures in place which gave staff information and guidance about how to report any concerns. The contact details for the local safeguarding team, the Social Services Contact Centre and the Care Quality Commission (CQC) were displayed so staff had easy

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Is the service safe?

access to the telephone numbers. The registered manager had raised safeguarding concerns with the local safeguarding team when information of concern had been brought to her attention. A complaint had resulted in a safeguarding investigation and the safeguarding lead confirmed that the registered manager had worked with them whilst they investigated the allegations.

Staff told us that they had completed training in safeguarding and knew what to do if they suspected any incidents of abuse. Staff said, "I report everything to the manager". "I have brought up concerns and the manager has acted on them" and "I would go straight to the manager and or the senior. There are other people you can contact as well". Staff told us about different types of abuse.

Staff understood their responsibility to 'whistle blow' if they had concerns about the conduct of other staff. Staff said they would inform the registered manager if they had concerns and felt that their concerns would be dealt with in a confidential manner. Actions had been taken when staff had used these procedures.

Requires improvement

Is the service effective?

Our findings

People told us that they thought staff gave them the help they needed and felt confident with the support they received. One person talked about how staff helped them in a hoist. They said, "They do it well. I've no fault to find". Another person said, "They are all very good, intelligent staff. They know what they are doing". Relatives told us that staff, 'knew what to do'. One visitor commented that staff had supported their relative to improve their mobility by, "Encouraging them to walk a little bit further each time". They went on to tell us that their relative's mobility, "Is much improved and I don't think it could have been done any better". Another relative told us staff had researched their relative's condition before they moved in and said, "They are always willing to learn more".

Staff communicated and shared information. At the beginning of each shift staff were allocated to different areas of the service. Each area had an individual handover book. Staff gave detailed handovers at the end of each shift. They talked about people's emotional and physical needs and any changes to their support. Staff told us that most of the time this was effective and they were kept up to date with people's changing needs, although one member of staff stated, "Sometimes this could be improved". For example there had been a lack of communication about ensuring a person had their fluids monitored regularly. At other times communication was more robust on one of the days of our inspection, one person had not wanted a shower in the morning and wanted one the next day, staff made sure that this information was passed on so the person did not miss out on their shower.

Staff received training. The registered manager used a training company to provide both face to face and on-line training to staff, as well as support the induction of new staff. New members of staff completed a full induction programme which included shadowing more experienced members of staff. Longer serving members of staff had completed training and were supported with an ongoing training programme. There was a training record which showed what training had been completed and when training was due. Staff had completed some specialist training in diabetes, nutritional awareness and dementia care. Staff told us they were supported with their training and said they had, 'Plenty of opportunities to attend training' although staff said they would like more training in dementia care needs.

The Provider Information Return stated that staff had either achieved or were working towards a National Vocational Qualification (NVQ) at level two or above. All the staff we spoke with confirmed that they were supported with this.

There were some gaps in staff supervision. The registered manager said they were responsible for undertaking the appraisal and supervision of staff and tried to aim for regular three monthly supervisions, but acknowledged that this had not always happened. This had been brought to the attention of the registered provider, who had already taken steps to employ an outside organisation to give advice and support in this area. When staff were given supervision, the registered manager identified any areas of improvement in their practice, so staff were supported to develop their skills. Staff told us they felt well supported and could speak to the manager at any time.

Glendale Lodge was supported by volunteers. People who volunteered were subject to the same recruitment procedures as employed staff. They were also expected to undertake an induction into the service. Volunteers were given a handbook which gave details about systems in the service and information about policies and procedures they would need to know, such as safeguarding people and confidentiality.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were subject to a deprivation of their liberty the registered provider had ensured that legal requirements had been complied with to ensure their rights were not compromised. Some people were able to go out on their own. DoLS applications were made for anyone who was at risk of having their legal rights compromised.

