

# The Island Residential Home Limited

# The Island Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Inadequate</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

The inspection was carried out on 05 June 2017. The inspection was unannounced.

The Island Residential offers accommodation and long term care and support to up to 34 people. Previously the provider had provided care and support for up to 38 people; they had made changes to their registration to reduce the numbers. Some were older people living with dementia, some had mobility difficulties, sensory impairments and some were younger adults. Some people received their care in bed. Accommodation is arranged over two floors. There was a passenger lift for access between floors. There were 31 people living at the home on the day of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during the inspection. The provider had employed a new manager; they were planning to apply to become the registered manager. The new manager is referred to as the manager in our report.

At our previous inspection on 29 November and 01 December 2016 we found breaches of Regulations 9, 11, 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as 'Requires improvement' overall and 'inadequate' in safe. As the provider had been rated inadequate in safe for two consecutive inspections, we placed the provider into special measures. We issued three warning notices in relation to Regulation 9, Regulation 12 and Regulation 17. We asked the provider to meet Regulation 9 and 17 by 17 February 2017. We asked the provider to meet Regulation 12 by 20 January 2017. We also asked the provider to take action in relation to Regulation 11 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received an action plan on 14 February 2017 which stated that the provider planned to be compliant with Regulation 19 by 28 February 2017 and Regulation 11 by 10 March 2017. The provider had met a number of regulations as they had planned to. However, at this inspection we found two repeated breaches of Regulations and a new breach of Regulation.

At this inspection, we received positive feedback from people and their relatives. They told us that people received safe, effective, caring and responsive care.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights. However, care plans and documentation did not evidence that the MCA had been followed. MCA assessments contained conflicting information.

Medicines were not well managed. Medicines had not been recorded appropriately. There had been inconsistent monitoring of temperatures of areas where medicines were stored. Medicines had not always been given following the manufacturers guidelines.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm. Risk assessments had not always been reviewed and updated when people's needs changed.

There were not always enough staff deployed on shift to keep people safe. At peak times such as meal times, more staff were required to keep people safe.

Systems to monitor the quality of the service were embedded. Audits picked up a number of issues and concerns which the management team had worked through. However, the audits had not picked up issues which were breaches of Regulations found during the inspection.

Effective recruitment procedures were in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

The home was in the process of being decorated; the majority of the home had been completed. Signage around the home had improved to support people living with dementia. The home was clean and smelt fresh.

Improvements had been made to the training staff had received. Staff had received training relevant to their roles. Staff had received regular supervision.

People's weights had been consistently monitored to ensure people remained in good health.

People's view and experiences were sought during meetings and through quality assurance surveys. Relatives were also encouraged to feedback through surveys.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known. The management team were still working on reviewing and updating care plans to ensure they reflected the care people received from the service. People and their relatives had been involved with planning their own care.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

Staff knew and understood how to protect people from abuse and harm and keep them safe. The home had a safeguarding policy in place which listed staff's roles and responsibilities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. People with specialist diets had been catered for.

People were supported and helped to maintain their health and to access health services when they needed

them.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People and their relatives knew who to talk to if they were unhappy about the service.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the management team and the provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift took place to make sure all staff were kept up to date.

The overall rating for this service continues to be 'Requires improvement'. However, we are leaving the service in 'special measures'. We have done this because the service has been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not consistently safe.

Medicines were not well managed, stored or recorded.

There were not enough staff employed to ensure people received the care they needed and in a safe way.

Risks to people's safety and welfare had not always been assessed and managed effectively.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Effective recruitment procedures and practices were in place and being followed.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff were aware of the Mental Capacity Act (MCA) 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place. Capacity assessments did not follow the principles of the MCA.

People were supported by staff who were trained to meet their needs. Staff said they were supported in their role and had received supervision.

People enjoyed the food. They had choices of food at each meal time.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

**Good** ●

The service was caring.

The staff were kind, friendly and caring towards people and their relatives.

People were supported to maintain relationships with their relatives and friends. Relatives were able to visit at any reasonable time.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's confidential information was securely kept.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained important information about them and what they needed help with. People's care had mostly been reviewed and updated regularly.

People were encouraged to participate in meaningful activities, which were person centred.

People and their relatives knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home.

People's and relatives views were gathered and acted on.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems to monitor the quality of the service were embedded. Audits picked up a number of issues and concerns which the management team had worked through. However, the audits had not picked up issues which were breaches of Regulations found during the inspection. Records relating to people's care and the management of the service were well organised and complete.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team.

# The Island Residential Home

## **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 05 June 2017 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 similar services or caring for older family members.

