Signature At The Miramar (Operations) Limited

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Inspection report

165 Reculver Road
Beltinge
Herne Bay
Kent
CT6 6PX

Tel: 01227374488
Website: www.signature-care-homes.co.uk/care-homes/care-home-kent/index.php

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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

Summary of findings

Overall summary

This inspection was carried out on 18 and 19 February 2016 and was unannounced.

Signature at the Miramar provides accommodation and personal and nursing care for up to 122 older people and people living with dementia. The service is a large purpose built property. Accommodation is arranged over three floors. Two lifts are available to assist people to get to the upper floors. The service has 10 single bedrooms with ensuite bathrooms and 69 suites and apartments for one or two people. There were 70 people living at the service at the time of our inspection, five people were not receiving a care service.

A general manager was leading the service. The registered manager had recently left the service and had applied to cancel their registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect at all times. Staff told us they treated people as they would like their family to be treated. People and their relatives told us that the service felt like a family and staff were kind and caring.

The general manager provided leadership to the staff and had oversight of the service. Staff were motivated and felt supported by the management team. The general manager and staff shared a clear vision of the aims of the service. Staff told us the general manager and members of the management team were approachable.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The provider's recruitment procedures were not followed consistently. The checks they required, to make sure staff were honest, trustworthy and reliable had not been fully completed for all staff. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. Staff had completed the training they needed to provide safe and effective care to people and systems were in place to continually develop staffs skills and knowledge. Some staff held recognised qualifications in care. The providers process of regular meetings between staff and a manager to discuss their role and practice had not been followed for all staff.

However, staff told us they felt supported and were confident to raise any concerns they had.

Staff knew the signs of possible abuse and were confident to raise concerns they had with the manager or the local authority safeguarding team. When concerns were raised action had been taken promptly to keep people as safe as possible. Robust plans were not in place to in place to keep people safe in an emergency, including plans and equipment to evacuate people from the building. Following the inspection plans were put in place to obtain advice from the local fire and rescue service.

Staff provided the care people required in the way they preferred. People's needs assessed and regularly reviewed to identify the care they required and any changes. Care and treatment was planned with people and reviewed to make sure people got their care in the way they preferred and support them to be as independent as possible.

People received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were supported by staff to receive the care and treatment they needed to keep them as safe and well as possible.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Risk to be people had been identified and arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary.

Systems were in place to assess if people were able to make decisions but these were not always used to assess if people could make particular decisions. When people could not make a particular decision, staff made decisions in people's best interests with people who knew them well. Consent to care had been obtained from people. People were supported to make decisions and choices. The requirements of the Mental Capacity Act 2005 (MCA) had been met. Improvements are required to make sure information about people's ability to make particular decisions is available to staff.

People were supported to participate in a wide variety of activities that they enjoyed, including an art club, exercise activities and social events. Possible risks to them had been identified and were managed to keep them as safe as possible, without restricting them.

People told us they liked the food at the service. They were offered a balanced diet that met their individual needs. A wide range of foods and drinks were on offer to people throughout the day and night to make sure they were hydrated and not hungry at any time.

People and their representatives were confident to raise concerns and complaints they had about the service. Some people were not satisfied with the response they received and the manager took action to change the way complaints were investigated.

Members of the management team worked alongside people and staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again and plans were in place to continually improve the service. People and their representatives were asked about their experiences of the care frequently and these were used to improve the service.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.

Systems were in operation to regularly assess the quality of the service. People and their relatives were asked for their feedback about the quality of the service they received.

We made a recommendation to improve practice in relation to recruitment practices.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

The provider's recruitment policy had not been followed consistently to make sure that all the relevant checks were completed on staff before they worked alone with people.

People were given the medicines they needed.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered everyone choices in all areas of their life.

Plans were in place to make sure staff developed the skills they required to provide the care people needed and continually improve their practice.

People received food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments. Effective treatment was provided to keep people as well as possible.

Is the service caring?

Good

The service was caring.

People said that staff were kind and caring to them.

People were given privacy and were treated with dignity and respect.

People were supported to remain independent.

Is the service responsive?

Good

The service was responsive.

Assessments of people's needs were completed regularly. Care and treatment was planned with people, and their family when necessary, to meet their needs. Staff recognised changes in people's needs quickly and provided the care they required.

