

The Abbeyfield Kent Society

Abbeyfield - The Dynes

Inspection report

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Date of inspection visit: 14 August 2015

Date of publication: 28/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on 14 August 2015 and was unannounced. We last inspected Abbeyfield –The Dynes on 16 July 2014 when we found improvements were required in staff training and the management of medicines.

Abbeyfield – The Dynes provides accommodation for up to 35 people who need personal care and support. There were 31 people living at the service at the time of our inspection. The service provides care for older people and people living with dementia. People had complex

needs and some people were not able to communicate verbally with us. Accommodation is provided on two floors. The service has single bedrooms. As the service had some vacancies they were able to offer a respite service to people for short term breaks. Two people were using the service for respite care to meet their personal care.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has

Summary of findings

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 in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found that improvements had been made to staffing and medicines, but some improvements were still required. Staff understood how to manage medicines safely and medicines were stored securely and safely. We have made a recommendation about guidance for staff in administering medicines that are prescribed to be taken 'As required'. Staff had completed more of the training they required to support and care for people safely and effectively. However we found that training in safe moving and handling techniques had not been effective as some staff did not follow safe practices. Not all staff had the skills to support people living with dementia effectively.

We found that improvements were also required in other areas of the service. The risks of injury to people were not always assessed and managed effectively. This was particularly in relation to the risk of falls and how people were helped to move safely around the service.

The service was not clean. Appropriate action had not been taken to ensure people were not at risk of the spread of infection in the service.

Staff knew about people's ongoing health needs and understood what action they needed to take to meet these needs. However, where there were changes in people's needs these were not always responded to effectively.

Records about the care provided were not adequately maintained to ensure the registered manager could monitor that people's needs were being met effectively and safely.

The premises did not meet the needs of people living with dementia. There was a lack of signage to help people find their way around the building. Some areas of the premises were not well maintained. The registered manager had a plan for the improvement of the service that included a review of the suitability of the premises for people living with dementia. We have made a recommendation about this.

People knew how to make a complaint if they needed to, but improvements had not always been made as a result of their complaints. We have made a recommendation about this.

People were provided with a range of group activities they could choose to participate in, but people did not always receive the support they needed to continue with their hobbies and interests. People were not provided with opportunities for social activities outside of the home. We have made a recommendation about this.

Staff were kind and caring. They encouraged people to retain their independence and provided the support they needed at a suitable pace. Staff had developed positive relationships with people and treated them with dignity and respect. Some agency staff did not know people names before being asked to provide care and support to them. We have made a recommendation about this.

There were enough staff deployed in the service to meet people's care and treatment needs. A thorough recruitment system was in place that ensured staff were suitable to provide care and treatment safely to people.

Staff understood how to keep people safe from abuse and knew how to report any concerns. They were confident to raise issues outside of the organisation if they needed to.

Staff were provided with the opportunity to undertake a qualification relevant to their role to further develop their knowledge.

Staff understood the principles of the Mental Capacity Act and knew how to support people who were not able to make their own decisions. People's rights were protected.

People had a varied diet and were supported to eat and drink sufficient amounts to meet their needs.

People had their privacy respected. Staff ensured the confidentiality of people's information.

Routines in the service were flexible and took account of people's preferences and wishes.

Staff were clear about their roles and felt well supported by the manager.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The risks to people's safety and welfare were not always assessed and managed effectively.

People were not adequately protected from the risk of the spread of infection in the service.

There were sufficient staff deployed to meet people's care and treatment needs. People were protected by robust systems for recruiting new staff.

People were supported to take their prescribed medicines safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

People did not always receive effective care from staff who had the necessary skills and knowledge to meet their needs.

The premises did not meet the needs of everyone living at the home.

People did not always have changes in their health needs met.

People were asked for their consent before care and treatment was provided.

Requires improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect and their right to privacy was upheld.

Not all staff employed in the service had developed caring and positive relationships with people before they provided care and support.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

People did not always receive personalised care that met their preferences, particularly in relation to their social needs.