Before the inspection, 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. We also reviewed previous inspection reports, the provider's action plan and notifications. A notification is information about important events which the home is required to send us by law. We also reviewed information supplied to us by the local authority following a contract monitoring visit.

We spent time speaking with seven people and four relatives. We spoke with 10 staff including care staff, senior care staff, the cook, the deputy manager, the manager and the provider. We asked health and social care professionals for feedback about the service. These included local authority care managers, the local authority safeguarding team, Health Watch and community nursing teams.

We observed staff interactions with people and observed care and support in communal areas.

We looked at records held by the provider and care records held in the home. These included eight people's care records, medicines records, risk assessments, staff rotas, five staff recruitment records and a selection

of meeting minutes, quality audits, policies and procedures.

We asked the manager to send additional information after the inspection visit, including the staff training records. The information we requested was sent to us in a timely manner.



# Is the service safe?

## Our findings

At our last inspection on 29 November and 01 December 2016, we identified breaches of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed safe recruitment practice. The provider had not protected people from risks to their safety and had failed to ensure that premises were safe for use. We issued one warning notice in relation to management of risks and told the provider to meet Regulation 12 by 20 January 2017. We also asked the provider to take action to make improvements in relation to recruitment practice. We also made three recommendations. The provider sent us an action plan which stated they would meet Regulation 19 by 28 February 2017.

At this inspection we found that improvements had been made to ensure that recruitment practice was safe. Further improvements were required to ensure people's risks were adequately assessed, monitored, and reviewed. People's medicines were not managed safely. There were not enough staff deployed to keep people safe at all times.

People told us that they felt safe. Comments included, "I feel quite safe here. Staff are good, we know each other; they are kind and see what we need. Cannot ask for much more"; "I love the care workers, we get on great"; "I feel safe staff all look after me"; "I feel safe. They always listen to you. If I need help I press the buzzer and they are there"; "Staff know their jobs. They always ask if I want to use the slide board or hoist to get out of bed into my chair. If we use the hoist they always check if the straps are secure before they start to raise me" and "They use the black sling and then get me into the sitting position before they move me. They always tell me what they are doing. I feel very safe".

Relatives told us their family members were safe and receiving good care. Comments included, "She [family member] is being well looked after, staff are very good with her, she likes to wander, there is always enough staff to keep an eye on her. When I first came to visit I was concerned about the lock on the front door. Not a problem no one can get out unless they have a code"; "She is safe here. Mum is in much better health condition here than she was at home. At home she wouldn't eat, drink or get up. Now staff encourage her to eat and drink and join in with the others"; "He has been here four years and we are happy with the care he gets" and "If I had any concerns I would not have left mum here".

There were not always enough staff deployed on shift to keep people safe. This was not evident at all times during the day. However, it was clear at peak times such as meal times, more staff were required to keep people safe. We observed one person who was sitting at the dining table in their wheelchair waiting for their dinner. The staff member who had brought the person to the table had put the brakes on their wheelchair. They then left them to serve and deliver meals to others. The person was confused and disorientated and was trying to push themselves away from the dining table. This caused the wheelchair to tip backwards. We intervened and called for help. This happened again a short while later which we again had to intervene. The manager provided the person assistance to make them safer. We observed that more staff were required after the evening meal on the upper floor. Staff were stretched to cope with people's requests as well as maintaining people's safety. The home did not use a dependency rating tool to assess the level of staffing required for each person living in home. We spoke with the manager about this who told us that they

planned to put a dependency assessment tool in place. They also shared that they had increased the staffing at night for a period of time whilst a person was experiencing a crisis.

The provider had not deployed sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not well managed in a way that kept people safe. People were at risk as they were not receiving their medicines as they had been prescribed by their Doctor. There were unexplained gaps in the medicines administration record (MAR) charts. We found medicines for one person still in the multi-dose compliance aid packs. Medicines records confirmed that the medicines left in the packs had not been administered. No notes had been made as to why these medicines had not been administered. The missing signatures on the MAR chart were for the previous month. No medicines error form had been completed for these omitted medicines, and no explanation was seen in the person's care records. This meant that people may not be receiving their medicines as prescribed. A team leader confirmed that there had been no medicines errors in the past month, and also stated that the MAR charts should be checked by the team leader regularly to ensure that all the prescribed medicines has been administered accurately. The team leader was unclear about the process for documenting medicines errors, and confirmed that staff who make an error would have an informal discussion with their line manager or team leader. This meant that it would be difficult to identify patterns of medicines errors.

We counted medicines and found that the balances did not tally with the amount of medicines received and the amount given. Medicines that were classed as controlled drugs (CDs) under the Misuse of Drugs Act 1971 had not always been recorded appropriately. The CD cupboard contained 25mg/1ml ampules of Levomepromazine Hydrochloride injections. These had not been recorded in the CD register. Another person was prescribed Zomorph 10mg capsules. There were 196 capsules in stock however the CD register detailed that there should have been 197 capsules in stock. This meant that the provider had failed to comply with the Misuse of Drugs Act 1971.

