

A Better Carehome Ltd

Breton Court

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 30 and 31 March 2017. The previous inspection on 13 October 2014 found no breaches in legislation.

Breton Court provides accommodation and personal care for up to 28 older people and is suitable for those with poor mobility. At the time of the inspection there were five vacancies and the provider accommodates people for respite care when rooms are available. The service is a detached building with only offices and staff accommodation on the first floor. There are 26 bedrooms (two are doubles/shared occupancy). All bedrooms are on the ground floor and have a wash hand basin and some also have an ensuite wash hand basin and toilet. In addition there is an assisted bathroom, wet room and four additional toilets. People have access to a lounge and dining room overlooking the rear garden. The rear garden is accessible to people and has a paved area for seating, lawn and pond, which is fenced. There is parking available to the front of the service. It is approximately 10 minutes' walk to St Michaels village with shops, a pub, church and other local amenities.

The service is run by a registered manager. 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.

Risks associated with people's care and support had been assessed, but there was not always sufficient information recorded in assessments to show how staff kept people safe and promoted their independence. People were not always fully protected from harm as proper procedures had not been established and staff lacked an understanding and knowledge of reporting and recording.

People were protected by safe recruitment practices. However people did not receive care and support from staff that had effective support, supervision and appraisals. Staff had shortfalls in some areas of training to enable them to provide effective care and support.

Medicines were on the whole were handled, stored and recorded safely. However all medicines including topical medicines were not always recorded when administered.

People and/or relatives had been involved in the assessment and the initial planning of care and support. However the level of detail in people's care plans needed to be improved to ensure people received care and support consistently and according to their wishes. Promoting people's independence was not supported by the care planning.

There were some audits and checks in place to help ensure the service was effective. However systems had not been established or were not robust enough to identify shortfalls highlighted during this inspection as requiring improvement.

People, relatives and other visitors all spoke positively about the service received and were happy with the quality of care and support provided.

People's health was monitored and they had access to appropriate health professionals to help maintain good health. People liked the food and had a varied and healthy diet.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were restricted DoLS authorisations were in place or had been applied for and the registered manager was in discussions with the DoLS office about others. People were supported to make their own decisions and choices and these were respected by staff. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager demonstrated they understood this process.

People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach.

People had opportunities for a range of activities, which they enjoyed. There were good links with the local community. People did not have any concerns, but felt comfortable in raising issues. Complaints had been taken seriously and were used to improve the service. There were opportunities for people to give feedback about the service provided.

The registered manager was very accessible to people and they took action to address any issues straightaway to help ensure the service ran smoothly. The provider visited frequently and was known to people.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks associated with people's care and support had been assessed, but there was not always sufficient information recorded in assessments to show how staff kept people safe and ensure independence was promoted.

People told us they received their medicines when they should and safely, but not all medicines were recorded when administered.

Procedures to protect people from harm were not robust. Staff lacked knowledge and understanding of reporting and recording incidents.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People received care and support from staff whose support, supervision and appraisal opportunities were limited. There were shortfalls in staffs training to enable effective care and support delivery.

Staff followed the principles of the Mental Capacity Act 2005. People were supported to make their own decisions and staff offered people choices to enable this.

People had adequate food and drink and their dietary needs were met.

People's health was monitored and appropriate referrals made to health professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive and caring approach.

Good ●

Staff took the time to listen and interact with people so that they received the care and support they needed.

People were relaxed in the company of the staff.

Is the service responsive?

The service was not always responsive.

People's care plans did not reflect all the detail of their current routines, their wishes and preferences or what they could do for themselves, to ensure consistent care and support.

People felt comfortable if they needed to complain, but did not have any concerns. Any complaints had been investigated and used to make improvements. People had opportunities to provide feedback about the service they received.

People were not socially isolated. There were opportunities for a variety of activities and good links with the local community.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received were not effective in identifying improvements required to ensure compliance.

There was an open and positive culture within the service, which was focussed on people.

There was an established registered manager who was accessible to people and relatives.