People were supported to make a complaint if they needed to and complaints were investigated, however improvements were not always made as a result.

Requires improvement



Is the service well-led?

The service was not consistently well led.

Records about people's needs and the care provided were not always maintained accurately.

Requires improvement



Summary of findings

Staff were clear about their roles and responsibilities.

The provider had kept the quality of care under review and had a plan for the improvement of some areas of the service.

Abbeyfield - The Dynes

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 14 August 2015 and was unannounced. The inspection team consisted of three inspectors 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.

We gathered and reviewed information about the service before the inspection, including information from the local

authority and previous reports. We spoke with the safeguarding team and the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we spoke with 16 people, three people's relatives, the registered manager and six staff. We used the Short Observational Framework for Inspection (SOFI) because some people who lived with dementia could not tell us about their experiences of using the service. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records and associated risk assessments for four people. We observed medicines being administered. We looked at various records the registered manager kept for the running of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. They told us that they were treated well and they knew who they could talk to if they were concerned about their care or treatment. People told us that there were enough staff to meet their needs. One person said, “If I needed someone I could use the call bell or I would shout. There is always someone nearby and they come quickly.” A relative said, “The company has made a lot of improvements to the fabric of the building, it is much safer now.”

Risk assessments had been completed to manage and reduce risks to individuals as part of their care plan. However these had not always been updated in response to changes in need or incidents that had occurred. For example, a person had recently had a fall resulting in an injury. The accident report stated that staff were to be instructed to accompany the person when they mobilised in future to prevent another fall, but we found that the person’s risk assessment and care plan had not been updated to provide this guidance. The manager told us that the information would have been shared in the handover with staff, but they were unable to confirm all staff had been informed as there was no record within the handover notes. The person had fallen again three weeks later resulting in another injury. Appropriate action had not been taken to reduce the risk of an accident occurring again.

During our visit we saw that a person slipped from their armchair in the lounge. A staff member helped them to the ground slowly to avoid an injury. Staff went to get a hoist to lift the person back up from the floor to their chair. Two staff assisted the person, but they did not position the sling correctly underneath the person. They placed the sling under the person’s arms rather than around their shoulders, which when the hoist was raised would have placed strain on the person’s shoulder joints. We asked one of the staff members if this was the correct way to hoist the person and they said “I think so, but I am not sure. This is the sling that goes with this hoist.” As the staff continued to attempt to lift the person in an unsafe way we alerted the registered manager who stopped the procedure and sought assistance from a senior care staff who was a moving and handling trainer. The person was then moved safely back to their chair. The person’s care plan and risk assessments did not provide guidance for staff on using a

hoist to help the person from the floor. The person had a moving and handling assessment that instructed staff to use a stand aid hoist, which is a hoist to help a person from seated to standing, but there was no instruction for staff to help the person move from the floor using a full body sling and lifting hoist if they had fallen.

The risks of injury to people were not always assessed and managed effectively. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not taken appropriate action to ensure the risk of the spread of infection was effectively managed. Areas of the premises were not clean. The registered manager told us that there were no cleaning staff on duty that day and that care staff were undertaking as much cleaning as they could. Three cleaners were employed, but at the time of the inspection two were on planned leave and the third had needed to take emergency leave. The rota showed that only one cleaner had been deployed in the service since 02 August as the other two cleaners were on planned leave. The registered manager said she had asked other Abbeyfield homes for assistance, but they had no staff to spare. The registered manager had not approached an agency to supply cleaning staff, but did so during our inspection. We saw that one person’s bathroom had urine on the floor at 11am, despite the person having been supported to get up at 9am. Carpets in areas of the service had a strong odour of urine that remained throughout the day. There were no records to show that regular carpet cleaning had taken place to address this. Staff deployed to work as care staff were asked by the manager, in the afternoon, to undertake some cleaning duties such as mopping floors and cleaning toilets.