Temperatures of medicines storage areas were not effectively monitored. The temperature record for May 2017 showed seven days where the temperatures were above 25 degrees centigrade. Temperatures had not been recorded at all for two consecutive days. There was no facility in place to cool the upstairs medicines storage room. Storing medicines outside of the manufacturers recommended range for a long period of time will affect the efficacy of that medicine and might mean they were not effective.

The provider's medication policy did not provide specific information in relation to the specific medication administration practices at the home. For example, there was no information for staff on what to do with the individual medicines containers once the medicine been dispensed from the dossett box, as the containers were labelled with personal information. We spoke with two staff members who administered medicines, and both gave conflicting accounts of how best to dispose of the empty containers. The policy also stated that 'as and when required' (PRN) medicines administration, should only take place within a protocol agreed with the person's doctor. We found that one person did not have a protocol for the use of Paracetamol. This meant that staff would not have further information on how to safely administer the medicines on a PRN basis.

One person's care plan stated that the person could self-medicate. No risk assessment had been undertaken to determine any risks or hazards posed by self-medication. There were no records of when the person self-medicated. Staff did not know about the side effects or common reactions to the medicines. This meant that staff would not be assured of when the person had taken their medicines, or what to do if the person had an adverse reaction to the medicines.

Some people had pain relief patches prescribed which were applied to the skin. There was no system in place to ensure that these were administered on to different areas of the body as recommended by the manufacturer and people were at increased risk of skin irritation from pain patches repeatedly administered to the same site.

This failure to ensure that medicines were suitably stored, administered and recorded was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments relating to buildings and environmental risks had improved. We found that the manager had taken appropriate action to review risks and mitigate risks where possible. For example, a door was secured with an electronic key pad to prevent people accessing stairwells without appropriate support. However, people's risk assessments relating to their own care and diagnosed health conditions had not always been reviewed and updated as their needs changed. For example, one person had been assessed at medium risk of falls. Their moving and handling risk assessment showed they were at higher risk of falls because it had not been updated when the person's mobility had improved. Another person's falls risk assessment had not been scored correctly and had not taken in to account that the person had fallen a number of times recently. This meant that people were at risk of receiving care which did not meet their changing needs.

Another person had been diagnosed as being in acute renal failure. Their care file and risk assessments did not detail what action staff should take to support the person to keep healthy. There was no evidence that provider or registered manager had liaised with healthcare professionals to discuss treatment options. Treatment for acute kidney failure can vary. The goal is to restore normal kidney function. Preventing fluids and wastes from building up in the body while the kidneys recover is important. In the majority of cases, a kidney specialist makes an evaluation. The doctor will restrict diet and the amount of liquids the person can eat and drink. This will reduce the build-up of toxins that the kidneys would normally eliminate. A diet high in carbohydrates and low in protein, salt, and potassium is usually recommended. This meant that the person was at risk of receiving care which did not meet their health needs.

People with diabetes were also at risk of harm because their blood sugar levels had not been monitored effectively and as detailed in their care plans. One person's blood sugar levels should have been checked and recorded twice a day. We found that their blood sugar levels had been recorded inconsistently. There was a gap of 10 days where no records were made. We checked with staff to see if the person had been away from the home or in hospital during this period. They confirmed they had not. There was no record of what the person's normal range was. The care plan stated 'if my blood sugars are out of my normal then seek advice from my GP'. One of the blood sugar level readings was exceptionally high at 32.3mmol/L (mmols is the international standard unit for measuring the concentration of glucose in the blood). Diabetes guidance shows that although blood sugar levels exceeding seven mmol/L for extended periods of time can start to cause damage to internal organs, symptoms may not develop until blood glucose levels exceed 11 mmol/L. There are short term complications for people with very high sugar levels. There was no records to show whether the person's GP or diabetic nurse had been contacted for advice and guidance. Staff did not know if this had happened. This meant that the person was at risk of receiving care which did not meet their health needs.

The examples above showed that registered persons were not assessing or mitigating risks to people's safety effectively. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual incidents and accidents had been recorded by staff. The manager had looked at the records and

investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose.