People received their care in the way they preferred.

People were involved in the running of the service. They enjoyed the wide variety of activities and social occasions.

Systems were in place to resolve any concerns people had. Action was taken to make sure complaints were resolved to people's satisfaction.

Is the service well-led?

Good

The service was well-led.

There was a clear set of aims at the service including supporting people to remain as independent as possible.

Staff were motivated and led by the general manager. They had clear roles and were responsible and accountable for their actions.

Checks were completed on the service people received. People, their relatives and staff shared their experiences of the service and action was taken to continually improve the service.

Records about the care people received were accurate and up to date.

Signature at the Miramar (Operations) Limited

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 18 and 19 February 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist professional advisor, whose specialism was in nursing older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 looked at notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with 11 people living at the service, four people's relatives and visitors, the manager, staff and a visiting health care professional. We visited some people's apartments, with their permission; we looked at care records and associated risk assessments for 11 people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

We last inspected Signature at the Miramar in September 2013. At that time we found that the registered provider was complying with the regulations.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe at the service. One person told us, "I have never locked my flat door since the day I moved in, I feel so safe". Another person's said, "I feel very safe, the front doors are security doors, and you have to ring the bell to be allowed in. There is nobody wandering about the home". One person's relative told us they were confident their relative was safe at the service and felt confident to go away on holiday without worrying about them.

People told us they received consistent care, when they needed it, from staff who knew them well. One person told us, "There are enough staff. The agency staff are being replaced by permanent staff who are more dedicated. I have been involved with staff interviews".

Systems were in operation to decide how many staff were needed to provide the service at different times of the day, taking into consideration peoples' needs and the skills of the staff. Staffing levels were reviewed regularly and when people's needs changed. Catering, housekeeping and maintenance staff were employed so nurses and care staff could concentrate on caring for people. All the staff we spoke with said they were not rushed and had time to spend with people. A nurse worked on each shift to provide the nursing care and treatment people required.

Staff shifts were planned in advance. Cover for staff sickness and holidays was usually provided by other team members. A small group of agency staff occasionally covered shortfalls and worked alongside experienced staff to provide consistent care to people. An on call system was in place and management and maintenance cover was provided at the weekends and in the evenings, so staff had support when they needed it.

There were processes in place to keep people safe, these were known and understood by staff. Staff knew the signs of possible abuse, such as changes in peoples' mood. They had raised any concerns they had with the general manager who had taken action to keep people as safe as possible while concerns were investigated by the local authority safeguarding team. One staff member told us, "The manager has a zero tolerance of abuse".

People's risk of falling had been assessed and care had been planned for most people to keep them safe. The general manager reviewed accidents records to identify patterns and trends and took action to reduce risks to people, staff and visitors.

Moving and handling risk assessments had been completed and guidance was provided to staff about how to move people safely, including the equipment and techniques to use. People were encouraged and supported to remain as independent as they could be.

Risks to peoples' skin, such as the development of pressure ulcers, had been assessed. Action had been taken to minimise the risks. People were moved regularly to take the pressure off high risk areas of their skin. Special equipment, such as cushions and mattresses were provided to keep people's skin healthy, we

observed these being used. One nurse took the lead in skin care and had completed additional training. They had changed the practice at the service following the training to make care more effective and reduce the risks to people.

People's risk of falling had been assessed and care had been planned for most people to keep them safe. Accident forms showed that not all the falls people had were recorded in their falls record which was used to review and plan their care. The general manager reviewed accidents records to identify patterns and trends and took action to reduce risks to people, staff and visitors. There was a risk that there would be a delay in identifying changes in people's needs and planning care to keep them as safe. This is an area for improvement.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift and during the shift if necessary. Each staff member had a written record of the changes to refer to during their shift. Changes in the support that people needed were also recorded in their records so staff could catch up on changes following leave or days off.

Plans were in place to move people to other parts of the building to keep them safe in the event of a fire. Plans and equipment were not in place to evacuate people from the building to a place of safety. Following our inspection the provider put plans in place to obtain advice from the local fire and rescue service and review their evacuation processes.