There were procedures in place and guidance in relation to the Mental Capacity Act (MCA) 2005. Staff asked for people's consent before providing support. A visitor told us that their relative had, 'Variable capacity' and told us that staff, "Have never assumed that Mum doesn't have capacity. They always give her choices and offer alternatives". The registered manager had carried out mental capacity assessments for specific decisions, such as supporting one

person about their decision not to wear their hearing aid. There were some people who had, 'A Lasting Power of Attorney' in place which was where a specific person helped people with their decision making for either their finances or their care. The registered manager had a copy of these agreements in accordance with the MCA.

People and their relatives told us that they were free to come and go as they pleased. One person said, "I can go wherever I like. I can go out if I want, as long as they know about it." Another person said, "You can go out when you want, but I do need someone with me". Staff told us that this was to make sure they were safe. One person told us they preferred their bathroom light on at all times and there were well-placed signs, reminding everyone not to turn it off.

People were given the support they needed to eat their meals. Staff supported people discreetly at lunchtime and encouraged people to eat their meals. Staff sat with people and ate their own meals with them. When staff did this, they sat and talked to people about different events, the weather and things which interested people. People were positive about the meals. People told us, "The food is very good and well balanced here". "Pretty good food, you can have what you want and you get plenty" and "They have a proper chef, it's good enough for a restaurant". People could choose where they wanted to have their meals. One person told us, "I prefer to sit and eat alone". Staff had respected this and made sure this person was in a quiet area with appropriate lighting to help them see their meal.

At lunchtime there was a choice of two meals. There was always a hot option available for the evening meal as well as sandwiches. On one of the days of our inspection, the meal took longer to serve. This was because most people wanted an omelette and these were being cooked to order. People could enjoy a hot or cold drink with their meal and were also offered an alcoholic drink such as a sherry or glass of wine if they wanted one.

There were picture menus in the dining area, and the daily menu was also shown on a white board at reception. Drinks were available throughout the day. People told us that tea and coffee was served at set times in the morning and afternoon, but told us that they could have a drink, 'whenever they wanted'. There was a 'café alcove' in the lounge which had fresh fruit and snacks available all the time. There were tea and coffee making facilities for visitors. There was a fridge in the dining area where people could help themselves to cold drinks and snacks when they wanted them. People who needed support with drinks were offered drinks on a regular basis. People had drinks available within reach in their rooms.

Staff knew people's particular food likes and dislikes and told us about some people's specific dietary requirements which they took into account. Some people needed a soft or diabetic diet and these were catered for. Meals were fortified with extra butter and cream to help support nutritional needs and to reduce the risk of weight loss. One person stated, "The diet had been a bit limited, because it has to be soft. I've been able to choose and they've found alternatives". Another person told us, "'The food is good. They have worked out that I prefer smaller portions so I eat more. They do special food for me".

People were weighed on a regular basis and their weight was monitored. Where anyone lost weight over a two week period, action was taken to address this by contacting the dietician. The registered manager said that they sometimes had to wait before the dietician could visit, but when this happened they contacted the GP and obtained extra supplements to reduce the risk of people losing any more weight. Food and fluid charts were in place, although these were not always completed consistently.

People told us that they were given the support to keep healthy. People commented, "There's a doctor straight away if you are unwell. There's no hanging about with illness". "They get a doctor; I've had him a couple of times. They run me to the hospital for appointments" and "I see the nurse, she comes in regularly". One person also told us, "I have not been well, but they are looking after me and my problems are now in hand with different people". Most relatives told us they were confident that people's health care needs were looked after and said that they were, 'always told', if there were any concerns about their loved ones' health.

People's physical and health care needs were monitored. Systems were in place to keep track of any key issues that affected individual people. Staff used, a communication board, which was located confidentially in a secure office to monitor people's physical and health needs, so they knew if anyone needed to be referred to a health care professional. Referrals were made to health professionals such as to the GP, chiropodist, dentist and district nurses when it was

Requires improvement

Is the service effective?

needed. The district nurses visited people on a regular basis and advice was acted on by staff. A visiting health care professional told us that, “Staff are switched on and have a good idea of what they should be doing”.

Requires improvement

Is the service caring?