At this inspection, we found that the provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

People were protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 34 out of 36 staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

The home smelt clean and fresh. The home had been redecorated in most areas and new flooring laid. A few rooms on the ground floor were being redecorated during the inspection. The provider had taken action to address fire safety concerns identified by the fire brigade. We identified one outstanding action which the manager agreed to resolve in a timely manner. Fire safety doors had electronic devices fitted to enable them to close in the event of the fire alarm sounding. Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. Regular fire alarm testing had also taken place. Bathrooms had pedal bins in place to ensure people did not have to touch the bin lid to open the bin; this decreased the risk of contamination. The home was clean and tidy, housekeeping staff were seen undertaking cleaning tasks throughout the inspection. Checks had been completed by qualified professionals in relation to moving and handling equipment, electrical supply, gas appliances, the lift and fire equipment to ensure equipment and fittings were working as they should be.

## Is the service effective?

### Our findings

At our last inspection on 29 November and 01 December 2016, we identified breaches of Regulation 11 and 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to meet the requirements of the Mental Capacity Act 2005 and the provider had failed to monitor people's weights effectively to ensure people's nutritional needs had been met. We also made two recommendations. We issued one warning notice in relation to meeting people's needs and told the provider to meet Regulation 9 by 17 February 2017. We also asked the provider to take action to make improvements in relation to the Mental Capacity Act 2005. The provider sent us an action plan which stated that they planned to be compliant with Regulation 11 by 10 March 2017.

At this inspection we found that further improvements were required in relation to meeting the basic principles of the Mental Capacity Act 2005.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Twenty nine out of 35 staff had attended MCA training. Staff were knowledgeable concerning the need to seek consent when providing care for people. One staff member told us. We observed staff talking with people to gain consent before carrying out care. People were offered choices and control over all aspects of their lives. Comments included, "If I want to do something I just ask one of the staff and they help. I like shopping with the staff and they take me when they are popping out"; "I get up when I want to, they wait for me to get up and I get my breakfast then" and "I do my own medication. Not a problem for the staff, always discuss at care meetings". People who had been assessed as having capacity to leave the home independently had been given the code to the front door. For security purposes the front door to the home was locked with an electronic key pad. This enabled people to come and go as they wanted.

Documentation within people's care files had improved in relation to the Mental Capacity Act 2005. However, some people's mental capacity assessments contained conflicting information. For example, one person's care file showed they had capacity to make day to day decisions about their life, however other information showed that their health had deteriorated and their cognition levels had reduced. One person did not have capacity to decide to reside in residential care, their capacity assessment showed that it was in their best interests to live in the home. A best interests meeting and decision had not been made with relevant people.

The failure to meet the requirements of the Mental Capacity Act 2005 was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the staff helped in the way that they wanted whilst allowing them to maintain their independence. Comments included, "I get help with getting in and out of bed. I like to wash and shave myself and then ask the staff help me with my trousers and slippers"; "I am able to look after myself. Staff always ask if I need some help"; "The staff help while me when I am having a shower and wash my back and

feet. They stay with me in case I fall. Once a week before I shower I strip my bed and staff now make my bed for me"; "Staff stay with me all the time to help me out of my chair onto the shower chair" and "I always have a wash every day. I wash my top half and the staff does the rest. They make sure I am thoroughly dry and then put on barrier cream. When I want to get up I press the buzzer and someone comes straight away".

Relatives told us their family member's health needs were well met. Comments included, "Mum looks well and is happy. She eats well and I know if she needs the doctor they would call them straight away and let me know"; "She has been here six years now. She looks so well now, joins in with others. Staff would tempt her with different foods to get her eat, now they just keep an eye on her and always encourage her to eat and drink"; and "I was invited to best interest meeting with care manager. Mum was present. It was decided for her safety she needed residential care. I am more than happy to leave mum here. I come out of here with a smile on my face. I know she is safe and there is someone about to keep an eye on her". One person's relatives detailed how they had been supported by the manager and staff with their family member's deteriorating health. They felt assured because they had been involved with GP visits, palliative care nurses and with district nurses visits.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager understood when an application should be made and how to submit one. Applications had been submitted to the local authorities in a timely manner. Referrals had been made for some people to receive advocacy support to help them understand information and make decisions.

People were supported by staff who were trained to meet their needs. Training records evidenced that most staff had attended training to enable them to carry out their roles. The manager explained that they had been motivating and encouraging staff to complete updates and training completion had increased since. The manager explained they were developing a blend of training to include face to face training as well as E-learning. The management team and senior care staff had been enrolled on a train the trainer moving and handling course to enable them to roll out practical moving and handling training to the staff team. The provider's training records showed that all of the staff had attended health and safety training, 26 out of 35 staff had completed moving and handling training and 32 staff had attended infection control training. The training records showed that 30 staff had completed training in dementia awareness and 22 staff had completed diabetes training.

