

Canterbury Oast Trust







The New Bungalow

Inspection report

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Ratings

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

Overall summary

The inspection took place on 24 November 2015, and was unannounced. The previous inspection on 24 September 2014 found no breaches in the legal requirements.

The New Bungalow provides accommodation and personal care for up to six people with a learning disability and who may also have a physical disability. At the time of the inspection there were no vacancies. The service is provided in a detached bungalow. It is set well back from the road, up an incline and next to another service owned by the same provider. Car parking is

available and it is in a rural location approximately 20 minutes' walk from Aldington village centre. Each person has a single bedroom and there is an assisted bathroom, shower room and two separate toilets, a kitchen/diner, lounge/diner and conservatory. There is a small decked garden with a seating area and views.

The service is run by a registered manager, who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 received their medicines when they should. However we found shortfalls relating to medicine management. Most risks associated with people's care and support had been assessed, but some risks still required assessing and guidance was needed to ensure people remained healthy.

People benefited from living in an environment that was homely and had equipment to meet their needs, which was regularly serviced. However the electrical wiring certificate had expired and the wiring had not been retested. Some fire tests had not been carried out in line with the provider's policy, to help ensure people were safe in the event of a fire.

People were involved as much as possible in the planning of their care and support. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. There was ongoing team work to improve care plans further. People had regular reviews of their care where they or their relatives were able to discuss or express any concerns.

People were protected by safe recruitment procedures. New staff underwent an induction programme, including shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings and staff meetings, to enable them to carry out their

duties effectively. Some staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Staff rotas were based on people's needs, health appointment and activities.

People were relaxed in staff's company and staff listened and acted on what they said or their body language and gestures. People were treated with dignity and respect and their privacy was respected. Staff were very kind and caring in their approach. Most staff had worked at the service for some considerable time and had built relationships with people and were familiar with their life stories and preferences.

People had a varied diet and some were involved in choosing their meals. Staff understood people's likes and dislikes and dietary requirements and encouraged people to eat a healthy diet. People did a variety of activities based on their choice or their health needs. Activities were chosen by people or based on what they enjoyed.

People were supported to maintain their health and attended regular appointments, assessments and check-ups. Appropriate referrals were made to health professionals and advice and guidance was followed through into practice.

People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The assistant managers worked alongside staff and the registered manager took action to address any concerns or issues straightaway, to help ensure the service ran smoothly.

We found one breach 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.

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?

The service was not always safe.

People benefited from living in an environment that was homely. However the electrical wiring certificate had expired and the wiring had not been retested. Some fire tests had not been completed regularly, to help ensure people were safe in the event of a fire.

Most risks associated with people's care and support had been assessed and steps were taken to keep people safe. People were given the medicines they needed at the right times, but some improvements were required.

People were protected by safe recruitment procedures and there were sufficient numbers of staff on duty to meet people's needs.

Requires improvement



Is the service effective?

The service was effective.

People received care from a mostly long standing team of staff who knew people well. People's health was closely monitored and appropriate referrals made to health professionals.

Staff understood that people should make their own decisions and followed the correct process when this was not possible. The registered manager was working to submit Deprivation of Liberty Safeguards applications.

People were supported to ensure they had adequate food and drink. Some people were involved in planning the meals.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted a very kind and caring approach.

Staff supported people to maintain their independence where possible.

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 and communicated happily.

Good



Is the service responsive?

The service was responsive.

People received personalised care, which was detailed in their care plans and reflected their wishes and preferences.

The service sought feedback from people and their relatives both informally and through care review meetings. People did not have any concerns.

Good



Summary of findings

People had a varied programme of activities to suit their needs. Where able people enjoyed trips out into the community.

Is the service well-led?

The service was well-led.

There was an open and positive culture within the service, which very much focussed on people. Staff were aware of the provider's philosophy and this was followed through into their practice.

There were audits and systems in place to monitor the quality of care people received.

Staff worked as a team. The registered manager resolved issues as they occurred and the service ran smoothly.

Good



The New Bungalow

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 24 November 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and any 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.

We spoke with three people who used the service, the registered manager and three members of staff.

Three people were not able to tell us about living at The New Bungalow so we observed staff carrying out their duties, communicating and interacting with people to help us understand their experiences. We reviewed people's records and a variety of documents. These included three people's care plans, risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

We contacted four health and social care professionals who had had recent contact with the service and received feedback from one.