The building was secure and the identity of people was checked before they entered. One person's relative said, "The security is very good here. Staff are always around. They are very kind always come if you need help". Reception staff were available between 8:00 am and 10:00 pm to let people's visitors in and out promptly and contact the people they had come to see. Internal doors were not locked and people moved freely around the service and were not restricted. Each room and apartment had its own front door that people could choose to lock and hold a key to if they wanted. Environmental risk assessments had been completed and action taken to keep people safe.

Regular checks were completed on all areas of the building to check that it was safe. Staff told us that the needs of people with dementia had not been considered when the building had originally been decorated and this caused some people confusion at times. They told us some people with dementia tried to pick the pattern of the carpet thinking it was 'bits' on the carpet. We observed one person ask for help to step over lines in the carpet in reception thinking it was a step. Plans were in place to redecorate the corridors on each floor of the building and the dementia suite including dementia friendly elements such as plain carpets and individual front doors.

A call bell system was fitted in peoples' apartment. People told us that staff responded promptly when they rang for help. One person said, "The buzzer is placed in my bed beside me and when I need help to get out of bed I press the bottom one and the carer comes to see what I need". People showed us the call bell system on the wall in their apartments and told us they were encouraged to take the hand held section with them when they left. We observed that staff responded very quickly when the emergency bells rang.

Staff regularly checked on people who were unable to call for assistance, to offer them support if it was required. One person's relative told us, "Yesterday when I went out I asked staff to check my relative regularly. When I got back the carer and the nurse were in checking my relative". Care, waiting, activities and reception staff were present in communal areas with people and worked as a team to make sure people were safe. Checks were carried out regularly on people during the night.

The provider's recruitment procedures were not always being followed. The checks they required, to make sure staff were honest, trustworthy and reliable had not been fully completed for all staff. Information had been requested about staff's employment history, including gaps in employment. However, a full employment history, dates of employment and reasons for any gaps in employment had not been obtained for all staff. Information about staff's conduct in last employment had been obtained; however, information about staff's conduct in other care roles had not always been obtained as the provider's policy required.

People were involved in the recruitment process and met and interviewed candidates. Their views and feedback was used as part of the selection process. They told us that this made them feel involved in important decisions at the service. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff and the qualifications of nurses had been completed. Processes were in operation to dismiss staff whose practice did not reach the required level and to refer staff who posed a risk to vulnerable people to the DBS.

Information about candidate's physical and mental health had been obtained and checked by the provider's occupational health department. Candidates were not offered employment until the provider was confident that they were physically and mentally fit to complete their role.

We recommend that the provider review the application of their recruitment procedures to ensure they are being followed consistently and that all the relevant checks are completed on staff before they work alone with people.

Processes were in operation to protect people from the risks of unsafe management of medicines, including systems for ordering, checking, storage, disposal and administration of prescribed medicines. Medicines were stored securely and were well organised. People received their medicines at the time advised by their doctor.

Some people were prescribed medicines 'when required' (PRN), such as pain relief. Guidance had been provided to staff about how to manage each person's routine PRN medicines. One person who was in pain at times told us, "I am given the opportunity by the carer to have the tablets if I need them". Some people receiving end of life care were prescribed PRN 'crisis medication'. Guidance about the indications that people required the medicine had not been provided to staff, this is best practice. This did not impact on people because the nurses knew the signs that the crisis medicine was required. This was an area for improvement.

Staff had a good understanding of safe medicine management. They were knowledgeable and able to explain the action they took to manage medicines safely. Staff did not give people their medicines until managers were confident that they had the skills to do this safely. Staff had obtained support with medicines from the pharmacy and the local Clinical Commissioning Group Medicines Management team.

Systems were in place to identify mistakes in medicines administration. Action was taken promptly to make sure that people had received their medicines and staff completed further training and competency checks if they made a mistake. The general manager met regularly with staff who gave people their medicines to look at the causes of mistakes, identify patterns and trends and agree processes to reduce mistakes. Medicine administration mistakes had reduced significantly since the systems had been put in place.

Good

Is the service effective?

Our findings

People were able to make choices about all areas of their lives, including how they spent their time and who they spent it with. During our inspection people were offered choices and staff responded consistently to the choices they made. Most people were able to chat to staff and tell them what support they needed and how they preferred it provided. Staff knew people they worked with well.