Our findings

There were mixed views from people and relatives about the caring nature of the staff. Some people felt that staff could sometimes be 'a bit abrupt'. One person said, "I don't eat a lot and they keep moaning at me". When asked if people thought staff listened to their preferences two people were not sure and told us, "Some of them are a bit... but it happens everywhere. You can't grumble here" and "They are polite and caring. I get uptight because I think they can't understand me, but they probably do". One person told us, "Most of the staff, on the whole are caring". Some relatives felt staff were unsupportive and did not treat them with respect.

Other people did tell us they thought staff were, "All very kind and good". "They are all friendly… you feel as if you belong". "They are a mad lot. Caring and helpful" and "They would do anything for you here". One person told us that a member of staff had brought them in an orchid plant, "Because she knows I love them". Other relatives said that they felt staff were caring, kind and listened to them. They told us, "Without a shadow of a doubt they are kind and caring and so pleasant" and "They (staff) are very kind".

Observations made during our inspection confirmed that staff were mostly kind and caring and most of the time treated people with respect. Some staff, however, demonstrated on occasions, a less than professional attitude. One member of staff told us that they would tell people 'not to do things'. For example, staff said that sometimes people misunderstood each other and could shout at each other. Staff stated that when this happened, "We tell people off if they shout at each other and tell them not to do that" and, "We will ask people to move so they don't shout at each other". Staff sometimes felt it was appropriate to tell people what to do. We heard a person say to a member of staff that they felt unwell. The member of staff told this person that they 'should go to their room', but did not check why they felt unwell or offer any other reassurance. Another member of staff was impatient with one person and tried to take over an activity the person was engaged with and did not spend time to listen to what they had to say or offer support in a calm manner.

Staff did not always understand about how to ensure people living with dementia had their needs met in a responsive manner. Although staff were kind and caring, they lacked insight in how to always take different people's needs into account. Staff assumed that some people had capacity and offered them choices, however they also presumed that as some people were living with dementia they may forget what they had been asked or what they had made a decision about. Staff then took the decision to make a choice for them. For example staff said that if people didn't remember what they had ordered for lunch 'they knew what people liked and would make sure they got this'.

Staff did not always ensure they spoke with people in a respectful manner and did not consistently promote autonomy. This was a breach of Regulation 10 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At all other times during our inspection staff treated people with warmth and affection. There was a lot of laughing; joking and staff continually made sure people had what they needed. Staff encouraged and supported people in a kind and friendly way. When people needed support to mobilise, staff walked with them at their own pace and supported them without restricting their independence. One person had limited vision and staff sat with this person and asked if they wanted their food cut up. They then described the food and where it was on the plate. This person told us, "They had enjoyed their meal". There was a relaxed and friendly atmosphere and people could choose where they wanted to spend their time.

People's privacy was respected and they could choose whether they wanted to have their bedroom doors open or closed. Staff asked people if they wanted help in a discreet manner. People were clean and smart and the hairdresser visited regularly. A manicurist visited twice a month and one person told us, "I get my nails done. I've never had that before. I love it here". People's rooms were decorated to their own taste. People had their own belongings and all the bedrooms were personalised with photographs, ornaments and memorabilia.

People were involved in making decisions about their care and support. When people moved into the service, time was spent with them and their families discussing their needs. People were given a 'welcome pack'. This gave them details about what they could expect. People were also asked about their preferences, such as what time they wanted to get up and go to bed, what they liked for breakfast and if they had any other personal preferences. One person liked to keep their light on in the bathroom and

Requires improvement

Is the service caring?

there was well placed signage to make sure this always happened. Areas of the service had been colour coded and specific staff were assigned to work in these areas and wore the same coloured uniform as the area they were working in. The registered manager said this had been implemented to meet the needs of people with dementia and to provide visual signposting for everyone in the home.

Information was displayed so that people knew what was going on. A newsletter was produced and this told people about different events or changes at the service. People could choose what they wanted to do during the day. People knew what was happening and what was taking place. People had opportunities to take part in meetings and staff asked people throughout the day if there was anything they wanted.