We contacted four relatives of people living at The New Bungalow to gain their views and feedback on the service provided and received feedback from three.

Is the service safe?

Our findings

People told us they received their medicines when they should and felt staff handled their medicines safely. Relatives felt medicines were handled very safely. However improvements were required to ensure people were fully protected against risks relating to medicine management.

Where people were prescribed medicines on a 'when required' basis, for example, to manage skin conditions or constipation, there was in most cases individual guidance for staff on the circumstances in which these medicines were to be used safely. However in one case there was no guidance in place and in another instance the guidance required further detail, to ensure people received their medicine consistently and safely.

Medicine records showed that people received their medicines when they should. However in some circumstances when staff left the medicine with a person for them to drink a code of 'M', which meant 'make available' was recorded. Discussions confirmed that staff were aware of whether this was taken or how much, but no record was made of this later. This meant records did not accurately reflect whether or what medicines had been taken, which may be important when monitoring a person's health. Staff agreed during the inspection to record the amount taken.

Most risks associated with people's care and support had been assessed and steps to reduce such risks were recorded. However we found one person may be at risk of choking, but no assessment was in place. Another person had diabetes, but there was no assessment in place should this person become unwell due to their diabetes or guidance about what action staff should take. This meant there was a risk that timely action may not be taken by staff to help ensure people remained in good health.

The provider had a policy on fire safety in place. However tests undertaken by staff were not in line with this policy. Staff had undertaken checks on the fire alarms and extinguishers, but staff checks on the emergency lighting had not been undertaken since June 2014 and should have been monthly. Fire drills should have been undertaken six monthly and had not been undertaken since January 2015. This meant risks relating to fire safety had not been mitigated leaving people at risk.

People benefited from living in an environment and using equipment that was generally well maintained. People had access to equipment that met their needs. There were records to show that equipment and the premises received regular servicing, such as hoists, adjustable height beds, bathing equipment, fire equipment, the boiler and electrical items. However the electrical wiring certificate had recently expired and the provider had failed at the time of the inspection to have the wiring retested, which meant the provider could not be confident it was safe.

The provider had failed to mitigate risks in relation to proper and safe management of medicines, the premises and the health and safety of people. This is a breach of Regulation 12(2)(a)(d)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents involving people were recorded. The registered manager reviewed each accident and incident report, to ensure that appropriate action had been taken following any accident or incident, to reduce the risk of further occurrences. Reports were then sent to senior management who monitored for patterns and trends.

There had been some redecoration to the service since the last inspection resulting in a clean, fresh and homely environment for people to live. Two bedrooms had been redecorated, new flooring had been laid in the hallway and one person had a new adjustable height bed. Repairs and maintenance were dealt with by the Estates department and staff told us when there was a problem things were fixed quickly.

People told us they felt safe and would speak with a staff member if they were unhappy. Relatives also confirmed that they felt there was no question about their family members being safe. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people. People were relaxed in the company of staff and staff were patient and people were able to make their needs known, either verbally or by using facial expressions, noises or gestures. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager

Is the service safe?

was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People had their needs met by sufficient numbers of staff. People told us they felt there were sufficient numbers of staff on duty. Staffing numbers were calculated based on people's chosen activities, health appointments and needs. During the inspection staff were responsive to people and were not rushed in their responses. There were a minimum of three staff on duty 8am to 8pm and one member of staff worked a night duty and another slept on the premises.

Rotas showed that staffing was usually planned with four staff during the day, but could drop to three dependant on vacancies and leave. There were 1.5 staff vacancies at the time of the inspection and gaps in the rota were covered by existing staff or the provider's bank staff and an outside agency. There was an on-call system covered by the senior staff and management.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

Is the service effective?

Our findings

People told us they were “Happy here”. “I like this bungalow so much” and “It’s lovely here”.

A social care professional told us that the staff appeared to be quite consistent and had known the people for a good length of time. They appeared to understand the needs of the people and were always involved in the monitoring and review of people to keep up to date with any changes.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, where they would like their drinks, what they would like to wear and what they wanted to do.

Care plans were written and there were some photographs and pictures. They contained information about how each person communicated, such as ‘keep sentences short and simple and be aware of what else is going on around me’ and ‘allow me time to think about what has been said and to respond’. We saw this was reflected in staffs practice during the inspection. Staff were patient and not only responded to people’s verbal communication, but their facial expressions, noises or gestures. Staff told us they also used pictures and photographs to enable some people to make informed choices, such as during menu planning.

