

Kent Old People's Housing Society Limited

Bradstowe Lodge

Inspection report

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Date of inspection visit:
20 May 2019

Date of publication:
22 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Bradstowe Lodge is a residential care home that provides personal care to up to 27 people aged 65 and over at the time of the inspection there were 22 people living at the service. Some people were living with dementia. Two people were cared for in bed.

People's experience of using this service:

People had choice over their care and support and their choice, dignity and privacy was respected by staff. People told us staff were kind and caring and treated them well. Comments included, "The staff are ever so kind and friendly here" and "The staff are so friendly it feels like family and feels like I've known them all my life." People's religious needs were met.

The service had not been testing and checking that water temperatures for people using the showers were at safe levels. Staff had only recorded bath water temperatures. This meant people were at risk of scalding. Risk assessments did not always have all the information staff needed to keep people safe. Medicines were not always managed in a safe way. Medicines were not always stored at the correct temperature to ensure their efficiency. Some people were prescribed topical creams and lotion; records were not always clear about whether prescribed creams have been administered. Most people were in receipt of as and when required (PRN) medicines. PRN protocols were not in place for most people to detail why they needed the medicine and what the maximum dosages were. This meant that staff working with people may not have all the information they need to identify why the person takes that particular medicine and how they communicate the need for it.

Staff had not always been recruited safely. Staff files contained unexplained gaps in their employment history.

Most people had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. However, activities were not provided for people who were cared for in bed. Although care plans were in place to describe the care and support people needed, they did not always include some important information individual to the person. We made a recommendation about this.

There were systems in place to check the quality of the service. However, these systems were not always robust, they had not identified the concerns we raised in relation to risk management, medicines management and safe recruitment practice.

The design and layout of the service met most people's needs. People knew where their rooms were. However, some people lived with dementia and experienced episodes of confusion. We observed there were no way marking signs to help people and their visitors find their way around the service or out to garden. Communal rooms such as lounges, dining rooms, bathrooms and toilets did not display accessible signs.

This is an area for improvement.

People felt safe living at Bradstowe Lodge. Staff had the knowledge and training to protect people from abuse and avoidable harm. The provider's safeguarding policy required updating to ensure it gave staff clear information in line with the local authorities' policies and procedures. This is an area for improvement.

People received care, support and treatment when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly they were referred to a fall's clinic. The service worked closely with the GP.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The Service was rated Good at the last on 30 September 2016 (the report was published on 17 November 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Bradstowe Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector 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.

Service and service type:

Bradstowe Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spent time with each person living at the service. We received feedback from 19 people. We spoke with eight people's relatives. Two people were not able to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from a local authority commissioner.

We spoke with seven staff including; the kitchen assistant, handyman, care staff, senior care staff, the head of care and the registered manager.

We looked at seven people's personal records, support plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the manager to send us additional information after the inspection. We asked for copies of the staff training matrix, quality assurance reports and some policies and procedures. These were received in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- The service had not been checking that water temperatures for people using the showers were at safe levels. Staff had only recorded bath water temperatures. This meant people were at risk of scalding. The registered manager told us that this was because showers were fitted with thermostatic mixer valves to regulate the water temperature. We advised that thermostatic mixer valves can fail and referred the registered manager to the Health and Safety Executive guidance 'Managing the risks from hot water and surfaces in health and social care'.
- Risk assessments did not always have all the information staff needed to keep people safe.
- Risk assessments had not always been updated in a timely manner when people's needs and health had changed. One person was known to fall frequently. There was a falls risk assessment in place which stated that the person was not known to fall. Records showed that they had fallen once in January 2019, three times in February 2019, once in March 2019 and twice in May 2019. The falls risk assessment had not been updated to show that the person was at risk of falling and what action staff should take to reduce the risk of further falls.
- People who required equipment to help them to move had risk assessments in place. These risk assessments did not detail what size sling people had been assessed for to support them to safely use the hoist. Risk assessments lacked clear guidance for staff about how to work with people safely, such as which loops to use when using the hoist. This put people and staff at risk of injury. We asked staff about the slings in use. One staff member told us, "They [the service] would have to get the OT (occupational therapist) out to assess as the assessment should not just include what size the person is but which sling would be most suitable."
- One person's continence needs had changed and the person was now using continence products to help them. Their continence risk assessment had not been updated to reflect this change.
- One person's general health had deteriorated greatly and they were being cared for in bed. Their mobilising risk assessment stated that they were able to weight bear but required assistance from staff to transfer. This was not the case the person was unable to mobilise or weight bear. Staff were supporting the person to remain comfortable in bed and were repositioning the person regularly. The risk assessment did not show what equipment the staff should be using to do this. This put the person and staff at risk of injury.