The upper sluice room floor was dirty and a bathroom floor was dirty around the sink base. There were used tissues and dirt behind all the baths in the premises. There was a dirty armchair in one bedroom and in a seating area upstairs by the lift. Light pulls were grimy and unhygienic. We saw that there was an open bin that contained used disposable gloves situated next a drinking water dispenser. A bin in a bathroom had no lid and was overflowing with used gloves and paper towels and a bin for disposal of clinical waste had no lid. There was a pile of dirty raised

Is the service safe?

toilet seats on the floor of a sluice room. A hoist was also stored in this room and had a sling draped over it. This placed people at risk of the spread of infection in the service.

Cleaning records were incomplete and we found that some duties had not been completed since 02 August as there had only been one cleaner on duty. The registered manager said that the cleaner on duty had been asked to undertake additional duties to cover for the absent cleaning staff, however there were no records to show this had happened. There were many gaps in the completion of cleaning records which made it difficult for the manager to be sure that the service was being cleaned effectively. We found that the service was not clean during our inspection.

An annual infection control audit was carried out by the registered manager. This had last been completed in February 2015. This had identified shortfalls in cleaning standards. The manager had provided additional training for cleaning staff, but this had not been effective as there were still shortfalls at the time of our inspection.

The registered manager had not ensured appropriate standards of cleanliness in the service to protect people from the risk of infection. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were hand hygiene technique posters in toilets, plenty of plastic gloves and disposable aprons available for staff to use. There were bottles of hand gel available throughout the building. Staff wore gloves and aprons when serving meals, drinks and snacks. Staff had been trained in infection control and they understood the importance of effective handwashing in reducing the risk of infection. Care staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before going into people's bedrooms to provide their care. Staff washed their hands regularly. This meant that people were protected from the risks of the spread of infection when being helped with their personal care. Laundry staff understood how to manage soiled laundry safely to reduce infection risks.

Staffing levels were established using information from individuals' dependency assessments. This had been most recently reviewed on 12 August. As a result staffing levels had recently increased by one carer on each daytime shift due to a change in people's needs. Staff told us this was an

issue they had raised at staff meetings and they were pleased they had been listened to. Staff said they felt there was sufficient staffing to care for people, but they commented that the lack of cleaning staff placed additional pressure on them at times.

There were enough staff deployed in the service to meet people's care and treatment needs. Staff were busy with tasks, but they had time to speak with people and to check that people across all areas of the service were safe. Staff told us they checked on people who preferred to remain in their bedroom by "Doing regular loops of the home" during the day. We saw that staff were available to respond to people's requests and needs promptly. Staff responded quickly to people's call bells. Staff were deployed so that they were responsible for a number of rooms each per day, this included answering the call bells. This meant that people did not have to wait for staff to provide assistance.

The service had some vacancies for care staff. The registered manager said there was a problem recruiting staff due to the remote location of the service and there had been a need to use agency staff most days for some time. During the week of the inspection agency staff were being used every day. As far as possible agency staff who were already familiar with the service were requested whenever they were available. The agencies provided profiles and training information about their staff. The registered manager confirmed she always checked they were suitable to work at the home. A recruitment action plan had been developed and efforts were being made to recruit new staff with local advertising and three planned open days in the coming weeks. Two new staff were soon joining the home from other Abbeyfield homes.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. All potential employees were interviewed by the registered manager to ensure they were suitable for the role. All new staff were required to undergo a six month probationary period and there was a disciplinary procedure in place to respond to any poor practice. This meant that people were only supported by staff who had been checked to ensure they were safe and suitable to work with them.

Is the service safe?

People had fire evacuation plans in place. A fire safety audit had been completed in February 2015 which had found no shortfalls. The dependency assessment of people's needs took account of the support they needed to mobilise in an emergency. Staff understood the support individual people needed to evacuate the building in the event of an emergency. This meant that people could be evacuated quickly in the event of an emergency. The service did not have a formal plan in place for emergencies, but the registered manager told us that they had an arrangement with the local council housing department for emergency housing should an emergency in the building occur.