People’s consent was gained by themselves and staff talking through their care and support or by staff offering choices and gauging people’s behaviour or responses. Some people had signed their care plan as a sign of their agreement with the content after it had been explained to them at a level and pace they understood. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager understood this process. Discussions and records confirmed that best interest meetings had taken place in relation to decisions, such as medical treatment.

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

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included shadowing experienced staff, completing a workbook and attending training courses. The new Care Certificate had been introduced and new staff had or were undertaking this training. The new Care Certificate was introduced in April 2015 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. Staff felt the training they received enable them to meet people’s needs. There was a rolling programme of training in place so that staff could receive updates to their training and knowledge. Staff training included stoma care, emergency first aid, infection control, dementia, communication, epilepsy, diabetes and conflict resolution. A training session in using new piece of moving and handling equipment took place with an occupational therapist on the morning of the inspection.

Ten of the 14 staff had obtained 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 and the two other staff were working towards this qualification.

Staff told us they had one to one meetings with their manager where their learning and development was discussed. Records showed staff had received regular one to one meetings. Team meetings were held where staff discussed people’s current needs, good practice guidance and policies and procedures. Staff said they felt very well supported and thought the training was of an excellent standard.

People had adequate food and drink. People told us they liked and were happy with the food. Where possible people were involved in planning the weekly menus and used pictures to aid the variety of meals. A written menu was

Is the service effective?

displayed and showed people had a varied and healthy diet. The main meal was served at lunchtime with a light meal or sandwiches in the evening. Some people told us they sometimes helped with preparing vegetables. During the inspection people sat and had lunch where they chose, which was relaxed. One person did not like the lunch and was offered an alternative, which they also refused, but chose to have a sandwich and crisps instead, which they told us they enjoyed. Some people were assisted to eat or used adapted cutlery and crockery to aid their independence. Where people were at risk of poor nutrition or hydration they were monitored closely. Professionals had been involved in assessments and advice and guidance was followed through into practice. Special diets were catered for, such as diabetic and soft diets. Some people were prescribed meal supplements and people's weight was monitored.

People's health care needs were met. Relatives told us that any health concerns were always acted on quickly. People had on-going complex health care needs and this resulted in attending health appointments and assessments.

People told us they had access to appointments and check-ups with dentists, doctors, the nurse and opticians. People said if they were not well staff supported them to go to the doctor or the doctor visited. Staff told us they knew people and their needs very well and would know if someone was not well and this was confirmed by a relative. Staff kept people's health needs under constant review and made appropriate referrals to health professionals, such as a physiotherapist, occupational therapist, psychologist and psychiatrist. The registered manager had introduced 'DisDAT' (Disability Distress Assessment Tool) for one person. This was intended to help identify distress cues in people who because of cognitive impairment or physical illness had limited communication. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. Staff demonstrated in discussions they understood people's health conditions and needs and how these impacted on the individual and their lives.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they “Liked” all the staff and the staff were “Happy”; they told us staff were very kind and caring. Other comments included, “They (the staff) look after me properly” and “They love me”. During the inspection staff took the time to get down to people’s level, listen and interact with them so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or noises or gestures. Staff sat with people and spoke quietly; conversations were always inclusive of people.

Relatives were very complimentary about the staff. Comments included, “They are very caring” and “They have a difficult job and they do it brilliantly”. One relative had sent in a compliment which stated the staff were “looking after (person) so beautifully”.

The staff team were mostly a long standing team with many working years for the provider, enabling continuity and a consistent approach by staff to support people. A social care professional told us the staff were very caring and seem to be enthusiastic in their roles.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. Care plans detailed the times people liked to get up and go to bed and whether they preferred a bath or a shower. People were able to choose where and how they spent their time. People accessed the bungalow as they chose, although in some instances this had to be supported by staff. There were areas where people were able to spend time, such as the decked garden area, the lounge/diner, kitchen/diner and their own room. Rooms were decorated to people’s choice. We saw during the inspection some people chose to spend time alone in their rooms and this was respected. People told us staff knocked on their door and asked if they could come in before entering. Bedrooms were individual and reflected people’s hobbies and interests.

Relatives told us that people’s privacy and dignity was always respected. A social care professional told us that people were treated with dignity and respect. Care records were individually kept for each person to ensure confidentiality and held securely.