Requires Improvement ●

Breton Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 30 and 31 March 2017 and was unannounced. The inspection team consisted of one inspector who was accompanied by an expert by experience on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for family members.

The provider completed a Provider Information Return (PIR) and this was submitted on 9 March 2017. 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. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included five people's care plans, risk assessments and daily records made by staff, medicine records, accident and incident reports, three staff recruitment files, staffing rotas, training, supervision and appraisal records, servicing and maintenance records and policies and procedures and quality assurance records. Following the inspection the provider sent us further information.

We spoke with 12 people who were using the service, three visitors/relatives, the visiting hairdresser and a visitor from the local church both of whom were at the service during the inspection, the registered manager, the provider and seven members of staff.

Before the inspection we contact a social care professional and during the inspection we spoke with two health professionals, to gain their feedback on the service provided.

Is the service safe?

Our findings

People told us they felt safe living at Breton Court. Comments included, "I feel safer here than in my own home". "I feel very safe and comfortable and regard it as my home. The staff are lovely". A relative commented "Mum is contented and happy when she was at home she was stressed and lonely, but now that doesn't happen".

In the provider's recent quality assurance survey (January 2017) every relative that responded felt their family member was safe living at Breton Court.

Risks associated with people's care and support had been identified. For example, risks in relation to fire (personal emergency evacuation procedure), falls, skin integrity, behaviour and moving and handling people. However in order to mitigate risks as far as possible further work was required in relation to some risk assessments.

People told us that staff seemed to be trained well and they felt safe when being moved with the help of the stand aid. However moving and handling risk assessments required further guidance to ensure people were fully safe, and to also ensure their independence. People at risk of poor mobility had moving and handling risk assessments in place to reduce such risks. These risk assessments stated which equipment should be used and how many staff were required, but did not detail how the person preferred to be moved or how it should be done safely, such as detailing how to put a hoist sling in place, so that the person would be moved in the right position. This was addressed during the inspection, but further work was required for other tasks. For example, people who required assistance with walking. The risk assessment stated the equipment they used and usually required one member of staff. However discussions with people and staff identified this could mean just observing a person to walk or taking their arm to walk with them. One person told us they had received "mixed messages" about whether they could walk on their own or required staff assistance, clearer information within the risk assessment would address this.

Some people had diabetes and risk assessments were in place to manage this risk. However discussions with staff identified that when one person's blood sugar levels were below their normal level they took appropriate action, but this action was not recorded in the risk assessment to ensure all staff consistently managed this risk.

Risk assessments were in place to keep people safe in the event of a fire. There was a personal emergency evacuation procedure (PEEPS) for most people, but again these needed to be clearer about how the person would actually be evacuated from the building in the event of a fire. A fire risk assessment had been completed by an external provider. However it was not clear that two gates in the garden which were locked using padlocks had been taken into consideration. The provider agreed to discuss this with the external provider.

Most medicines were appropriately managed. Medication Administration Records (MAR) charts showed that people received most of their medicines according to the prescriber's instructions. However administration of some topical medicines prescribed for dry skin or as a barrier cream were not recorded on the MAR when

applied, others, such as antibiotic or antifungal cream were recorded. Staff told us the supplying pharmacist had advised them where this was not necessary, but the Royal Pharmaceutical Society guidelines state all prescribed medicines including topical medicines must be recorded when administered.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety and ensure proper and safe management of medicines. The above is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not fully protected from abuse and harm. During the inspection the atmosphere was quiet and relaxed. Staff were patient and people made their needs known. Most staff had received training in safeguarding adults; although not all were able to describe different types of abuse. Staff told us they would advise their manager should they suspect or witness abuse, but were not so clear about where the safeguarding policy could be located or where they should report abuse outside of the organisation. The safeguarding policy did not show clearly that allegations and incidents of abuse must be reported as soon as possible to the local safeguarding team and that the provider may not undertake the investigation unless requested by the safeguarding team and the information regarding who would refer staff to the Protection of Vulnerable Adults list was incorrect. Recently there had been at least two incidents of challenging behaviour, which should have been reported under safeguarding, but were not until a health professional advised staff to do so. One of these incidents had not been reported in the daily notes made by staff and neither had been recorded on an incident form.