Staff confirmed that the induction process included a period of working jointly with, and under the supervision of, a more senior staff member. Staff told us, and their records confirmed that supervision was scheduled every six to eight weeks. The manager confirmed that there was a supervision matrix, to ensure that all staff received regular supervision. Supervision records evidenced that staff and their line manager had met to discuss the staff member's progress in the role, and to identify any training or development needs.

Improvements had been made to the décor to help people to orientate themselves in the home. Doors had dementia friendly signs to help people find the bathroom or toilet, lounge, dining room.

People gave us positive feedback about the food. Comments included, "Excellent food, always a choice, sometimes it's a hot dinner or salad. There is plenty on the plate. The staff always ask if you want any more, good variety of puddings"; "Food is quite good, always nice and tasty. If sometime doesn't agree with me I let them know and they prepare something else"; "Always get two choices. Sometimes we have a BBQ. We always get plenty to drink. If you don't like something just tell the cook and she will prepare something else. I used to like helping in the kitchen peeling the vegetables but my hands are letting me down"; "I like it all, if I



want them the staff cut up my meat so it is easier for me to pick up. Good quality food served here"; "I prefer plain hot food. Today I didn't like the dishes on the menu and the cook is cooking me double egg and chips. She always waits until I am ready to eat before cooking it. Sometimes she will do me chicken and roast potatoes"; "I like the hot curries, I don't like rice so cook does me potatoes instead" and "Staff always makes sure I can reach the plate. They served it in a lipped plate so it is easier for me. When I need my beaker topped up I just press the buzzer and one of the staff comes straight away".

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. The menu was clearly displayed on the boards on the wall of each dining room, this was available in written form only. There were no pictures of food to help people who had lost verbal communication skills choose what to eat. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. People were supported to eat their meals if they needed it. People who needed encouragement to eat were given this. People who had chosen not to eat what had been cooked and prepared were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People were offered snacks such as biscuits, cake and fruit during the day.

We observed people during lunch time in both dining areas of the home. Lunch was a pleasant experience for people, it was not hurried or rushed and was well presented with each item separate on the plate. People were involved in setting the tables for lunch putting cutlery and placemats out.

Food was appropriately stored within the kitchen. Staff who worked in the kitchen were suitably qualified and knowledgeable about how to meet the nutritional needs of the people who lived at the home. The kitchen staff had guidance and information from the speech and language team (SaLT) in relation to preparing food for people who have difficulty swallowing and guidance and information about different diets such as dairy free meals. One person had been referred to the dietician due to weight gain, and had specific dietary instructions within their care plan. These specific instructions had not been passed to the cook, although the cook was aware of the fact that the person should be on a low fat diet. Checks were made concerning the serving temperature of food to make sure it was properly heated. Staff reported that they were able to access the kitchen at any time if people wanted a snack, including during the night.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Referrals had been made to SaLT (Speech and Language Therapy) who deal with swallowing difficulties, falls clinics and to the district nurses and palliative care nurses when people who needed it. Records demonstrated that staff had contacted the GP, ambulance service, dementia specialists, physiotherapists, hospital, mental health teams and other specialists when necessary. District nurses attended the service regularly to provide people nursing care. People had seen an optician on a regular basis to check the health of their eyes. Where people had pressure areas, appropriate action had been taken. Body maps were used to show a clear record of the wound. People's weights had been monitored frequently. Action had been taken when people were at risk.

## Is the service caring?

### Our findings

People told us that the staff were kind, caring and friendly. Comments included, "The carers [staff] are brilliant, make sure you feel comfortable. They know us as well as we know ourselves"; "The staff are kind and caring. They know what they are doing. They are a happy lot. I love them"; "I know them [staff] well. Feel like family. Kind and caring"; "If you want something or have a problem the carers are very amenable. Always helpful"; "Coming here has changed my life for the better. I am quite content" and "Very caring staff. They will do anything for me. I just ring the buzzer and they respond straight away".

Relatives told us that their family member's received good quality care from staff. Comments included, "Staff are prepared to go that extra mile. If the staff come in early they come in and sit down beside her to say hello and she immediately perks up"; "Staff go above and beyond. When mum is upset they will ring me and relay what I say to her in a kindly way" and "Dad's happy so I'm happy, staff are brilliant. He classes this as his home now. I'm over the moon with them [staff], they are good".

We observed friendly and compassionate care in the service. The staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing. The staff were respectful and caring towards people. We observed a person become upset when their relative left. A staff member recognised this and sat down beside them and chatted to them whilst stoking their arm. The person soon relaxed and started smiling again.

The atmosphere in the home was relaxed and calm. There was good interaction between staff and people and time was taken to chat and have a conversation.