People’s care plans contained some information about their life histories and about their preferences, likes and dislikes. They also contained information about the person’s family and the contact arrangements. In addition there were dates and addresses so people, could be reminded to buy a birthday card or present. We saw during the inspection one person had brought a family member a birthday present whilst out with staff, which was wrapped ready to give to them. People’s family and friends were able to visit at any time, which was confirmed by relatives who said they were always made to feel welcome by staff who were able to discuss people’s care and support with them. Some people were supported to keep in contact with their family by telephone.

Staff checked with people throughout the inspection that they were alright, we saw one member of staff ask a person if they were warm enough and then go and get a cardigan for them, but not before checking which cardigan they wanted to wear. They helped the person put the cardigan on and checked that it was comfortable, commenting that the individual looked lovely today. Staff responded quickly when they saw a person required support so they did not have to wait. Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people.

During the inspection staff talked about and treated people in a respectful manner. Staff encouraged people individually to join in a group music session on the morning of the inspection, often returning more than once to give them the opportunity to have a go with a musical instrument or join in the singing and staff sat with people also playing an instrument or singing with them and we saw from people’s expressions or body language that they were enjoying this.

People’s independence was promoted and maintained wherever possible. People’s care plans detailed what people could do for themselves. During the inspection staff enabled people’s independence wherever possible. For

Is the service caring?

example, they were seen to fill a person's spoon sometimes to encourage the person to eat independently. People said they choose meals they liked to have on the menus and helped with some preparation of vegetables. One person told us they did some hovering and another said they dusted their room. One person's wheelchair had been adapted giving them independence to access the bungalow as they wished. Relatives felt people's

independence was encouraged. A social care professional felt staff maintained people's independence skills as much as possible and people were always encouraged to do as much for themselves as possible.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was available within the service, should people need it.

Is the service responsive?

Our findings

People were “Very happy” with the care and support they received and felt it met their needs. Relatives were also very happy with the care and support their family members received. One said, “I can’t speak highly enough of it, it is outstanding”. Some people said they were involved in planning their care and people confirmed they had regular review meetings to discuss their aspirations and any concerns. Relatives told us they attended review meetings and that they were always listened to.

No one had moved into the service since the last inspection. We spoke with the last person to move in. Their admission had included staff visiting them in their existing placement, which was also owned by the provider, to carrying out pre-admission assessments. The person brought with them their existing care plan and risk assessments and the registered manager obtained further information from professionals involved in their care and support. Following this the person was able to ‘test drive’ the service by spending time, such as for a meal and then an overnight stay, getting to know people and staff. The care plan was then developed from discussions with the person, their family, observations and the assessments.

Care plans were in place for each person, although these varied in their format. Care plans contained information about people’s needs and their preferred daily routines, including detailed information about all aspects of their personal care and their likes and dislikes.

Health care plans were in place detailing people’s health care needs and involvement of health care professionals. Care plans gave staff an understanding of the whole person and staff used this knowledge when supporting people.

A team of staff including the registered manager were in the process of updating all care plans and producing a care plan folder which was easier to navigate and simpler to understand what people could do for themselves and what support was required by staff. We saw that one had been completed and was being reviewed by other team members and others were being worked on. Staff had sat down with one person and gone through their care plan updating with handwritten entries. Pictures that had been used were being changed because they had not been meaningful to the person during these discussions. Care plans reflected the care and support provided to people

during the inspection. It was evident during the inspection that staff were very familiar with people and their care needs. They were able to tell us about people’s individual preferred routines and their current care needs in detail and how people received their care and support in line with these. Staff handovers, communication books and team meetings were used to update staff regularly on people’s changing needs.

People were involved in review meetings to discuss or express their views on their care. This included the person, their family and the person’s care manager was invited to attend. A social care professional told us reviews were carried out six monthly and were always very well prepared and informative.

People had a programme of leisure activities in place, which they had chosen or were based on their known likes and dislikes. The amount of activities people did depended on their choice and their health needs. Activities included writing, music sessions, sensory, poulton wood (nature reserve with woodwork and craft), art and craft, working on the farm, horticulture, and reflexology, computers, listening to music, reading books or magazines and watching television. One person told us how they had enjoyed the music session that morning. People and staff talked about recent outings, which had included a trip to Canterbury Cathedral, bowling, shopping and a coffee in Ashford, Folkestone air show and visiting an aeroplane museum.