The registered manager completed an annual health and safety audit of the premises. The last audit had highlighted that a new footpath was needed. The registered manager had applied to the provider for funding for this. The audit also identified that the area below the stairwells needed to be kept clear and we found that it was clear during our inspection.

The risks of developing pressure sores had been assessed and staff knew what they needed to do to prevent this. People had pressure relieving equipment and were helped to reposition regularly throughout the day. Staff were aware of people's individual needs, for example they knew one person needed to move to an air cushion during the day and have bed rest in the afternoon to relieve pressure on their skin. Body maps were used to record if people sustained any bruises or other injury to their skin. These had been completed in detail, but had not always been signed off once the injury was healed.

Staff understood how to keep people safe from abuse and gave examples of how they did this. They had completed training in how to recognise and respond to the signs of abuse. Staff gave examples of how they managed incidents between people who were agitated. They said they used distraction techniques, provided comfort and helped people to remove themselves from unsafe situations when necessary. A staff member said, "It is all about making people feel loved and safe." Staff knew who to contact to report concerns about people's safety. They told us that they were confident to do so. One staff said "I would go to my manager first, but if I felt it wasn't being dealt with I would go above them." Staff knew how to blow the whistle on poor practice outside of the organisation. There were contact details for relevant organisations, such as the local authority, available to staff to access in the staff office.

Since our last inspection there had been improvements in the management of medicines and staff understood how to manage medicines safely. Senior staff were trained to administer medicines. Medicines were stored securely and were dated when open to ensure they would be disposed of at the time of expiration. Medicines that required refrigeration were stored correctly. Staff knew when to return unused medicines to the pharmacy to avoid an overstock of medicines in the home. Staff administered medicines safely. They asked people for their consent before giving them their medicines and ensured they had a drink to take their tablets with. Accurate records were kept of the medicines people had been given. There was a list of the signatures and names of staff who administered medicines on display in the medicines room, to ensure that staff signatures on the records could be identified.

People who were prescribed medicines to take 'As required' did not have guidance in place for staff to follow about when these should be given. For example a person prescribed a sleeping tablet to be given 'As required' did not have guidance in place to tell staff in what situations this should be given. **We recommend that the registered manager review people's medication records to ensure staff understand when to administer 'As required' medicines.**

The medicines policy and procedure was dated 2011 and had not been reviewed. The registered manager said that all the organisation's policies and procedures were in the process of being reviewed and updated as the organisation had acknowledged they were out of date. The medicines policy had not yet been reviewed. The registered manager carried out monthly medicines audits, which included a spot check of medicines records and an observation of practice. This ensured any gaps in record keeping or areas for improvement were identified swiftly.

There was a record maintained of when the first aid kits available throughout the building were last checked, which was the responsibility of a senior staff. This was completed monthly. The items in the first aid kits were within the expiry date. The senior carer maintained a list of stock so that the kits could be topped up as needed in between monthly checks. This ensured there was always a supply of emergency first aid equipment.

Staff that administered medicines had medication training refreshed each year, and a competency check which had been reviewed within the last twelve months.

Is the service effective?

Our findings

People told us that the staff understood what they required help with and were able to meet their needs. One person's relative said "The longer serving staff here are very good and seem to have the right training and attitude", but they also commented that "The newer staff are not so good and often will not put themselves out." Another person's relative told us that not all staff were skilled in supporting people living with dementia. They said "Some of the staff just cannot cope with this, but others are very good in diverting their attention to other things when they become upset."

People told us that they had access to the health services they needed. A person said "If I am unwell, they call the doctor and also tell my family."

Everyone using the service told us that the food was excellent and one person said "There is usually something I like but if not, 'Cook' will quickly find me something else."