People's cultural and religious needs were taken into account. There were regular visits from different religious denominations and a newsletter advertised when they would be visiting.

There were no restrictions on visiting and most visitors told us they could visit when they wanted. One relative, however, told us they had been made to feel unwelcome at times, but other visitors told us they were always made welcome. A relative said, "We are welcome here at any time, and are always offered drinks". One person said, "We can have our visitors here for lunch if we wish".

Requires improvement

Is the service responsive?

Our findings

People thought that staff supported them in a way that met their needs. One person said, "I just ask them (staff) if I want something and they get it for me". Other people commented, "I'm well looked after" and "I get the help I need". One person said, "They (staff) have always asked me what I can do or what I need them to do". Relatives told us, "They couldn't do anymore" and "My mum has settled in wonderfully. They have done it so well". A heath care professional told us, "Staff are interested in what we are doing and seem to understand people".

Care plans were not consistent and did not always give staff guidance about how to support people. Some of the care plans did not contain any detailed information about how staff should help people. Some of the care plans had not been updated to ensure that staff were given information about people's current support needs. For example one person could refuse personal care, but there was no detail in the care plan about how to manage this. Some, but not all the care plans had evidence of people's and their relative's involvement. Not all of the care plans contained information about people's likes and dislikes, although staff knew what people's preferences were.

One person had very limited communication skills and staff responded to this person differently. One member of staff could not understand what the person was trying to tell them and was not able to have a conversation. Another member of staff repeated what the person tried to say, however a third member of staff sat with the person and slowly and patiently offered them choices both verbally and visually. When staff could not communicate with the person, they became frustrated and were not able to let staff know what they wanted. There was no guidance about communicating with this person, which did not promote consistency.

The care plans did not contain sufficient guidance and information to ensure an accurate and complete record was maintained. This is a breach of Regulation 17 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had a pre- assessment before they moved into the service. This ensured that their needs could be met. People were invited to visit the service before they moved in so they could have a look around and meet other people.

People told us they were involved in their care plans and met with staff before they moved in to talk about their care. Relatives said they were included and involved with their loved ones care. One relative said, "It was nice that Dad could look round first and we were all involved in any meetings before he moved in". Care plans showed that people were involved and able to contribute to how their care was provided.

One care plan identified what the person needed help with, how to help, how they liked to be helped and what they could manage on their own. This person had contributed to their care plan and they told us that they were always given the help in the way that they needed it. There was detailed guidance for one person who needed support because they had the potential to try and leave the premises and sometimes suffered from hallucinations. Staff knew people well and understood their different needs. Staff told us that this was because they had got to know people.

People and their relatives were given information about how to make a complaint. This included the contact details of the registered provider and outside organisations, for people who were not happy with the way their complaint had been dealt with by the registered manager. The complaints procedure was on display and was included in the welcome pack, which people were given when they first moved in.

We had mixed feedback about how complaints were managed. Before we visited we had received a complaint from a relative. They told us they were not happy with the way their complaint had been managed. The complaint had not been addressed as a formal complaint in the first instance and following this, the registered manager had not responded to the complaint within their stated timescales. The complaint had not been resolved and the relative remained unhappy with the way their complaint had been dealt with.

The registered manager said that they had learnt lessons from this complaint and that this had been a 'steep learning curve'. The registered manager said that they now looked at complaints differently. There was one other recorded complaint, which had been resolved within timescales. However, the quality assurance audit showed that another person had made a complaint and this had

Requires improvement

Is the service responsive?

been dealt with informally, without proper actions and resolution recorded. We spoke with this person and they told us that they felt their complaint had been dealt with, "Properly".