Systems were in place to offer people choices in the ways they understood. For example, printed menus were available to everyone. Staff offered everyone choices at meals times. Sample meals were shown to people who were no longer able to read the menu and understand spoken choices to help them understand the choices on offer. People chose what they wanted to eat at each meal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People told us that staff asked them what they wanted and respected their decisions. They gave us examples of how staff respected their choices. One person told us, "I like having a bath. I can one whenever I want. They always ask my preferences. If I like, I can have a spa bath". Another person told us, "I don't like the feeling of water running on my face and have never liked having a shower, so I have a bed bath every day. If I want a bath all I have to do is ask". We observed staff supporting people to make decisions and respecting the decisions they made.

Some people were able to make complex decisions without support, other people were given the information and support they needed to make decisions, by family, friends and staff. This included using rails on their bed to prevent them from falling out or locking their apartment door and they had signed to confirm their agreement. Other people were unable to make complex decisions about the care and treatment they received and needed other people to make these decisions in their best interests.

Decisions made in people's best interests had been made by relatives and friends who knew them well, with staff, and health and social care professionals on occasions. Some people who had bedrails lacked the capacity to consent to their use. Their representatives had made the decision to use the rails with a senior staff member and records of the decisions making process had been kept. The person's capacity to make the decision had not been assessed before the decision was made to check if they had capacity and could make the decision with support. This did not impact on people as staff assumed people had capacity, respected the decisions they made.

Everyone living at the service was able to make straightforward decisions, such as what they wanted to eat or drink and shared these with staff. People's capacity to make 'less complex decisions' had been assessed:

however the assessments did not detail the particular decisions that needed to be made. This is an area for improvement.

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 the Deprivation of Liberty Safeguards (DoLS).

The general manager was aware of their responsibilities under DoLS. The risks of people who lacked capacity being deprived of their liberty had not been assessed. However, the general manager had identified that some people may be at risk of being deprived of their liberty and had made applications to the local authority for standard DoLS authorisations. They put a process in to operation during the inspection to assess the risks of people who lacked capacity being deprived of their liberty, following the local authority guidance.

At the time of our inspection three people were the subject of a DoLS authorisation and 25 others were waiting to be assessed by the local authority. Plans were in place to support people who liked to be outside to be safe and take part in tasks they had enjoyed in the past, such as digging. Urgent DoLS authorisations had been put in place to keep people safe when they were at risk. We observed staff, including reception staff, support people who had an authorisation in place, to return to the building in a relaxed and encouraging way. People returned calmly with staff and enjoyed a cup of tea.

Staff, including agency staff, had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities, including shadowing more experienced staff. The induction included four days training and two weeks shadowing experienced staff, this was flexible depending on the staff member's skills, and could be extended if required. A training programme was in operation and new staff quickly obtained the basic skills they needed to complete their role. Other staff attended these training sessions to keep their skills and knowledge up to date.

Staff had completed the training they needed to perform their duties, including moving and handling, health and safety and fire safety training. They had also completed special training to support people's individual care and treatment needs. Some staff had acquired level 2 or 3 qualifications in social care. Other staff were working towards these qualifications or the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. A programme of master classes was also in place to help staff further develop their skills and keep up to date with new guidance and best practice. Staff told us they enjoyed the training and it had improved their practice and the care and treatment people received.

Two nurses had completed mentorship training and attended annual updates to maintain their mentorship qualification. They mentored nursing students on placement at the service from the local university.

The provider had a process in place to support staff through regularly meetings with their supervisor to talk about their role and people's care and support. This process was not happening at the service. This had been identified by the provider and discussed with the general manager. The general manager put plans in place during our inspection to set up regular meetings for all staff with their supervisor.

Meetings had been held with staff if managers had identified concerns about their practice. Actions agreed were reviewed at further meetings with the staff member. These meetings were not recorded to make sure that all concerns were followed up and staffs development would be recognised. This is an area for improvement.

Staff told us they felt supported by the management team to deliver safe and effective care and treatment. They told us they were able to raise any concerns they had about people with the managers quickly as they were always available. Staff practice, as well as people's needs, was discussed with staff throughout the shift to make sure they were supported to provide effective care.