We found that some improvements had been made to staff training since our last inspection. However there were still some shortfalls. Staff had completed most of the training they required to safely and effectively meet people's needs. Where staff required updates or refresher training this had been identified and booked, for example 19 staff members were booked to complete food safety training in September. All staff had completed moving and handling training, however we saw practice that did not demonstrate that not all staff had understood how to move people safely. Some staff did not know how to use a hoist to lift a person who fell. The registered manager had not checked that staff were applying the practices they had learnt in the moving and handling training.

Nine members of staff had not yet completed training in caring for people living with dementia.

Staff we spoke with did not have an in-depth understanding of effective ways to respond to people living with dementia when they were confused. Staff responses included correcting people about the time and correcting their understanding of reality. This is not recognised as the best way to support people when they are confused. The organisation had recently appointed a dementia specialist

to work with its services. The registered manager said they felt this was positive, as staff needed more specialised dementia information and training. Further training had not yet been arranged for staff.

Staff did not have the skills required to meet the needs of people living with dementia or to assist people with mobility difficulties move safely. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they were required to complete essential training, which was renewed annually, and additional courses such as palliative care, Parkinson's disease and stoma and catheter care. Staff said they felt well supported, however one staff member commented that they had not felt listened to when they had raised concerns in team meetings about the need for more dementia training. Staff all said they had regular one to one supervisions and an annual appraisal. There were seniors meetings and team meetings that all attended. Each staff member was given a copy of the minutes if they attended or not. A staff member said, "We work well as a team I find."

Staff were expected to enrol on the Care Certificate that was introduced in April 2015. This certificate is designed for new staff to complete when they start work in care services and sets out the learning outcomes, competencies and standard of care that is expected of them. Some staff were staff working on level 2 and 3 health and social care qualifications. An organisational training academy had been established and offered a number of training opportunities for experienced staff for career development. This meant that staff were encouraged and supported to develop their knowledge and skills to effectively support people and to develop their careers. One staff member said of the diploma that they had "Thoroughly enjoying doing it." Senior staff were provided with internal management training.

Staff understood the principles of the Mental Capacity Act 2005. They described how they supported people to make their own decisions and understood what they needed to do when people could not make a decision. We saw staff offering people choices about their clothing, meals, drinks and activities as well as where they would like to spend their time during the day. Staff adapted their communication methods to help people make decisions. For example they showed some people objects to choose from rather than pictures.

Is the service effective?

Staff understood that people had a right to refuse help with their personal care. They told us that if a person refused care they respected their decision, and would offer the care again under different circumstances. This may be at a later time or by a different care staff. We saw records that showed that staff had respected people's right to refuse personal care. Staff helping people to take their medicines explained to them what they were prescribed and sought their consent before giving it. They respected their refusal of medicines and returned later to offer again.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The registered manager and staff understood what was meant by a deprivation of a person's liberty and staff had completed training in this. DoLS applications were being made for people who used the service to ensure that they were not deprived of their liberty unnecessarily.

The premises did not meet the needs of people living with dementia. There was a lack of signage to help people find their way around the building, for example to the bathroom. People's bedroom doors and hallways were all decorated in the same colours and tones, which did not help people identify their own bedroom. One person's relative told us, "There have always been problems with people going into others' bedrooms." The environment did not provide people living with dementia with a space that stimulated their interest to move around in. There was nothing in the corridors for people who liked to walk around to look at, such as pictures, or objects to pick up and touch. There was a lack of contrast in the colour of the paintwork and walls. The provider had identified this issue and had employed a dementia specialist who was booked to carry out an assessment of the premises to identify how it could be improved.

The décor and furnishings throughout shared areas of the service looked shabby and worn and the curtains in the reception area and some people's bedrooms were unhooked. The dining room looked welcoming as tables had brightly coloured cloths and flowers, but other shared areas were gloomy in appearance. People's bedrooms had been personalised with their belongings and decorated to their taste.

We recommend that the décor of the premises be reviewed and upgraded to provide a more comfortable and pleasant living environment for people to use, which takes into account the specific needs of people living with dementia.