Discussions with one person identified that there had been an incident where their leg had been knocked accidentally by staff. We checked the daily notes and accident reports and this had not been recorded. The provider did take immediate action to address this with the staff member, but accident and incident reporting and recording must be improved to safeguard people.

The provider had failed to fully protect people from abuse and harm. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's accident and incident policy required review as it did not mention incidents only accidents. This was completed immediately following the inspection and we received a copy.

There was a clear medicine administration procedure in place. Staff that administered medicines had received training in medicine administration. Storage to hold medicines was secure and temperature checks were taken daily and recorded to ensure the quality of medicines used.

Staff followed safe medicine administration practices during the inspection. They were patient with people, explaining what the medicine was and ensuring people had taken the medicine properly before leaving them. Other people told us they were offered pain killers if they needed them and staff took the time to explain what medicines they were taking. There were systems in place for returning unused medicines to the pharmacist. One person administered their own topical medicine and an assessment had been carried out to ensure this was safe.

Senior staff carried out regular audits of medicine systems and records. The dispensing pharmacy had carried out an audit of the medicines on 21 June 2016 and found no shortfalls.

There were safe recruitment practices in place to ensure people were protected. We looked at three recruitment files of staff that had been recruited in the last 12 months. Recruitment records included the required pre-employment checks to make sure the staff member was suitable and of good character.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty to meet people's needs. During the inspection staff responded when people approached them or call bells sounded and were not rushed in their responses when supporting people. People told us "They come straight away (when call bell activated)" and "I accidentally pushed the button and they came quickly". There was a staffing rota, which was based around people's needs. In addition to the registered manager, there were three staff on duty during the day (8am to 8pm). There were two members of staff on wake night duty. These staff were supported by a chef and kitchen assistant. A domestic (Monday to Friday and alternate Sundays only) and laundry staff (Monday to Friday only) and maintenance man (part time). The provider's existing staff were used to cover any sickness or leave and no outside agency staff. At the time of the inspection there were two staff vacancies.

People benefited from living in an environment that was homely and well-maintained and using equipment that was in working order. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, gas and electrical wiring and items. People told us they were happy with their rooms, which were individual and personalised. People said as far as they knew all equipment was in working order. Repairs and maintenance were dealt with by the handyman and when there was a problem things were fixed fairly quickly. Since the last inspection there had been ongoing redecoration, a bathroom had been fitted with a new electric bath and a wet room and toilet had been refurbished, the car park/front driveway had been tarmacked, a new nurse call system installed and each person had a new television, chest of drawers and wardrobe for their bedroom.

Is the service effective?

Our findings

People were satisfied with the care and support received. Comments included, "Food is given for you, everything is done for you, and if you want advice you ask". "Nice, warm and clean, nice food"

People and relatives told us staff had the right skills and knowledge to provide care and support that met people's needs. A health care professional felt staff had a good understanding and knowledge of people and their care and support needs. They felt staff followed any advice and guidance they gave.

Staff told us they had completed an induction programme, which included training courses and shadowing experienced staff. Previously staff had undertaken an induction based on the Skills for Care common induction standards. However the provider had changed the training arrangements and we were told new staff were undertaking an induction based on the Care Certificate developed by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Most staff had received training relevant to their role. However records showed that when staff did not attend a training session there was not always arrangements made to ensure that the staff member did receive this training at a later date. The registered manager told us training was updated every year, but we found that some staff had missed the training session in 2015 and 2016. This had resulted in staff not having received training or updated training. For example, four staff in moving and handling, eight staff in the Mental Capacity Act and Deprivation of Liberty Safeguards, two in food hygiene, safeguarding and health and safety. One member of staff felt staff needed more training in dementia care especially when the person had challenging behaviour.