People told us they would speak to staff if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. Staff told us other people would display behaviours that would include a process of elimination to resolve what was wrong. Relatives told us they did not have any complaints, although one felt the garden could do with a tidy. One relative told us they raised things as they happened and the responses had always been exemplary. There had been no complaints since 2012. There was an easy read complaints procedure so people would be able to understand the process. The registered manager’s office was central within the bungalow so they were available if people wanted to speak with them and the assistant managers worked ‘hands on’ shifts so were accessible to people. The registered manager told us that any concerns or complaints were taken seriously and would be used to learn and improve the service.

Is the service responsive?

People had some opportunities to provide feedback about the service provided. People had review meetings where they and their families could give feedback about the care and the service provided. One person had completed a quality assurance questionnaire recently and all responses

were 'good'. People had a weekly discussion around meals and menus. The registered manager was accessible to people and visitors and relatives felt they could approach them.

Is the service well-led?

Our findings

There was a full time registered manager in post who worked Monday to Friday. They were supported by two assistant managers who worked on shift. People knew the registered manager and felt they were approachable and “All right” and “Helps me if anything goes wrong”. A relative told us they had “Absolute confidence” in the registered manager. Other comments included, “They lead a really good team and priority is always service users”. “They are so good, really professional and the staff, at working out what service users want and what is wrong with them” and “If the captain of the ship is good, then it is a happy ship and it is”. One relative said, “They are an unusually insightful, empathic and caring manager who requires and seemingly gets the highest standards from their team. They inspire trust and confidence and lead with decision and gentle firmness”.

A social care professional told us the registered manager was very easy to get hold of and was excellent at keeping them informed of anything relating to their service user. They went onto say the registered manager made families welcome and gave positive feedback to their staff team. There was an open and positive culture within the service, which very much focussed on people and their needs.

Staff felt the registered manager motivated them and the staff team. Staff felt the registered manager was “Brilliant” and listened to their views and ideas. Staff worked together as a team to support each other and to provide the best care they could to people.

People and a relative felt the service was well-led. Relatives told us, “They provide a very good service” and “It’s a marvellous place, they do so much”. One relative said they were invited to meetings held by the provider and were kept up to date with events. The service was small and it was evident from discussions that any issues or concerns were dealt with at an early stage, to help ensure the service ran smoothly. The assistant managers worked alongside staff and saw problems as and when they occurred. Staff felt the service was well-led.

A social care professional felt the service was well-led. They commented the registered manager was very thorough and knowledgeable about the people in the service. They could be relied upon to follow up any recommended actions and to advocate proactively for the people.

The provider had a mission statement, although not displayed within the service. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. Staff said that the mission was always on the agenda and discussed. Staff told us that this included promoting people’s independence and supporting people to have the best life possible. Staff felt senior management were very good people to work for as they were approachable, friendly and organised and they made you feel that nothing was too much trouble.

Staff said they understood their role and responsibilities and felt they were very well supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people’s changing needs and any risks or concerns.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, people’s finances and health and safety checks. Where shortfalls had been identified these were discussed at staff meetings. The supplying pharmacist also carried an annual audit.

Senior managers visited the service to check on the quality of care provided. People and staff told us that these visitors were approachable and made time to speak with them and listen to what they had to say. A senior manager undertook quality monitoring visits and feedback to the registered manager. Senior managers were members of the Kent Integrated Care Alliance who held regular meetings giving support to providers and managers. The registered manager attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements. Trustees also visited the service six monthly to check the quality of service people received.

The provider produced a regular newsletter and ‘in-touch’ magazine to keep people and staff informed about news and events that were happening within the organisation. People could access the provider’s website to see also what was happening. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people’s routines.

During 2014 the provider was awarded a National Care Employer of the year award from the Great British Care

Is the service well-led?

Awards scheme. This award seeks to acknowledge and celebrate employers' commitment to care and how this is achieving success in delivering an excellent service. Employers who are given this award are able to demonstrate considerable acumen and entrepreneurial flair whilst at the same time having a sustained track record of delivering high quality care and managing improvement.

Staff had access to policies and procedures within the office and online. These were reviewed and kept up to date by the provider's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to mitigate risks in relation to proper and safe management of medicines, the premises and the health and safety of people.

Regulation 12(2)(a)(d)(g)