The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Suitable equipment was in place to assist staff to evacuate people safely in the event of a fire. Records showed that staff had practiced using the equipment when carrying out fire drills.

- The safety of the environment had been risk assessed and hazards managed by the management team. For example, checks had been carried out by contractors on the electrics, gas, the lift, fire systems, emergency lights, hoists, equipment and legionella.
- Relatives told us, "We know that mum is the safest she could be here and is so well looked after and cared for. She wants for nothing really"; "She was not safe being left on her own at home but now we can relax knowing that she is brilliantly cared for and is safe at all times here with the stunning staff" and "We visit quite a bit and can just enjoy our visits here because it is a happy, content and very safe environment in which she now lives."

Staffing and recruitment

- Staff had not always been recruited safely to ensure they were suitable to work with people.
- Registered persons had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. Both staff files contained unexplained gaps in their employment history.
- One staff member had a gap from leaving full time education in 1999 through to 2010 which the provider had not explored. Another staff member had unexplained gaps from leaving school in 2009 to 2014. Their interview notes showed that gaps were not discussed and reasons for gaps had not been explored or documented.

The failure to operate effective recruitment procedures was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. The registered manager told us that they carried out assessments of staffing levels to meet the dependency of people's changing needs. One person's file showed this had been introduced in April 2019.
- We observed call bells were answered swiftly. People said there were enough staff. Comments included, "I feel safe knowing that there is always someone who can help on duty if I should need it, especially if I get up in the night"; "I can't move very quickly but I know I am safe as the staff really care for us so well and look after me admirably"; "The staff are wonderful they attend to my every need as prompt as you like" and "They pop their head around the door through the night so that is most reassuring to know, just in case I die in the night I wouldn't want to be left on my own."
- A relative told us, "He (loved one) is never rushed I have noticed, and the staff give him plenty of space and time to try to do things for himself."

Using medicines safely

- People's medicines were not always managed in a safe way. Medicines were not always stored at the correct temperature to ensure their efficiency. Each medicines storage area had a thermometer fitted to enable staff to check that medicines were being stored at the correct temperature. The records of these checks showed that the temperature regularly exceeded 25 degrees Celsius. 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.
- Some people had transdermal patches (medicated pain patches) applied to their skin to manage their pain. Most people's pain patches had been re sited following the manufacturers guidelines. One person's record showed it had been re sited on the same area of skin too frequently. Applying transdermal patches to the same area of skin too frequently could cause skin irritation.

- Some people were prescribed topical creams, lotions and emollients. Topical medicines administration records (TMAR) were in place. However, records were not always clear about whether prescribed creams have been administered and where on the person's body they should be applied.
- Most people were in receipt of as and when required (PRN) medicines. PRN protocols were not in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. Two people were prescribed Glyceryl Trinitrate spray which is used during an angina attack. This meant that staff working with people (including those administering these medicines) may not have all the information they need to identify why the person takes that particular medicine and how they communicate the need for it.