Staff did not receive regular opportunities for support, supervision and appraisals. The provider's policy stated that staff should receive one to one supervision six times a year, but this was not followed in practice. Records showed that one member of staff was identified as not performing as well as was expected in September 2016 and the action was that they 'will be supervised more to work to Breton Court standards'. However they had not received any further supervision until recently. The registered manager told us that senior staff had observed the staff member's practice, but neither this nor any feedback had been recorded. Only two staff had received any supervision in 2017. One member of staff had started work in July 2016 and had only received two supervisions to date. Another member of staff had received no supervisions during 2016; another had only received one supervision in 2016.

There had been a team meeting held in February 2017, but prior to this the last had been January 2016. Senior staff had a meeting in February 2017 and three meetings in 2016. Records also showed that some staff had completed an assessment of their performance ready for their annual appraisals, but the section for the manager's assessment and feedback to staff had not been completed.

The provider had failed to ensure staff received appropriate support, supervision, appraisals and training to enable them to carry out the duties they are employed to perform effectively. This is a breach of Regulation

18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Observations during the inspection showed that on two occasions two staff members used an unsafe practice to assist a person out of an arm chair. One member of staff told us they did not always feel confident when moving another person. The registered manager was informed and took immediate action arranging for a moving and handling training session to take place three days after the inspection and for two people to have their moving and handling needs reassessed. The provider advised following the inspection that the training and assessments had taken place.

Some staff had received training in dementia, diabetes, end of life care and managing skin integrity. The provider advised following the inspection that further training in diabetes and mental capacity had been booked.

The service had 12 care staff and eight had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

People told us they could get up and go to bed when they liked. One person said, they got up at 6.30am and had breakfast in the dining room. Another person had asked to be woken at 8.15am, but didn't go to bed until 11.00pm. Staff chatted to people positively when they were supporting them with their daily routines and people reacted or chatted to staff positively. Staff were heard offering choices to people throughout the inspection. For example, what they wanted to eat or drink and what they wanted to do.

Care plans contained information about how people communicated. For example, 'Ensure you have (person's) full attention before speaking to her' and 'speak clearly and at a level (person) understands', 'show respect and patience'. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using good humour and other times speaking slowly and gently. Staff were patient and not only acted on people's verbal communication, but people's gestures.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and had recently submitted a DoLS application for one person. They were also in the process of discussing other possible applications with the DoLS office, where people lacked capacity and were subject to some restrictions.

People's consent was gained by themselves and staff talking through their care and support or by staff offering choices. Some people had signed their care plan or various consent forms, such as consent to having photographs taken. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. The registered manager demonstrated they understood this process, which had been followed when a person lacked the capacity to make the decision to remain living at Breton Court.

People had access to adequate food and drink. People comments about the food were positive. One person said, "Excellent food, too much sometimes" and another person told us "We have wine or sherry on

Sundays". People said there was plenty to eat and drink and that they enjoyed their meals. In the provider's recent quality assurance survey all relatives that responded indicated the catering and menus met people's needs. People had their nutritional needs assessed. When people were at risk of poor nutrition or hydration their food or fluid intake was monitored and people's weight was also regularly monitored. Menus showed people had a varied diet and a menu board showed today's meals using pictures and words. Meals looked hot and appetising. People were offered three meals a day with an alternative vegetarian option available at each meal. One person told us "If you don't like the choice there is always an alternative scrambled egg or something". The main meal was served at lunch time and a light meal or sandwiches at tea time. Lunch was relaxed with people choosing to have their meals where they preferred. Some people ate in their room, one person said, "I like the peace and quiet". Most people had their breakfast in their room on a tray. People had regular drinks, such as morning coffee and afternoon tea, which were served by staff and biscuits or cake and visitors were offered drinks as well. Some people had seen health professionals and used adapted cups or had special diets.