Complaints were not always dealt with in line with the provider's policies and procedures, so not all people felt their complaints were managed properly. This is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people told us they were happy with the way any concerns had been managed. One person told us, "We are sorting out something at the moment. There was a delay with my appointment. It's being sorted out". Another person said, "We've got a complaints procedure. You can see the manager". One relative had been concerned about the view from their relative's room and action was being taken to improve this by moving some outbuildings. Other people told us there were no problems, but if there were they would go to the manager. People commented, "I would see (the manager) if I needed anything sorted out. I've never had a major problem". "I'd talk to one of the bosses. We sometimes see them, they are quite good" and "I would go and see (the manager), or I may contact my son, who would come and see her. There are no problems".

People were supported to take part in different activities and pastimes if they wanted to. Some people told us they joined in 'everything'; two people told us they would take part in 'some of the things on offer'. Other people told us they did not like to join in. Most people thought there were a variety of activities on offer that they could take part in. People said, "We get a fair amount of entertainment, country and western singers, and garden parties in the summer". "There are things going on. I love the music and singing" and "There are sometimes speakers in the afternoons. There's something nearly every afternoon here". One person talked about the entertainers and how they enjoyed the visits from a gentleman who brought their dog into visit. People liked the fact that the home had a cat. There were plans to build raised garden beds and one person had asked to be involved with this and it had been agreed.

Activities such as bingo, artwork, quizzes and film afternoons took place. There was a large pictorial activities board on display to show what was on offer during the week. A reminiscence group, held by visiting occupational therapists, took place on a weekly basis. They drew on current events, practical and cognitive skills, as well as reminiscence. We observed this group in action. It was well attended and people actively joined in.

People were supported to use up to date technology such as Skype so they could keep in contact with relatives who lived further away. One visitor was pleased because their relative and been given some assistive technology. They told us, "They've got him wireless earphones for his TV because he can't hear. He says he's in heaven here".

People had opportunities to access local community resources. Staff took people out to the local town to go shopping or visit local cafes and the pub. Trips out had also included a visit to a spitfire museum and a local wildlife park. There was a wheelchair accessible vehicle for sole use by the service. The insurance also covered families so they could use it take their relative out. A relative said, "We can borrow the vehicle which takes the wheelchair". Some people told us about their trips out and commented, "We went out for a ride last week, we went to Dover and did some shopping" and "I've been out on trips".

Some people helped out with small tasks. One person liked to give out biscuits and another liked to fold napkins. One person told us they 'liked to' keep their room tidy. Some people told us they would like to do more things around the service. One person said, "We are not allowed to help the staff, I would like to". Another person said, "I would enjoy doing little things if I could".

Requires improvement

Is the service well-led?

Our findings

People knew the registered manager by name and recognised her when she walked around the service. People said, "(The manager) is very good". "It (the service) runs well". "The manager is wonderful" and people told us that they saw the registered manager most mornings. One relative commented that they thought the service was, "Managed very well". Most relatives felt the manager was very supportive and welcoming, but some relatives felt the manager was 'unapproachable' and had not given them the support they needed. Visiting health care professionals said the registered manager was available if they needed to see her. Staff told us that the registered manager listened to them.

Records about the delivery of care had not been consistently completed. There were gaps in bath records and some people had not been recorded as having a bath for up to two weeks, so staff did not know if people were getting a bath when they wanted one. The dependency score for one person had been added up incorrectly which gave an inaccurate result and the potential of the person not receiving the correct level of support. Food and fluid charts were not always consistently completed with gaps in records so people's food and fluid intake could not be monitored effectively. Daily records only stated that people had received their 'usual care', but did not identify what this was. Care plans and risk assessments did not contain the most up to date information about people's individual needs to ensure people received consistency of care.

Not all records were up to date and completed accurately to ensure that people were receiving the care they needed. This is a breach of Regulation 17 (2) (c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Many of the staff had worked at the service for a long time and sometimes knew people and their relatives before they moved in. People and their relatives felt this was an advantage and told us they were, "Treated like family". Relatives said, "Every time I come, they greet me like an old friend, which is lovely" and "I am welcomed with a hug". This had created a comfortable atmosphere, which was positive because staff had built good relationships with people. But on occasions had led to over familiarity which, to some extent, impacted on the culture of the service. Staff spoke of ensuring there was a homely and relaxed atmosphere and making sure that they cared for people as if they were their 'own parentsor grandparents' but did notalways recognise how to maintain professional, albeit, caring relationships. This was demonstrated to us during our inspection by staff sometimes talking to people in an unprofessional manner. For example, some staff felt it was acceptable to 'tell someone off' it they had been rude to another person and some people felt that staff 'on occasions 'moaned' rather than encouraged them.