The failure to ensure the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Since the last inspection the service had moved away from medicines being supplied by the pharmacy in compliance aids to medicines being supplied in their original boxes and packaging. We checked the medicines records for everyone living at the service and found that medicines had been given as prescribed. We observed good practice with staff wearing appropriate personal protective equipment (PPE) when handling medicines.
- Staff who administered medicines had been trained to do so. The management team carried out competency checks at regular intervals to ensure that staff followed their training and followed good practice.
- People told us staff kept them informed about the medicines they were taking. One person said, "I have all my medicines just when I need them, and they keep an eye on my health and call a doctor should I require one." Another person told us, "My medicines are organised to carefully and distributed for me so there is no need for me to panic or worry about them anymore."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training to make sure they had the information they needed to keep people safe. Staff we spoke with could describe what abuse meant. Some staff were not sure how they would respond if they witnessed anything untoward. This is an area for improvement.
- Staff told us the registered manager was very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Some staff knew how to raise and report concerns outside of their organisation if necessary.
- 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. We found the copy of the local authority safeguarding policy, protocols and procedures in the registered managers office was very old. This contained telephone numbers that were no longer in use and out of date information. The local authority rewrote their policy in April 2015. This is an area for improvement.

Preventing and controlling infection

- The service was clean and smelt fresh. One person told us, "It is always, always spick and span here and they clean my room every day." Staff used PPE such as gloves and aprons to protect people and themselves from healthcare related infections.
- The equipment and the environment had been maintained. Handypersons carried out repairs and maintenance in a timely manner. One person told us, "We are all so safe here they have fire checks, medicine checks, health checks, equipment checks, kitchen safety checks, and checks for just about

everything you could think of."

Learning lessons when things go wrong

- The registered manager had systems in place to ensure that accidents and incidents had been recorded and were analysed. The information had been used to inform staff deployment and for referrals for falls, medicines reviews and tests for urinary infections, which can contribute to falls and changes in people's behaviours. One staff member told us, "If there are frequent falls the person is usually referred to the falls clinic, we do review the reports and put in place audio mats and increase checks."
- One person's care record showed that they had frequently fallen and been referred to their GP regarding deteriorating mobility. The advanced care practitioner from the GP practice had seen the person in March 2019 and assessed that they had fallen due to an infection so prescribed the person antibiotics. The person's falls records showed that since that visit the person had fallen twice in May 2019. They had not been referred back to their GP. We spoke with the registered manager about this and they agreed to take action.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met most people's needs. People knew where their rooms were. However, some people lived with dementia and experienced episodes of confusion. We observed that one person was disorientated when we spoke with them and we observed them mobilising around the service. A staff member told us that this was usual for the person. They said, "She mobilises herself and does get a bit confused about where the communal toilets are, but she knows her own room and where her toilet is in there. We do have to tell her and show her which direction her room is but when she gets to her door she recognises her name and goes in." This is an area for improvement.
- We observed there were no way marking signs to help people and their visitors find their way around the service or out to garden. Communal rooms such as lounges, dining rooms, bathrooms and toilets did not display accessible signs. This is an area for improvement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to carry out their roles. This included training to enable them to meet people's specific health needs. For example, a number of people lived with dementia; records evidenced that 83% of care staff had undertaken dementia training, 68% of staff had completed diabetes training. Records showed 75% of care staff had completed 'prevention of pressure' training. One person told us, "The staff are very well trained and look after my every whim."
- Staff told us that induction in to their roles included shadowing experienced staff, meeting people and reading through care files, policies and procedures.
- Staff were supported to undertake vocational qualifications. Staff confirmed that they had received supervision meetings. They all felt well supported by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food at the service and were able to choose what they wanted to eat. Feedback about the food was generally positive. People told us, "The food is wonderful, and the menu is changed every three weeks"; "We get plenty to eat and there is a varied choice of meals"; "We do get asked if

there's anything we'd like to add on to the menu and I know rhubarb crumble was popular and that was added, things like that"; "The food is A1"; "We've plenty to eat and drink whenever we want it" and "The food is rather good, perhaps a little more taste wouldn't go amiss but I can't complain." Two people were not so complimentary about the food. One person said, "The food can be rather bland. We had sweet and sour the other day and it was just sweet goo." The second person had not eaten much of their meal which had been delivered to them in their room. They told us, "It wasn't very nice, the [fried] egg was stone cold."