People's health care needs were met. People had access to dentists, doctors, nurses and opticians. A chiropodist visited the service regularly. One person told us "They are very particular when you are not well". When people were unwell the staff contacted the doctor and a visit was arranged. Appropriate referrals had been made to health professionals, such as to the community nurses. For example, some people were seen regularly by the nurse in relation to their skin integrity or their diabetes. People's health needs were monitored. Any health appointments or visits were detailed including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. Care plans contain information about prevention of pressure ulcers and people had equipment, such as pressure relieving cushions to help ensure their skin remained healthy. The provider had also purchased electric beds and pressure relieving mattresses for each person since the last inspection.

Is the service caring?

Our findings

People and relatives told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. Comments about the staff included, "The staff are very nice in fact I'm very lucky to be here". "Can't fault them, we often have a laugh together which is very necessary". "Haven't got to worry about anything". "Mum has been almost given a second lease of life". "Mum always looks nice and clean". "If Mum's happy I'm happy".

In the provider's recent quality assurance survey the majority of relatives felt staff were friendly, sympathetic and respected people's privacy and dignity.

During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff and communicated happily. Throughout the inspection staff talked about and treated people in a respectful manner including them in conversations, and getting down to their level when speaking with them. Sometimes this included good humour.

People told us they received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. Some staff had worked at the service for many years and they had built up relationships with people and were familiar with their life histories and preferences. During the inspection staff talked about people in a caring and meaningful way.

We observed people animated by an activity when a member of staff sat with individual people and used an iPad to show each person a map of where they used to live and pictures of the places they knew. One member of staff offer drinks to everyone before the exercise session started, saying "Don't force it whatever you are comfortable with". Eight people enthusiastically took part with exercises to songs such as 'when the saints come marching in' and 'okay cokey'. If people didn't take part in the exercise they certainly joined in with the singing. Staff were seen to visit people in their own rooms. One was asked if they would like to do any one to one gardening, staff also offered to plant the person's roses from their old home outside their bedroom window.

During the inspection we observed how the service had a family/community feel. People visited one another in their rooms or chatted away to a neighbour at meals times and a few played cards together. There were plenty of visitors who were made welcome with drinks and requests were acted upon quickly. For example, one visitor wanted a bird feeder positioned outside their friend's window so they could see the birds feed on the seed they had brought in and this was done directly. Another person wanted another bird feeder reposition further in the ground so it was straight and they could see the birds from their bedroom window and this was done.

People told us they had brought their own furniture when they have moved in and two people had their cats living with them. People's rooms were individual and personalised. People were able to access the building as they wished spending time in their own rooms or communal areas. Some people accessed the rear

garden to take a walk or sit in the sunshine. People told us they liked to go into garden which was easily accessible. Although one visitor said, "More wheelchair access to the garden would be good". During the inspection we heard staff ask one person whose birthday it was if they wanted to come and have tea with others in the lounge. They declined and this was respected, although staff got together and went in singing happy birthday to them with a cake and lighted candles to make it special.

The registered manager told us the service had received several compliment letters or cards about the care and support provided and these were seen on file.

Most people told us their independence was encouraged wherever possible. Staff talked about how people were encouraged to do the things they could for themselves.

People and relatives told us they were involved in the initial assessments and planning of people's care and support needs. The registered manager told us at the time of the inspection people usually made their own decisions about their care and support, but if they chose or needed were supported by their families or their care manager. One person had been supported by an advocate recently. Details about how to contact an advocate were available within the service.

People told us they were treated with dignity and respect and had their privacy respected. People told us that staff knocked before entering their rooms and closed the door for personal care. One person said, "My duvet was too hot one night and I didn't get any sleep", it had been replaced with a thinner blanket. Staff had received training in treating people with dignity and respect as part of their induction. One relative told us "Mum is very particular about her clothes and always has clean clothes every day and although she doesn't see very well she is always colour co-ordinated". During our inspection there were electrical tests taking place. Staff took the time to explain to the people what was happening. Information given to people confirmed that information about them would be treated confidentially.

Is the service responsive?

Our findings

People and relatives were happy with the care and support people received. People had chosen to live at Breton Court for various reasons including one person had come for respite and stayed, two people had come here on recommendation and another person's family had looked at various services and chosen Breton Court.