People's rights were protected. Staff respected people's privacy. People were able to personalise their rooms as they wished. The staff knocked on the bedroom doors before entering and waited for a response, then quietly asked if it was alright to enter. People told us, "Staff always knock the door first before they come in" and "Staff don't just barge in; they make sure that you know they are coming in. They always call out their name before coming in. Always knock". Personal care provided to people was given in private behind closed doors and with the curtain pulled. Staff spoke politely and respectfully when addressing people. Relatives told us that staff spoke with their family member in a respectful way. One relative said, "Mum could never stand being called darling or sweetie. At our first meeting at the home, we told them that mum would like to be addressed by her first name. Staff have always respected her wishes". Another relative said, "I have always found they speak to mum politely, never heard anyone be addressed any differently".

Staff built good relationships with the people they cared for. This resulted in people feeling comfortable and relaxed. People responded well to the quality of their engagement with staff. People could choose to stay in their rooms, chat to others in the lounges and dining rooms. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. People told us, "All the staff treat you with respect. They always listen to what you have to say"; "Always polite. If I have a problem they take



the time to help me. If I'm struggling to say what is the problem they take time and listen. They don't rush past without checking everything okay" and "Staff always thank you. If you give them respect you get same respect back".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal care records were stored in locked offices. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. Relatives told us that any confidential talks happened within people's bedrooms. One relative explained, "Staff respect people's confidential information. Being nosey I have sometimes asked about another person's health and was told they couldn't discuss this with me". Another relative said, "If there is anything private they discuss it in mum's room or take me into the office or if it is anything urgent, they always phone me".

People's right to consent to their care was respected by staff. People had choices in relation to their care. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. One person had been supported to learn to drive to enable them to gain further independence. Daily records evidenced where people had refused care, support and meals. Staff confirmed they sought people's consent before they provided care for people. This meant that staff understood how to maintain people's individuality and respect choice.

People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome. One relative said, "We are always made to feel very welcome".

Handovers between staff going off shift and staff coming on shift took place to ensure that staff had up to date information about people. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. Appointments and reminders were logged in diaries.

## Is the service responsive?

### Our findings

At our last inspection on 29 November and 01 December 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to plan care and treatment to meet people's needs and preferences. We also made a recommendation. We issued one warning notice in relation to meeting people's needs and told the provider to meet Regulation 9 by 17 February 2017.

At this inspection we found that care plans had improved. The Provider still needed to make further improvements in this area to ensure care plans were reviewed when people's needs changed.

People told us they had opportunities to keep active and stimulated through planned activities. People who had capacity to leave the home without care and support were observed leaving the home to utilise community resources such as the local cafes, pubs, the beach and shops. People said, "I have been out on lots of visits such as animal rare breeds, bird sanctuary. Being partially sighted I like listening to my CD's and I have lots of talking books"; "Go out quite a bit on trips and shopping. If I want to do something I ask one of the staff"; "We have a singer and guitarist visits. We always have a good fun here. I sometimes go out on my own to the shops using my wheelie trolley. We are going to [amusement park] tomorrow which was my wish. I used to live near there so will be good to see it again. I help out with the bingo laying out the cards around the tables"; "The staff always tell me what activities are on and asks me if I want to join in. I like going to the exercise classes where I exercise my feet and hands, we had a singer recently. Very good" and "I like going out on my own for a walk around the campsites and beach talking to people. I just have to let the staff know I'm going out".

Relatives told us their family member's attended activities. One relative told us their family member joined in lots of activities at the home. They said "[Family member] likes to sit out in the garden with other residents. Gets taken up into Leysdown by a member of staff". Another relative told us that their family member loved doing activities with others. They said, "It has got to the stage when we will have to make an appointment to see her. The last two visits she was out, once at Teapot Island and then down at the beach. Today she was about to go out to the cliff to release her balloon so she is not very happy with me turning up".

People were asked to join in the activities. Those who preferred not to take part were not forced to join in. We observed that an arts and crafts activity took place utilising the garden in the morning. Balloons were blown up in different shapes along with a message of support for the London terror attack victims and with people's names. People were supported to reminisce about loved ones and create messages for them as well. The activity encouraged people to talk about the news and what was happening. In the afternoon people were supported to go out to the cliff tops to release their balloons with their messages. In the afternoon we observed a reminiscence session being held upstairs. People were encouraged to tell others about their jobs and where they had lived and worked. The activities coordinator running the group had a good knowledge of the people's and their families' life history. They encouraged people to recall specific experiences about themselves and their family members and had the ability to bring everyone in the

conversation.

People's suggestions on activities were displayed on post-it notes on the first floor along with their names indicating that people had been given an opportunity to choose a personal wish.