- Meals and drinks were prepared to meet people's preferences and dietary needs.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

Relatives said, "We noticed that weight was put on when she arrived here as the meals are so good" and "She is also given that little extra bit of encouragement to eat which is just what she needed a quiet bit of nurture at the appropriate time."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People continued to receive appropriate support to maintain good health.
- People were supported to attend regular health appointments, including appointments with consultants and specialist nurses. The GP visited the service regularly.
- Records showed that staff took timely action when people were ill. One person was taken ill during the inspection, the staff contacted 111 and detailed the person's symptoms and an ambulance was sent. Staff provided support and reassurance to the person whilst they were waiting for the ambulance. A relative said, "The staff will call a doctor without hesitation."
- People were supported to see an optician and chiropodist regularly.
- People living with diabetes were supported to test their blood sugar levels on a regular basis. Clear records were made, where readings were higher than normal for the person staff had contacted relevant healthcare professionals.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- When people's needs changed, this was discussed at staff handover.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No one living at the service had a DoLS in place. The registered manager had sought advice from the DoLS office when one person's needs had changed. They followed the advice and guidance given to them.
- People had consented to their care and treatment. There was evidence on people's care files to show that their relatives could act lawfully on their behalf in relation to certain decisions.
- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go, what they wanted to eat and what they wanted support with. Staff were respectful of people's choices and decisions.

- People told us, "I can ask for help to go outside whenever I want to" and "I can always go over and sit on the sea front if I feel a bit restless." A relative said, "We can use the garden altogether when we visit it's really a wonderful place to sit when the weather is right."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them well. Comments included, "The staff are ever so kind and friendly here"; "The staff, without fail, are polite, respectful and very caring"; "The staff are so friendly it feels like family and feels like I've known them all my life"; "The staff go out of their way to be helpful and friendly"; "The care is simply unquestionable, just what is needed with the benefit of humour and a laugh thrown in for good measure"; "It's just a very nice pleasant place to live"; "The staff are simply wonderful" and "The staff just want to help and make our lives more comfortable and happier, they really do."
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace. People's wishes about where they wished to eat and who with were respected. One person said, "They [staff] all know me and do stop for a chat as often as not."
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people.
- Relatives and visitors were welcomed at any reasonable time. The relatives and visitors we spoke with said they were made to feel welcome. They told us, "I feel welcome whatever time of night or day I visit. It's the little things that count like a cup of tea and biscuits without having to ask"; "I am really made to feel at home and welcome when I visit, and they encourage me to stay and eat sometimes too which is great for mum"; "I mean look how many of us are visiting today and they don't bat an eye we are just welcomed and made to feel comfortable" and "I would be more than happy moving in here and it may well come to that in the not too distant future."
- People's religious needs were met. People told us that church services were held at the service once a month and if they wished to attend they could do so.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People told us, "I do feel that I am listened to and very well care for"; "I do feel that they really do listen to me and take note of what I say and ask like a valued member of the home" and "The staff are really most attentive, and patient and they really do listen to us."
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People had been asked if they preferred a male or female carer and their choices were respected.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in their own rooms and in communal spaces around the service.
- People's personal records were stored securely.
- Staff knew people well and knew their likes and dislikes. Staff took time to sit with people, chat and offered reassurance when this was required. We observed staff speaking with people in a calm, gentle and kind manner when they were confused and disorientated.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress. We observed staff knocking on doors before entering.
- Relatives said their loved ones were treated with dignity and respect. A relative said, "I cannot fault his care. The staff are thoroughly decent nice people who care." Another relative told us, "The staff are genuinely kind and caring people."
- People were supported to be as independent as possible. Staff told us several people managed their own personal care, staff still checked with them to see if they needed any help or support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were offered a range of activities to keep them occupied and stimulated. The registered manager told us that activities took place on a regular basis. An activities schedule was in place for the month. The activities schedule showed that music activities were planned as well as board games, bingo, arm chair exercises, art, singers, bean bag quizzes and other quizzes, film afternoons, raffles, reminiscence and poetry sessions. There were no planned activities for the day of the inspection. However, people who received their care in bed did not have activities to keep them occupied and stimulated which put them at risk of isolation. The only activity and stimulation outside of care tasks (such as washing, dressing, supporting with medicines, eating and drinking) for some people were visits from relatives. We spoke with staff about activities for people cared for in bed. One staff member said, "We don't do that, it is something we should definitely look at." Another staff member said, "We do try, we do hourly checks, it is not always possible to sit and chat; we do try. We put on music they like. Maybe that is one thing we could do more of."
- Although care plans were in place to describe the care and support people needed, they did not always include some important information individual to the person. For example, some people had angina. Although this was not their main health need at the time, it was a condition that would need staff consistency and skilled care to support them if they had difficulties. A care plan was not in place to provide advice and guidance to staff in how to best support each person if they suffered from an angina attack.
- One person's diabetic care plan which was supposed to be individual to the person had another person's name on. This meant staff could not be sure whether the guidance was for one person or another.
- Another person's 'General mental health' care plan had not been updated to show that the person was now cared for in bed. The care plan advised staff that they should be encouraging the person to the dining room for their meals, which was not the case. This meant that the care plan had not been updated in a timely manner when the person's needs had changed.