Care plans should have contained a step by step guide to people's preferred daily routines and information within this about their wishes and preferences. This should have included what they could do for themselves and what support they required from staff.

All care plans required further detail to ensure that people received care and support consistently, according to their wishes and staff promoted people's independence. Some care plans did show elements of people's preferences, such as their preferred bedtime or the time they liked to get up, but not all. In most cases they contained general statements. For example, 'offer (person) a daily wash or bath' and 'ensure privacy and dignity'. There was no information about how people liked to spend their day, whether they liked a bath or shower and when they liked this, what or if they liked toiletries to be used. Care plans advised staff to carry out tasks 'regularly', such as applying creams or toileting, but there was no detail about what that meant.

Care plans did not reflect what people could do for themselves so that their independence could be maintained or developed. Staff talked about how some people washed their hands and faces, but this detail was not recorded. Two people told us they would like to try and do more for themselves in relation to their personal care and this was relayed to the registered manager.

We also identified there was limited information within the care plan about end of life care and how this should be given and what the person's preferences might be.

The lack of detail meant that people would have to explain their preferred routine to any new staff and left a risk that people might not receive consistent and safe care that promoted their independence.

The provider had failed to carry out an assessment of needs and preferences for care and design a care plan with a view to achieving the person's preferences. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people's admission was planned the registered manager told us people and relatives were encouraged to come and look round the service before they moved in. In addition their admission included staff carrying out a pre-admission assessment, which had recently been updated, during a visit to people in their own environment at that time. Where appropriate information was also obtained from the funding authority or hospital. The care plan was then developed from these assessments, discussions and observations.

In December 2016 the provider had agreed to an admission without carrying out a pre-admission

assessment after obtaining verbal information from the nurses at the hospital where the person was. Once the person arrived it was quickly identified that their needs could not be met at Breton Court. It was also identified later by professionals that there had not been a proper pre-admission assessment undertaken or a timely completion of a care plan and these were learning points for the provider. As a result of this information we examined the provider's admission policy. This policy was in need of review as it did not cover emergency admissions or the timescale by which staff should have a care plan in place following an admission. One person who had been in the service for three weeks still did not have a fully completed care plan in place. However this was addressed during the inspection. The policy was reviewed and updated immediately following the inspection and we received a copy.

People felt confident complaints would be addressed, but did not have any complaints. One person said "If I had a complaint I would go to (the registered manager) and they are very amenable". There had been two complaints received by the service in the last 12 months, which had been investigated and the complainants received a response. Action had been taken where appropriate. There were complaints procedures displayed within the service, in people's rooms and in information people received about the service. Not all of these included either timescales for responding or people's right to access the local government ombudsman, but the provider agreed to review these to ensure they had one complaints procedure containing all the required information. During the inspection the registered manager was visually accessible to people and relatives and the provider visited the service each week. The registered manager told us that any concerns or complaints were taken seriously and used to learn and improve the service.

People had opportunities to give feedback about the services provided. The provider sent out an annual questionnaire to people and their relatives and feedback was on the whole was positive. A residents meeting had been held in September 2016 where people could discuss any concerns and were updated on any changes. People said suggestions were taken on board.

People were supported to take part in social activities. There was an activities coordinator and their hours at Breton Court had recently been increased to 24 hours per week. Activities for this week were displayed on the notice board in the dining room using pictures and words. In-house activities included quizzes, bingo, reminiscence sessions, gardening and flower arranging, cooking or baking, armchair exercises and arts and crafts. Sessions held during the inspection were really interactive with people obviously enjoying the armchair exercises, singing and remembering and talking about things from the past. Easter bonnets had been made during activity sessions and were ready for the Easter party planned for this month, which would include an Easter egg hunt and buffet tea. An Easter raffle with prizes was displayed within the front hallway. Outside people also came into the service to provide activities, such as a hairdresser, church communion and singers. At other times of the year a Summer barbecue and Christmas Fayre were held with the local community invited and the local scouts and school children visited. The registered manager talked about a steel band who had visited and people had played instruments. People who preferred not to participate were offered alternatives, such as time alone with the activity coordinator to chat privately or have a hand massage. Four people had daily newspapers delivered, one person asked staff to remind them on Saturday about the boat race as they wanted to watch this and another person attended a local day centre.