We recommend that the provider seeks advice and guidance from a recognised source about supporting staff to understand how to promote the culture and values of the service.

Staff did, however, put people at the centre of the service. Staff told us, "It is all about everyone who lives here. We just want to make sure that they have the best lives possible" and "I think about how I want to be treated". The registered manager spent time in the communal areas and made observations about how staff treated people. During our visit there was an occasion when a member of staff had not spoken to one person in an appropriate manner. The registered manager immediately took action with this member of staff so the situation was addressed.

Staff knew what was expected of them and what they were accountable for. The registered manager held regular meetings with staff. This gave staff the opportunity to raise any concerns and put forward any ideas. At the last meeting the registered manager had asked staff if they felt bullied and gave staff alternative contact details of people they could go to, if they felt this was the case. All the staff told us that they felt well supported by the registered manager and they had no concerns about talking to them if they were worried about anything.

There was an open and transparent culture where people, relatives and staff could have their say about different things. There were regular meetings for people and their relatives so they had an opportunity to give their opinions on the service. Information was shared with people so they knew about any changes being made such as the introduction of the 'snack bar' area. Sometimes outside organisations were invited to give people talks. Feedback from quality assurance processes were positive with people saying they were happy with the care provided. People could complete surveys and comments were noted and acted upon. Specific activities that people requested had been increased and changes had been made to the menus.

Requires improvement

Is the service well-led?

Thank you cards showed that relatives appreciated the support that was given to their family members. One relative had commented, "I consider us very fortunate that Mum finally got a care home that was exactly that and so much more".

Staff and the registered manager worked closely with local organisations to promote people's continued involvement in the community. Close links were set up with the district nurses and GP surgeries so people had access to the health care support they needed.

The registered manager understood her responsibilities with regard to her registration with the Care Quality Commission (CQC). Any untoward incidents or events at the service were reported appropriately and appropriate actions taken to prevent them from happening again.

The registered manager carried out regular audits to monitor the on-going progress of the service. These included the environment, health and safety, medicines, the staff training and care planning. Shortfalls were identified and actions put in place to address these. This included the shortfalls in the records. Reports following the audits detailed any actions needed and the registered manager ensured the registered provider was given a report of what actions had been taken.

The registered provider supported the registered manager and visited the service on a monthly basis. They toured the building and spoke with people and staff. They fed back to the registered manager about anything that was brought to their attention. Resources were available to help with the smooth running of the service and make necessary improvements. The registered manager said, "I am not restricted on my budget. They check the home is financially viable and if I can justify why I need or want something, then there is no problem. It is always provided".

The Provider Information Return (PIR) stated the registered manager had completed a 'My Home Life' programme. This is an initiative which was focussed on moving away from a task orientated environment and concentrating more on the individual person. The registered manager had implemented this approach through the allocation of staff on a 'consistent consignment' basis. This meant that the same staff were rostered to provide care to the same people when they came on duty. The registered manager said that this had helped staff to get to know people better and promote consistency of care. Staff told us that this helped them work more effectively and reduced the time people had to wait in the mornings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Risk assessments were not completed and reviewed regularly to ensure that there were plans for staff to follow when people's needs changed.** **Regulation 12 2(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered provider had not obtained all the information as stated in Schedule 3.** **Regulation 19 (3)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Complaints were not always dealt with in line with the provider's policies and procedures.** **Regulation 16 (1)(2)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Not all records had been kept up to date and completed accurately including care plans.** **Regulation 17 (2)(c)(d)**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Staff did not always ensure they spoke with people in a respectful manner and did not consistently promote autonomy. Regulation 10 (1) (2) (b)