The activities schedule showed that planned activities included weekly bingo, reminiscence, exercises, weekly shopping trips, 'residents' meetings and trips out for tea/coffee. The schedule was available in writing and easy to read and was on display on both floors of the home. Some people were supported to be part of their local community and some attended a local day service. The manager explained that some community trips had been planned to respond to individual requests. The following week two people were being supported to go to the planetarium in London.

People's care plans had improved. They provided clear information about the tasks staff were required to support people with. They were personalised. Most had been personalised to include essential information such as information about people's personal histories. This enabled staff to engage with people about their past and about important things. Most of the care plans had been reviewed and rewritten since the last inspection. Some care plans had not been altered in a timely manner when people's health needs had changed. Therefore further improvements were required to ensure that care plans were in place to enable staff to meet people's needs.

People's care records contained an assessment of their needs and this included information from health and social care professionals. People told us they had been involved in reviewing their care plans. Comments included, "Staff went through my care plan and asked if there was anything more I wanted help with"; "[staff name] went through my care plan in January. She listened to what I wanted help with. She shared the plan with me afterwards"; "We discuss any changes in the help I need. I feel I am very lucky to be living here". Relatives told us they had been involved in making decision about their family member's care "I have been totally involved, mum is present. We sit with the girls [staff] and discuss what care mum needs and any changes to her care plan" and "I am not involved in her care plan. Mum is able to say what she wants help with. She is still able to get washed and dressed herself. I am asked if I want to be present. They are very good at keeping me informed with any changes".

People knew who to talk to if they were concerned or who to go to if they had a complaint. We observed that the complaints and compliments procedure was clearly displayed in the home. People told us, "I have nothing to complain about but know I can speak to the owner if I have to"; "I am the tenant's representative. We have residents meetings and we can tell them if we are not happy with something. I recently made a complaint about someone's personal hygiene, they listened and it seems to have been resolved"; "No complaints here" and "I have complained recently that someone is smoking in their room and have been told they are taking action". The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the local authority and Local Government Ombudsman, who people could go to if they were not satisfied with the provider's response. Complaints were dealt with according to the provider's policy. The provider maintained a log which detailed the date the complaint was received, the detail of the complaint, the investigation and action taken. Complaints had been fully investigated; actions were shared with staff through staff meetings, to disseminate learning across the organisation. One relative shared how they had complained about elements of the service provided and changes had been made. They said, "The food has improved and so has dad's bedroom".

Compliments were received and shared with staff. Comments included 'Staff are lovely, given such a demanding job', and 'Staff are always willing to support [person's] needs'.

People had been asked their views about their care. Records evidenced that people attended frequent 'residents meetings'. These were held on a weekly basis, one week they were held upstairs and the following week they were held downstairs which gave everyone an opportunity to join the meeting if they wished. Topics for discussion included laundry concerns, planned entertainment or outings, and upcoming events. Surveys were conducted for staff, people and visitors at the home, although the response rate was occasionally low. The provider also ensured that people and visitors at the home were aware of any changes made as a result of feedback. There was a 'you said, we did' poster displayed in the main lounge, which detailed the concerns raised and what the provider had done to address them. Examples included suggestions for outings and changes to the menu. Since people had made a request for different types of food, the home had run themed food events. So far people had enjoyed Chinese food and curry. The next one planned was a Mexican themed event. People told us, "We have good resident meetings. The manager listens. They ask if we are happy or not happy with. Anything we need and what we would like to do. We are going to [amusement park] which was my choice for an outing" and "Always go the residents meeting. Always able to talk and say what we like. Always told what they are going to do after the meeting".

People told us that they had a survey to complete every year giving their views on the service as well expressing their views at resident meetings. Surveys were sent to people and their relatives on an annual basis they had last been sent in June 2016. This meant they were due to be sent again shortly. A relative confirmed that they received good information about the home through the regular newsletter.

## Is the service well-led?

### Our findings

At our last inspection on 29 November and 01 December 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to establish and operate effective systems and processes to monitor the quality of the service and failed to maintain accurate and complete records. We issued one warning notice in relation to establishing and operating effective systems to monitor and improve the quality of the service and told the provider to meet Regulation 17 by 17 February 2017.

At this inspection, we found there had been improvements to the quality monitoring processes in the service.

The provider told us "We have worked really hard, we still have nine bedrooms upstairs and two downstairs to decorate but the majority is done. We are doing one at a time. We are constantly checking on things to keep the environment nice. [Other provider] is coming in once or twice weekly to support [manager]. We are checking weekly".

Despite the hard work of the provider and the new manager, there were still breaches of Regulations 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant robust audit systems were not in place. The audit systems and checks that were in place had not identified that people's safety was at risk because medicines were not stored, recorded or administered effectively. Some people's health was at risk because medical advice and support had not been gained. Mental Capacity Assessments did not meet the requirements of the Mental Capacity Act 2005. There was not enough staff to keep people safe at times.