The provider had an appraisal process in place, to review each staff members practice and development over the previous year and set goals for the next year. This had not been consistently followed and action was being taken to meet with all staff to complete this process.

People were supported to maintain good health and care and treatment was provided to meet people's health care needs. People told us staff called their doctor when they asked them too and they could see the doctor when they visited on a Tuesday and Friday. Nurses working at the service provided care and treatment to people with long term conditions. Community nurses visited people to provide treatment for short term illnesses or to support the service's nurses to treat complex conditions.

Visiting health care professionals told us that staff contacted them without delay if they had concerns about people's health and followed the advice and guidance they were given to keep people as well as possible. For example, nurses contacted specialist tissue viability nurses for additional support when treating people's wounds. They followed the specialist's advice and people's wounds had improved.

Treatment was planned to reflect people's preferences. Action had been taken, with a health care specialist, to change one person's diabetes care when they told staff they did not like frequent treatment. The person's condition remained stable and the person was happier with the care they received.

People were supported by staff or people who knew them well to attend health care appointments, including emergency visits to hospital or outpatient appointments. This was to support them to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service. A community nurse commented that on occasions some people would receive routine treatment more quickly if they attended their doctor's surgery rather than waiting for a nurse to visit them. The general manager put plans in place during our inspection to discuss this with staff, people and their representatives.

People told us they liked the food at the service. One person told us, "The food is excellent. It's like being on a cruise ship which doesn't move anywhere". Another person said, "We have a chef who really cares. He takes a personal interest in what we think of the food".

Meals times were pleasant, social occasions and people enjoyed their meals in a social environment. People were able to choose where they ate their meals. Most people chose to use the restaurant; other people ate in their apartments. Meals were served over a two hour period and people were able to go to the restaurant when they wanted to. Some people with dementia ate in small dining areas and were supported by staff to remain as independent as possible. People who needed support were assisted by staff at their own pace.

People told us they had enough to eat and drink. Portion sizes varied dependant on the person's appetite. One person told us, "There is sometimes too much food; I have a half portion if that is all I want". Food and drinks were available all the time during the day and night, including a selection of hot and cold drinks, cakes, biscuits and fruit. We observed people helping themselves to these or being supported by staff. One person's relative told us, "Sometimes my relative wakes up hungry, I come downstairs and the staff prepare some soup for them. It is never any trouble". Staff offered people drinks often to make sure they did not become dehydrated.

When people lost weight they were quickly referred to their GP for support and advice. People who had lost weight or were at risk of losing weight were offered food fortified with extra calories and had gained weight. People's relatives had meals with them when they wanted to, including on special occasions such as Christmas.

Meals were planned with people to meet their needs and preferences, including vegetarian meals. One person said, "We make suggestions about what to put on the menu. I suggested kedgeree and the chef did this for us". People and catering staff attended monthly 'food and beverage' meetings to discuss the food and drinks offered at the service. People had raised concerns about the quality of some foods and the provider had taken action to improve them. One person told us, "We noticed that the fruit coming to the home was poor quality and did not last long. Staff complained to the supplier and immediately the quality improved".

People told us staff knew their preferences. Several people told us they could ask for alternatives if they did not like what was on the menu. One person told us, "If they have it in the kitchen, we can have it. I fancied bacon and eggs for tea the other day, it wasn't on the menu and they cooked it especially for me". People who required a low sugar diet were offered low sugar alternatives.

Menus were balanced and included fresh fruit and vegetables. All meals were homemade. Communication between care staff and catering staff was good, catering staff were aware of any changes in people's needs.

Good

Is the service caring?

Our findings

People and their relatives we spoke with told us they were happy with the service they received at Signature at the Miramar, their comments included: "It's well run, the maintenance team are good, the reception team are excellent, the food is excellent, there is always help around when you need it and plenty of reassurance from everyone", "[My relative] is well looked after. I have no worries at all. I don't leave here worrying about him. That worry was taken away when he moved in here"; "It's brilliant here. I wouldn't have given up my home if it wasn't. My daughter thinks it's magic".

Staff knew about people's preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know them and provide their care in the way they preferred. Information was available for staff to refer to in people's care plans. People were called by their preferred names.