We recommend that registered persons review and amend activities and care plans following current best practice guidance to ensure people's needs are met.

- People and their relatives had planned their care with staff, including how they preferred to be supported. People told us they had been involved in planning their care. One person said, "The staff do ask how I'd like to be helped and cared for and if there is anything that they could do to help make life just a little bit easier for me." Another person said, "We do discuss my care but they're professionals, so I have no need to interfere and let them get on with it."
- Life history documents had been completed to help staff know and understand how people had lived their lives prior to moving to the service. One relative told us, "The staff know him so well and they really do make such an effort with him to make him feel involved and welcome."
- People told us staff were responsive to their needs. Comments included, "The staff always check that they

are doing things the way I like them to be done and nine times out of ten of course they are"; "The staff do check on me when I am worried and know it makes me feel better"; "They were so very helpful when I moved in and helped make it an easier transition for me" and "The staff go that little bit out of their way to get to know each individual here and really make a special effort."

- One person said, "I don't get involved with planning activities, but I do like to join in with them and am always more than welcome." Another person told us, "We do have quite a bit to do during the day if we want to but perhaps not today, but the hairdresser takes up a bit of time."

Improving care quality in response to complaints or concerns

- People knew how to complain and raise concerns should they need to. People told us, "No complaints at all, not one"; "Can't fault the staff, they're all top class"; "I simply cannot and will not fault it here" and "There's simply nothing to complain about." Relatives told us, "We have no complaints or concerns"; "We do know how to complain but have never had cause to do so" and "We have no worries about anything here and wouldn't be shy in saying if we did."
- Complaints records showed that the registered manager had appropriately responded to complaints when they had been received.
- The complaints policy in place which was also available to people in different formats such as an easy to read complaints guide. The complaints procedure was displayed in the service.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.
- Crisis medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain.
- Staff shared their experiences of providing end of life care. One staff member explained how they supported people by keeping them "clean and comfortable" as well as offering pain relief. They explained they used equipment such as slide sheets when repositioning people and provided "support and comfort".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, medicines, maintenance, health and safety and infection control. Where actions were needed these were recorded and had been completed in a timely manner. However, the systems to check the quality of the service were not always robust, they had not identified the concerns we raised in relation to risk management, safe recruitment practice and medicines.