People had an assessment of their nutrition and hydration needs and a care plan detailed any specific ongoing needs they had, such as a fortified diet, a lower sugar diet or assistance to eat. People said they could choose to have a cooked breakfast each day. Many people chose this on the morning of our inspection. People were able to have an alternative meal if they wished. One person decided they did not want the meal they had ordered and was quickly provided with something else. Hot drinks were provided regularly and there were jugs of cold drinks placed in communal areas and people's bedrooms. There were also water dispensers around the service. Meal times were a social occasion with the majority of people eating in the dining room. People told us that they enjoyed eating in company, but that they could choose to eat in their rooms if they wished. People were supported to eat a varied diet and they were provided with plenty to eat and drink.

Staff knew about people's ongoing health needs and understood what action they needed to take to meet these needs. For example, a person who was at risk of losing weight had a plan for a supplemented diet. However, where there were changes in people's needs these were not always responded to swiftly or effectively. A person whose plan recommended they required weekly monitoring of their weight until it increased had not had this done for two weeks. A person who required a fluid monitoring chart did not have this in place and staff were unaware of the need for monitoring the person's fluid intake. A person's care notes recorded that they had blood in their urine two days earlier. This had not been followed up with the GP or any other action taken. The registered manager said that they were unaware of this and that it had not been handed over to the senior care staff to respond to.

People did not have changes to their health needs responded to appropriately. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A list was kept in the medicines room of people who had diabetes; their blood sugars were checked weekly or sooner if there was any concern. If there was concern staff

Is the service effective?

contacted the district nurse. We saw records of an example where staff had taken the appropriate action to seek medical advice where a person's blood sugar levels had fallen outside the recommended range.

Is the service caring?

Our findings

Everyone we spoke with praised the approach of the care staff that were employed permanently in the service. People and their relatives said that staff were very kind, caring and respectful. One person said, “The staff are nice girls and are very good to me.” However, people told us that they did not find all agency staff as caring. One person said, “I love living here and the staff are all lovely. However, I don’t like the agency staff who do not know us or what we like and how we like things done. They don’t even know our names and some don’t bother to find out.” People commented that agency staff that worked regularly in the home did take the time to get to know them and were kind and caring.

A member of agency staff was working in the service on the afternoon of the inspection. They were at times alone supervising people in a lounge area. The staff member said they did not know people’s names, which made it difficult for them to engage positively with them. **We recommend that agency staff working in the service do not work unsupervised with people until they are introduced to people and know their names.**

People told us that they had been able to stay in touch with their family and friends and others that were important to them. People’s relatives told us that there were no restrictions on visiting. There was a dedicated room people could use to see any visitors in private if they wished to.

People told us that their privacy was respected and that staff always knocked on their doors before entering. They told us staff made sure that doors were closed and, where necessary, curtains were drawn before personal care was carried out. Staff did not discuss personal information about people within the hearing of others in the service. people’s personal records were stored securely to ensure the confidentiality of their information.

We saw that staff treated people with respect. They did not rush them and provided support at a pace suitable to each individual. Staff, including those from agencies, spoke

respectfully to people. Staff were patient with people and spent time throughout the day with a person who was unsettled. They sat and talked with the person, supported them to access different areas of the service and walked with them around the building. A member of staff brought a footstool for a person at their request and then a blanket for their legs as they felt chilly. Staff got down to people’s level to speak with them when they were sitting to maintain good eye contact. They respected people’s pace when supporting them to move around the building. Staff respected people’s privacy. They were discreet when discussing people’s needs.

We saw that staff were friendly and helpful and showed warmth and affection towards people. Staff, including agency staff that worked regularly in the service knew people well and used the information they had about people’s interests to tailor their conversations with people. For example, one member of agency staff knew that a person used to own a sweet shop and they chatted with them about this. Staff said people liked to talk about their past lives and interests. Staff were able to tell us about individuals and their preferred daily routines. They said they read care plans to make sure they knew about new people and one staff member said, “Before you meet someone you need to know something about them.” Staff were positive and respectful when they spoke about people. They told us about what people were able to do for themselves and showed that they understood what was important to people. A staff member chatted to people about their families and showed an interest in their lives.