Staff knew people well, including how they liked things done. People told us staff responded quickly when they needed support. One person said, "I was going into the lounge and dropped my grab stick from my walking frame, one of the staff came over straight away and asked 'Can I help?' the staff here are lovely".

People were not isolated and were supported to spend time in communal areas with other people including the restaurant and lounges. We observed people chatting and spending time with each other. Staff visited people who chose to stay in their apartments regularly and stayed with them if they required support or reassurance. Staff knew people's routines, such as their usual time to get up and when they liked to get washed and dressed.

Staff showed genuine affection for people and people responded in a similar way. One person told us, "When I am in the corridor staff always say 'good morning [person's name]', it's absolutely genuine. They always like to share a joke with me". Another person said, "The staff are very caring. I get on very well with the staff, they help me and I help them". A third person said, "When staff come in to help me get up and dressed we always have a chat and a laugh about life".

Staff, including reception staff, quickly recognised when people were becoming anxious and spent time talking to them and reassuring them. They used touch, such as holding people's hands or placing their hand gently on their arm or shoulder to offer comfort and reassurance. One person's relative told us that their relative got very frustrated and confused at times. They told us staff were very patient with their relative and spent time reassuring them. They said, "The staff know how to deal with him".

People told us staff treated them with respect. People were able to choose the gender of the staff they preferred to support them. One person told us, "I asked for female carers for intimate care when I came here".

People told us that systems in place to make sure laundry was returned to the correct person had improved. One person told us, they sometimes got someone else's laundry and it would take staff time to find where

the laundry had gone. They told us at the last residents meeting they had asked for a number to call if they got someone else laundry and this had been provided on the morning of our inspection. Another person told us, "Nothing has gone missing for some time".

People were treated with dignity at all times and received the individual support and attention they needed. Staff offered them assistance discreetly without being intrusive. They explained to people about the care they would receive before it was provided. For example, staff asked one lady sitting in the entrance hall if they would like support to straighten their skirt to cover their legs. The person said yes and the staff member discreetly straightened their clothes. Staff had researched and purchased china cups which were easy for people with disabilities to use independently, these were had replaced the plastic cups some people thought were childish.

People had privacy. People and their relatives told us that staff asked them if they wanted their apartment door open or closed when they were in their apartment and respected people's choices. Staff rang people's door bells before entering their apartments and only entered when they were invited in. People had privacy when they washed and dressed and staff only stayed with them at their request. One person said "Staff always knock on the door before they pop their head in and ask if I'm all right". Another person said, "When the carers come in to help me wash they always close the curtains and door until I have finished dressing".

The philosophy of care at the service was to support people to maintain their independence. Staff knew what each person was able to do for themselves and supported them to retain their independence in all areas of their life. One person told us, "I like to dress myself. The carer helps me to fasten my bra. The staff never rush me, they encourage me to be independent as much as possible." Another person said, "I have total freedom to do what I want. The staff actually encourage me to be independent".

People's friends and relatives were able to visit whenever they wanted. They told us they visited regularly and were made to feel welcome. Reception staff were on duty from early in the morning to the late evening to support people and visitors to come and go easily. People were free to invite their friends and relatives to join in activities and social events at the service including tea parties and the summer ball.

Personal, confidential information about people and their needs was kept safe and secure. Staff received information about how to maintain people's confidentiality. Staff told us at the time of the inspection that people who needed support were supported by their families, solicitor or their care manager, and no one had needed to access any advocacy services. People with capacity told us that they, 'Speak for people who can't speak for themselves' and 'Keep an eye out for everyone and tell the staff about any problems'.

Good

Is the service responsive?

Our findings

People had been involved in planning their care, with their relatives when necessary. Most people were able to tell staff how they liked their care provided and told us that staff did as they requested. One person said, "I signed my care plan after agreeing what I needed". Another person had written their own care plan with staff and plans were in place for more people to do this. People's relatives told us staff contacted them quickly about any changes in their relative's needs. Staff knew what people were able to do for themselves and encouraged and supported them to continue to do this.

Before people were offered a service their needs were fully assessed with them and their relatives, to make sure the staff could provide all the care they required. People and their relatives were also invited to visit the service before deciding if they wanted to move in. One person told us, "I had an assessment at home and I was told what support they could offer me".