The failure to effectively monitor and improve the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Trustee's for Kent Old People's Housing Society Limited (the provider) carried out monthly checks at the service of the building, kitchen, exterior and spoke with people and their relatives. They consistently received positive feedback from people and their relatives.
- The registered manager had a good understanding of what was happening in the service, they were well known by people, relatives and visitors.
- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance. The rating had not been displayed on the provider's website due to a technical error. The registered manager took swift action to rectify this when we alerted them to the issue.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team. A member of staff said, "It's a lovely home to work in the manager and the seniors are lovely. I feel you can talk to them. It is run very well, everything we need is provided. We all work as a team. It is just lovely. The residents are lovely, they appreciate us and say thank you. It is nice to receive positive feedback from residents, it makes you feel like you have made a difference."

- The providers statement of purpose which had been updated in May 2019 stated, they aim to 'respond sensitively to the needs of each resident and their family' and 'are committed to providing the highest standards of residential and social care in safe, comfortable and stimulating surroundings, where individuality is recognised and residents are given the opportunity to enjoy each other's company.' It was clear from the experiences of people living at the service and our observations that the provider was mostly meeting their aims and objectives for the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had regular meetings. One person said, "We do have frequent residents' meetings" and "I don't think that there is anything they could do better here." The last residents' meeting had been held on 09 May 2019, people had discussed important issues such as fire safety, keeping safe, concerns and complaints and plans to attend a wartime themed tea dance at a local school. A Relative told us, "The meetings are quite informative, and I find it useful to attend."
- People had completed surveys to feedback about their experiences of living at the service; 13 completed surveys had been sent it. The completed surveys showed positive feedback. One person had commented, 'I feel at home here thanks to your kindness and that of all the staff. I sincerely feel I couldn't be in a better place.'
- Relatives had been sent surveys, 16 had been completed and returned showing positive feedback about the service. Some had comments about suggestions for improvements which the registered manager had responded individually to. Comments written in the surveys included, 'We feel that mum is happy at Bradstowe Lodge, which is most important'; 'The staff are great, always ready to help, offer a drink, etc' and 'I am extremely happy with the level of care and the quality that is provided.'
- Health and social care professionals had also been surveyed. Eight completed surveys had been returned with positive feedback. One survey said, 'This is a lovely home with a wonderful atmosphere and every member of staff is polite and friendly.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Comments from staff included, "The trustees are definitely approachable; they are all lovely. They come in at Christmas and help serve the Christmas meal and drinks to residents and relatives. I feel [registered manager] is approachable, she always answers my questions and queries" and "We do get support from trustees, we are a supportive team, can gain support from the chairman and the administrator if the manager is not around and speak with other staff."

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager was keen to expand the support mechanisms they had access to and we shared information with them about registered managers forums which would enable them to gain peer support and stronger support networks to help them in their role.
- Compliments had been received by people who had stayed at the service and their relatives. One compliment read, '[Person] would like to thank all at Bradstowe Lodge for the exceptional care and kindness you have given him during his stay at the home.'
- The registered manager had taken on board recommendations from a local authority commissioner who had visited the service.

Working in partnership with others

- Photographs in the hallway of the service showed people with babies and young children. People were smiling, holding the children and helping to feed them. The registered manager explained that this was part

of a partnership with a nursery. Staff and children from the nursery visited frequently which people loved to be involved in.

- The registered manager detailed how the service has a partnership with a local college. People with learning disabilities visit the service and take bakery orders from people, they go out and purchase the items and bring these in for people to enjoy.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were well met. Since the last inspection the service had joined the red bag scheme. The red bag scheme was put in place to improve transfer pathways between care homes and hospitals.

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 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to manage risks to people's health and welfare and failed to manage medicines safely. Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons had failed to effectively monitor and improve the service. Regulation 17 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Registered persons had failed to operate effective recruitment procedures. Regulation 19 (1)(3)