Staff respected when people could be independent and said they supported them to manage aspects of their own personal care. One staff said, “Even if it is just that they can put one arm of a cardigan on themselves and need help with the other, we do not rush them or do it for them”. Staff were encouraging people to do as much as possible for themselves when moving around the service and eating their meals. This meant that people remained in charge of some aspects of their care and that their independence was promoted by staff

Is the service responsive?

Our findings

People told us that the staff knew what was important to them and how to meet their needs in the way they prefer. One person said “They know I like to go to my room in the afternoon, so they always come and help me.” People told us that they were supported to take part on a range of group activities in the service and that they could choose where they wanted to spend their time. However, eight people commented that they were not offered many opportunities to go out. One person said “We don’t go out much anymore.”

People told us they knew how to make a complaint if they needed to. Most people said they felt their concerns were listened to, but one person’s relatives said “I have made some complaints direct to Abbeyfield but have received no response; however, in spite of the shortcomings at the home I would and have recommended it to people looking for a home for relatives. Other homes could be a lot worse.”

Some people used the service for a short respite break only. A person’s relative commented, “This is a lifeline for me as I have a whole day to myself. I think the staff here are lovely.”

People did not always receive personalised support in relation to their social needs. An activities coordinator provided a group activity programme, which many people enjoyed, during the week. This included activities such as exercise sessions, sing-a-longs and films. During the inspection a group of people were taking part in a reminiscence session with the activity coordinator. This involved discussing old newspaper cuttings, magazines, knitting patterns and household objects that they may remember from their younger years. This generated positive and lively discussion. However, people did not always experience personalised care that met their social needs or reflected their interests and hobbies. Information recorded in some people’s assessments about their interests and hobbies had not been used to form their care plan, which meant they had not always been supported to continue with their hobbies. For example one person used to enjoy playing the piano and others had said they would like to be supported to continue with embroidery or knitting. However, this had not been included in their care

plan as something staff could support them to do occupy their time. We saw that one person had a hobby building a train set and this had been supported and they had been given space in the service to do this.

Records showed that some people had not been out of the service for over a year. The registered manager said that outings had not been easy to arrange due to difficulties with accessible transport. Two people visited an older person’s social group weekly and some people went out with their relatives, but those without visiting relatives did not have the opportunity for activities outside of the service.

We recommend that the registered manager reviews how people’s social needs and interests are met to ensure it is personalised.

People had an assessment of their needs when they moved to the service. People’s care plans included information about their preferences, for example what time they liked to get up and whether they preferred a bath or shower and when. Records showed that their wishes had been taken into account in the care provided. Staff knew what was important to people and were able to describe their preferred routines. A person who had recently moved to the service had brought their cat with them. During the day, we saw the person enjoying spending time with their pet. Staff told us that they read people’s care plans to make sure they knew about people’s lives and interests to help them meet their needs. Routines during the day were flexible. People were having breakfast when they chose to and a person who staff said had chosen not to have breakfast was offered it again mid-morning. People were able to control their care to ensure it reflected their wishes.

One person experienced anxiety throughout the day. Staff were quick to respond and provide assurance and comfort. We asked a staff member how they knew what they needed to do to support the person when they were distressed and they told us “We have just got to know what works and what doesn’t.” We found that the person had a care plan for responding to distress, which instructed staff to provide comfort, but did not specify what was comforting to the person or advise staff on the best things to say or avoid. The registered manager showed us that the organisation’s dementia specialist was booked to review the provision of support to people living with dementia as part of their review of the service.

Is the service responsive?

Staff were aware of people's religious needs and preferences. The service had good links with the local church and a religious service was held once a week and another monthly. People told us they enjoyed the services. Staff said that they could arrange for ministers of other religious organisations to visit people if they wished them to.