Further assessments of people's needs, along with discussions about how they liked their care and support provided were completed to find out what they could do for themselves and what support they needed from staff to keep them safe and healthy. Assessments were reviewed to identify changes in people's needs and the support people needed to keep them safe.

Care plans were written with people when they began to use the service and staff were provided with guidance about all areas of people's care and support as soon as they moved in. These were updated when people shared new information about their needs and preferences with staff, particularly when they first began using the service. One person told us, "When I moved in they were able to see how I was managing. We had considerable discussion and agreed a care plan". People's care plans contained information about how they preferred their care to be provided, their choices and preferences. One person said, "My care plan is an interesting read, it tells staff I need bed baths and to use the hoist when getting me out of bed".

Care plans were reviewed regularly to make sure they remained current. One person told us, "My care plan is updated every month. The nurse goes through it; we discuss what I need help with. It is very much about my views of what I need help with. They like you do as much as you can yourself".

Checks the general manager had completed on the quality of care plans showed that some did not provide staff with detailed information about people's preferences. Other care plans contained detailed guidance to staff about how to support people. For example, the care plan for one person who was not able to tell staff they needed to go to the toilet, stated they 'become fidgety in their chair' when they needed to use their toilet. Action was being taken to make sure that everyone's care plan included detailed information and guidance for staff, to make sure each person received their care and support in exactly the way they preferred.

A short summary of each person's care needs was included in their care plan to support new or agency staff and visiting professionals get to know important things about the person quickly. For example, one person's care needs summary informed staff they liked to sit in the garden and where their sunscreen was stored so

they could do this safely. Information about important decisions people had made with their families and doctors, such as 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions were easily accessible to staff in an emergency.

Systems were in place to share basic information about the care people needed and any changes in their care with staff. Each staff member was given a 'hot sheet' which included key pieces of information about each person at the beginning of each shift. These were update during the shift when people's needs changed and included important information about people needs and preferences. Other important information was also included on the hot sheet, such as the contact numbers for managers and doctors. Staff referred to the hot sheets for information when they returned from leave or days off.

People had enough to do during the day. They told us, "There is a bus here so we can go out, there is a regular programme, lunch or go shopping and coffee afterwards. They have introduced a new 'Oomph class', it's a bit of fun, lots of laughing. I sometimes go on the morning walks" and "I enjoy the trips out we are well looked after. I have been to Manston air museum and Faversham". One person told us the activities were not stimulating enough. People met with staff during our inspection to discuss other activities they would like to take part in.

Activities coordinators provided a variety of activities each day, in groups or with people on their own. On one day of our inspection people were taking part in a regular art class with an artist. People enjoyed the activity and their artwork was on display at the service. One person had enjoyed drawing when they were young but had not drawn for many years. They had joined the art class and were enjoying drawing again. Other people held a tea party, with tea, cakes and 'the best china'. People sang and danced. We observed people smiling and laughing together. One person's relative told us, "We loved the tea party; [our relative] used to love dancing and likes watching people dancing".

There was an activities plan in place, including evening entertainment; activities were on offer every day of the week. Each person had a copy of the activities plan in their apartment; it was also displayed around the service where people could see it, including corridors and lifts.

Before the inspection people's relatives had told us that they were not always satisfied with the response they had received from the staff when they complained. We looked to see what processes were in operation at the service to manage complaints.

A process to receive and respond to complaints was in place. Information about how to make a complaint was available to people and their representatives, however this had not been consistently given to people when they first raised a complaint.

Complaint investigations did not always look at what had caused the issue that was being complained about and feedback had not always been provided to the complainant about the action taken to prevent the issue happening again. On occasions the concerns raised by people, such as not enough staff in a specific area of the home had not been answered in the response. During the inspection the general manager put a plan in place to review the way complaints were investigated to make sure that people received a satisfactory response to all the concerns they raised.

People and their relatives we spoke with during the inspection told us they were confident to make complaints about the service. People told us staff listened to concerns they had and took action to resolve them. One person told us, "I don't see anything to complain about. At the resident meetings the management seem open to criticism or suggestions". Another person told us the general manager had

placed tables and chairs in front of the cafe bar and they enjoyed sitting there to enjoy their drink. They had suggested to the manager that the distance between the chairs be checked as they found it difficult to walk between the chairs with a walking aid. The general manager had checked the chairs and found the person was correct. The furniture had been moved and we observed people walking between it easily.