The failure to operate effective systems and processes to monitor the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were happy with the way the home was managed. Comments included, "Brilliant home, 100% good. The improvements have helped. New furniture and painting all good"; "Always able to get hold of someone who will give you time and listen"; "Good manager and owner. Always have banter with [manager]. The home is well managed we don't have anything to complain about"; "It's a very good home. I wouldn't be coming here for all these years if it wasn't well run" and "I like it so much, they really help. They are always so welcoming to my family making them tea when they arrive. They think it is great here".

Relatives told us the service had improved and was well managed. Relatives also said that during the week they have always found the manager at the home. One relative said, "[Manager] visits people in their rooms two or three times a day". Another relative said, "At the weekends there is a team leader in charge. The manager is always available by phone". Other comments included, "It is well run. It's a lovely home, staff very polite and helpful. Owner is a lovely person and will listen. A lovely home" and "It's a family run business. Everyone mucks in and helps each other. Everyone knows each other and all know the residents and their families. It's a lovely home. I wouldn't have left my mum here six months ago".

The home had a registered manager in place, however they were not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had employed a new manager; they were planning to apply to become the registered manager.

New audit systems were in place and had been embedded into practice. Weekly auditing was taking place. The manager produced a weekly action plan for the provider to detail what actions had been taken. The action plans clearly showed that work had been completed and new issues and areas to improve had been added when they had been identified. For example, medicines audits had highlighted where there had been gaps in recording temperatures of medicines storage areas and some 'as and when required' (PRN) protocols were not in place. The audit showed that these were actioned. This meant that the provider and management team had an understanding of some of what was going in the home and what further improvements were required.

The provider had instructed an external company to carry out a comprehensive audit of the home. Two audits had been completed. These had been completed on 28 February 2017 and 21 April 2017. The feedback sheet from the latest audit showed that a comprehensive check had been carried out based on the five domains (Safe, Effective, Caring, Responsive and Well led). Some actions and recommendations had been made. The manager's action plan showed these had been added to the list of required tasks and progress had been made to complete these. Some of these were outstanding, but were in hand.

The management team had a good understanding of their roles and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding. The rating from the last inspection was clearly on display for people, relatives and visitors to view both in the hall way and on the provider's website. This meant that the service was open and transparent about their last inspection.

The manager explained that they had good support from the provider. The manager told us, "The providers have been very open. They have given me complete operational control. We have made great progress. We have still got some way to go but I am confident we will get there. I have spent time showing staff how it [their attitude and behaviour] affects the people that live here". The provider shared they had great confidence in the new management team.

The manager had attended local authority run provider forums to engage with other registered managers and providers in order to share information and good practice. The manager kept up to date with events, changes and information relating to the health and social care sector by receiving weekly communications from the provider and CQC newsletters. They had developed a CQC file which contained copies of the relevant regulations and guidance about how to meet the regulations.

The provider's website stated the aim 'Is to offer our residents the opportunity to enhance their quality of life by providing a safe, manageable and comfortable environment. In addition, support and stimulation are given to help maximize residents' physical, intellectual, emotional and social capacity. In order to achieve our aim we recognise the following as basic values that contribute to the quality of life for our residents'. They listed the values as privacy, dignity, independence, choice, rights and fulfilment. We observed good practice from the staff providing care and support and saw that the values were deeply embedded into their work.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and

relevant. The manager's office contained a number of reference books and guidance to help staff and the management team.

Staff told us that communication between staff within the home was good and they were made aware of significant events. There were various meetings arranged for staff. These included daily shift hand over meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the manager listened to them.

Staff were complimentary about the support they received from the manager and provider. They all told us that the provider and the manager were approachable and friendly and they felt comfortable talking to them about work and personal matters. One staff member said, "It's so much better. I feel much more positive. I feel supported in my role". Another staff member told us, "They are trying hard, they're helping us with changes including paperwork. I get good support. The home is much better".

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider and registered manager had failed to meet the requirements of the Mental Capacity Act 2005. Regulation 11 (1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not deployed sufficient numbers of staff to meet people's needs. Regulation 18(1)



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider has failed to ensure that medicines were suitably stored, administered and recorded. The provider has failed to assess and mitigate risks to people's safety effectively. Regulation 12(1) (2)(a)(b)(d)(e)(g)

### **The enforcement action we took:**

We served the provider a warning notice and told them to meet the regulation by 11 August 2017.

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 operate effective systems and processes to monitor the quality of the service. Regulation 17 (1)(2)(a)(b)(f)

### **The enforcement action we took:**

We served the provider a warning notice and told them to meet the regulation by 11 August 2017.