People knew how to make a complaint if they needed to. We saw that a complaints procedure was displayed in the service. The complaints record showed that two complaints had been made about the laundry service in the home. The registered manager had investigated and responded to the complaints, but we found that the concerns had not been resolved and improvements had

not been made. A person's relative we spoke with told us that "The laundry is still in chaos, my mother's clothes are always missing. Sometimes I see other residents in my mother's clothes." We saw minutes of a relatives and residents meeting that took place after the complaints had been received which raised further concerns about missing clothing. This had also been raised through the 2014 quality survey. The registered manager had not taken appropriate action to ensure that the service had learnt from the complaints and improved. **We recommend that the registered manager reviews the complaints made around the laundry service to develop a plan for improvement.**

Is the service well-led?

Our findings

Most people we spoke with felt the service was managed effectively and one person's relative told us "I have been extremely pleased with the care my father has received at The Dynes and I have found the staff helpful and kind. I also like the ethos of Abbeyfields as a company." However, some people said the manager was not visible enough around the home. One person said "If I had a problem I would speak to the Manager. I know where her office is", but another person's relative said, "I feel the staff should have more supervision on the floor. The Managers are in an office away from the day to day work and have no idea what is going on and who needs more training."

The registered manager's office was situated at the far end of the building. The registered manager told us that they had identified that the location of the staff and management offices did not currently promote good supervision of the service provided. It was planned to review the location of the offices to make them more visible and accessible within the service. The registered manager told us this was part of the assessment of the premises scheduled for September. We saw that the registered manager was available to speak with staff, people using the service and relatives throughout the day.

Records were not maintained accurately for the purpose of the running of the service. We saw that some fluid charts were not in place where people had been assessed as requiring these. Where fluid charts were used to monitor a person's fluid intake these had not been totalled at the end of the day to ensure the person was receiving the amount of fluid they needed to maintain good health. There were gaps in other records, including charts to record when people are helped to change position to avoid pressure ulcers and cleaning records.

Accidents were reported properly and the action taken was recorded, however action that needed to be taken was not always added to the individual's care plan to ensure staff were aware of it, for example in response to a fall.

Records about the care provided were not adequately maintained to ensure the registered manager could monitor that people's needs were being met effectively and safely. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were clear about their roles and who they were accountable to. Staff said they felt well supported and liked working at the service, comments included "I love it here, I love my job." All staff said they were asked for their views and encouraged to raise matters that might improve the home or needed attending to. One care staff felt their views were not always listened to. They told us "I have asked for more dementia training and we haven't had this yet and whilst staffing has increased it took a long time." Another staff said "They are very open to suggestions." A staff member said they had raised that if staff had been off for a few days they did not always have up to date information about changes in people's needs. As a result, a daily handover sheet had been put in place to record changes.

The registered manager said they felt supported by the Abbeyfield Kent Society. They said the registered provider had increased staffing recently and they provided the resources needed to run the service. The registered manager had a plan for the improvement of the service for people living with dementia. This involved a review of the suitability of the premises and a review of individuals care plans.

The registered manager sent quality questionnaires to people and their relatives on an annual basis. The results from the 2014 survey showed that people had raised concerns about the laundry service and poor cleanliness of the service. These issues had not been fully resolved as we found some shortfalls during our inspection. However, other areas had been responded to including the need for increased staffing numbers and repairs to external lighting. There were a number of safety audits in place that were carried out each month. This included checks of the premises, medicines audits and a fire safety check. The registered manager had taken appropriate action to rectify shortfalls found in the safety audits.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The risks of injury to people were not always assessed and managed effectively. Regulation 12 (2)(a)(b)

The registered manager had not ensured appropriate standards of cleanliness in the service to protect people from the risk of infection. Regulation 12 (2)(h)

People did not have changes to their health needs responded to appropriately. Regulation 12 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not have the skills required to meet the needs of people living with dementia or to assist people with mobility challenges to move safely. Regulation 18 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Records about the care provided were not adequately maintained to ensure the registered manager could monitor that people's needs were being met effectively and safely. 17 (2)(c)