Good

Is the service well-led?

Our findings

A general manager was working at the service and had begun the process of applying to be registered. They were supported by a management team, including heads of department for catering, housekeeping and maintenance. There was a vacancy for a clinical care manager and recruitment processes were taking place at the time of our inspection. The general manager knew all the people and staff well. Staff told us they felt supported by the general manager and management team. They were confident to raise any concerns they had with the general manager and told us he listened to them. Staff were motivated and enjoyed working at the service. All the staff we spoke with said they enjoyed their job.

The general manager had a clear vision of the quality of service they required staff to provide and how it should be delivered. The philosophy of care at the service was clear and understood by all staff. Staff told us the aim of the service was to provide 'effective care that is responsive to people's preferences' and shared the manager's vision of good quality care. Values including privacy, dignity and respect underpinned the service provided to people each day.

A leadership academy was in operation at the service to develop the leadership skills of heads of departments, senior carers and others who were leading teams of staff. Staff told us this had given them greater confidence to lead and support staff to provide a good quality service. The general manager and department managers were present in communal areas of the service during our inspection and showed leadership and support to staff. Staff and people's relatives told us the managers were approachable and available to discuss any concerns they had.

Staff knew their roles and were accountable and responsible for the service they provided. The general manager was developing staff at each level of the team to review and develop different areas of the service, such as risk management and training. This process was in operation for infection control and staff had put new cleaning schedules and records in place. The cleanliness of the service had improved and all staff were held accountable.

A keyworker system was in operation at the service. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. Each person had a member of care staff and a senior carer or nurse who were responsible for planning their care with them and making sure their care records were up to date.

Staff worked together as a team to support each other and to provide the best care they could to people. Staff told us they felt valued and received positive feedback about their performance. Every three months people and staff nominated individual staff members for a 'rising star' award, for providing a good quality service. The names of winners and nominees were displayed at the service for everyone to see. Winners were rewarded by the provider at an annual award ceremony in London.

People were involved in the day to day running of the service. Systems were in place to obtain their views, including monthly residents' meetings and annual quality assurance questionnaires. People told us that the

manager and heads of departments attended these meeting and listened to their comments and suggestions. One person told us the meetings were, "Very helpful. I get the chance to discuss things face to face with the person". People received minutes of the meeting shortly after the meeting took place and told us this helped them check that action had been taken and plan for the next meeting.

Staff were committed to continually improving the service and had opportunities to share their views about the quality of the service and make suggestions about changes and developments. These included staff meetings, on-line forums and working groups looking at the development of specific areas of the service, such as medicines. Meetings were arranged to make sure that staff could attend easily, for example meetings for night staff were held in the evening. Staff were involved in the continued development of the service and their views were valued.

The general manager had the required oversight and scrutiny to support the service. They monitored and challenged staff practice to make sure people received a good standard of care. Regular checks were completed on all areas of the service staff provided to people during the day and at night and included people's feedback. Not all the checks on the quality of the service were recorded and continued development of all areas of the service could not be monitored. This was an area for improvement. Any concerns about staff practice were addressed with staff at the time and followed up at one to one meetings. Action plans were put into operation following some checks to make sure that shortfalls were addressed and the service continued to improve.

The provider completed regular checks on the quality of the service and systems were in operation to make sure that they received regular information about the service. These checks highlighted any risks or shortfalls and action was taken to address them.

There was good communication between staff. Processes were in place, such as regular meetings and the 'hot sheet' to share important information between staff and the management team. The service is provided in a large building and systems were in place to make sure that staff could contact each other and managers quickly if they needed support. We observed these systems working effectively and managers responding promptly.

Complete records in respect of each person's care and support were not always maintained. For example, falls records in people's care plans did not contain all the falls people had suffered. During the inspection the general manager identified that there may be too much recording required of staff and they may not be recording all their information they had because it was being duplicated elsewhere. They recognised that there was a risk that information may not be recorded and committed to reviewing the recording processes to make sure they were effective.

The general manager had sent notifications to CQC when they were required. Notifications are information we receive from the service when significant events happened at the service, such as a when people died.