Is the service well-led?

Our findings

People and relatives were complimentary about the service and its management. The provider was very well known to people and was a regular visitor with their family. People told us the provider and their family were in the service on Mother's Day and gave individual presents to each person. People reported the provider to be very approachable.

In recent quality assurance surveys nine out of ten relatives said they would recommend Breton Court. A health professional told us they would also recommend this service. The hairdresser in attendance on the day of the inspection said, "This is the nicest home I've ever worked in out of all of them. It is homely, the staff are lovely and the cleanliness is fantastic".

There were some systems and processes in place to check the quality and effectiveness of the service. However these had not been effective in identifying the shortfalls highlighted during this inspection, such as the level of detail in care plans and as far as possible mitigating risks associated with people's care.

The system for monitoring staff training and supervision was not effective in ensuring staff received the mandatory training and supervision that they should. There was no system to monitor that staff outside of their probationary period received an appraisal and that these appraisals were completed fully and signed off.

Records of discussions at staff meetings were poor and not a proper reflection of the concern, discussion and action taken. Staff meetings covered repairs, maintenance and refurbishment, but records did not evidence that staff had opportunities to discuss care practices, policies or concerns relating to people's care needs or that good practice and policies were reinforced with staff.

Although staff knew about incidents that had happened, the system to ensure these were recorded properly and carried forward on incident forms had failed.

There were no checks on recruitment files or recruitment documents before a member of staff was employed or after to ensure all required checks and documentation was in place.

Policies and procedures were not properly reviewed to ensure they continued to follow good practice and the current legislation. At times the provider was not working fully in line with their policy or procedure. For example, the supervision policy.

The provider had a mission statement, which was included in information people received, but staff could not identify this and it was not displayed within the service to help ensure it was adopted.

The provider had failed to have systems or process established and operated effectively to ensure compliance. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some checks and audits were carried out within the service to monitor quality. This included regular checks on temperatures, such as water, food and fridge and freezers. Medicine and health and safety checks were also made, to help ensure people remained safe.

The supplying pharmacist had undertaken an audit of medicines on 21 June 2016 and found no shortfalls. The Environmental Health Officer had visited on 3 February 2017 and the service had retained their 5 star rating (the highest). Three recommendations identified by the EHO had been addressed. The provider was part of an on-line care home award scheme (carehome.co.uk), where people could leave feedback about the service and was rated within the top 20 care homes in South East England.

The registered manager and provider demonstrated an open and positive culture within the service, which focussed on people. People and their relatives had completed quality assurance questionnaires to give feedback about the services provided. Responses had been mainly positive.

The registered manager worked Monday to Friday. At the time of the inspection the registered manager was on leave, but they came in on both days to assist. During the inspection it was evident the registered manager spent time out and about within the service assisting people or dealing directly with any issues people raised or came to the office to discuss. People told us they knew the registered manager and would be happy to talk to them if they had a problem. One person commented the registered always says "Please tell us if you've got a problem because we can't do anything about it if you don't tell us".

The provider was a member of the Kent Integrated Care Alliance and Kent Invicta Chamber of Commerce. This membership was used to help monitor the service, keep up to date with changing guidance and legislation and help drive improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to carry out an assessment of needs and preferences for care and design a care plan with a view to achieving the person's preferences.</p> <p>Regulation 9(3)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.</p> <p>The provider had failed to ensure proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(b)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to fully protect people from abuse and harm.</p> <p>Regulation 13(1)(2)(3)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to have systems or process established and operated effectively to ensure compliance.

Regulation 17(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff received appropriate support, supervision, appraisals and training to enable them to carry out the duties they are employed to perform effectively.

Regulation 18(2)(a)