

# Singleton Nursing & Residential Home Limited

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### Inspection report

Hoxton Close  
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### Ratings

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

# Summary of findings

## Overall summary

.The Inspection took place on the 24 October 2016.

Singleton Nursing and Residential home provides accommodation and personal care with nursing for up to 36 people some of whom may be living with dementia. At the time of our inspection 33 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required to the local authority

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including GPs and dentists.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to drive improvements.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and they were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were informative and individualised to meet people's needs.

There were varied activities to support people's social and well-being needs. People were supported to access the local community.

Complaints and concerns were responded to in a timely manner.

### Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards and to drive it forward.

# Singleton Nursing & Residential Home Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 24 October 2016 and was unannounced. The inspection was completed by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with eight people, six relatives, the registered manager, deputy manager, four care staff, maintenance person and the cook. We reviewed five care files, four staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "I am happy here, I feel safe." Another person said, "The staff look after me lovely here." A relative told us, "Dad is safe here, he gets on with all the staff."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I had any concerns I would tell a nurse or the manager, if I needed to I would contact the CQC." Another member of staff said, "I would tell the manager or go to social services." Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "If it came to it I feel confident to follow the 'whistle blowing' policy."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. Staff were trained in first aid and should there be a medical emergency they had procedures to follow. For example how to check if a person was injured following a fall and staff knew to call an ambulance if necessary. Staff carried out regular fire safety checks and knew what to do in an emergency, one member of staff told us, "We have training in how to evacuate people."

People were cared for in a safe environment. The registered manager arranged for the maintenance of equipment used including the hoists, bath equipment, fire equipment, lift, laundry and kitchen equipment. Staff had information to follow in an emergency such as what to do if the lift broke down. For other maintenance the registered manager employed a maintenance person. Over the last year the registered manager told us that following a burst pipe at the service some areas had new flooring and that they had also installed two new wet rooms for people to use. We saw regular environment checks were completed and any issues were addressed such as new external lighting, fencing replaced and a new fenced off storage area for bins. We saw from minutes of meetings that other major work such as window replacements had been discussed.

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff and work well as a team, sometimes we do use agency." One person told us, "If you want anything the staff always come quickly." We saw staff were very responsive to people and attended quickly if people used their call bells.

The registered manager told us that they constantly kept staffing numbers under review and altered these where necessary. They had higher staff numbers to support people during busy periods such as in the mornings or at meal times. The registered manager told us that they had also just employed a person to assist in the evenings with drinks and meals. The registered manager employed a large staff team which included nurses, care staff, cooks, kitchen staff, laundry staff, house keepers and administration staff. For any shortfalls in staffing numbers due to vacancies or staff absence where possible permanent staff covered

these, if not they used regular agency staff for consistency.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, checking gaps in employment history, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medications as prescribed. One person told us, "I have that many tablets I rattle." A relative told us, "I did not think my wife's pain medication was sufficient so I told the staff and they got the doctor to review it straight away." Qualified nurses who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round and saw that the nurses wore a tabard asking not to be disturbed whilst they dispensed medicines. The nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The nurse explained to the person what the medication was they were taking and put the medication in separate pots so that they could make the decision how they wanted to take them. In addition the nurse checked if they required pain medication and supported the person to take their medication with their choice of drink. When people needed additional medication this was clearly care planned and recorded on the medication charts.

Staff completed a medication competency assessment each year to check their skills were up to date and they were safe with dispensing medication. We saw regular audits were carried out on medication and any issues addressed. In addition the pharmacy provider carried out their own audit each year and identified any areas staff needed to address. The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One person told us, "The staff are well trained they know how to support me, and are good when using the hoist."

The registered manager employed a training lead at the service to support staff with training, supervisions and appraisals. Staff told us that they were well supported with training, one member of staff said, "Any training we need we just ask for it and [training lead name] will either provide it or find the training for us." The registered manager told us that training was provided on site by the training lead and some training was computer based, in addition they had external trainers coming in to deliver training. One member of staff said, "I requested lupus and epilepsy training, I have had epilepsy training and they are trying to source someone to deliver the lupus training." Staff told us that they received regular supervisions and had a yearly appraisal. Staff told us that this was a two way process where they could share ideas, discuss performance and identify any training needs.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. One member of staff said, "When I was interviewed I had a look around the service, then when I started I shadowed other staff and worked with them until I got to know everybody on both floors." The registered manager told us that new staff were appointed a mentor to work with them. In addition they met regularly with new staff during their probation period, to check how they were performing and to see if they required any additional support or training and to make sure they were suitable for the role. New staff were enrolled into completing the Care Certificate. These are industry best practice standards to enable staff who are new to care to gain the knowledge and skills required to support them within their role. One member of staff said, "I had a good induction and was given 12 weeks to complete the care certificate."

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. We saw that staff were very proactive in supporting people with making their own choices. People at the service mostly had the capacity to make their own decisions. Care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. This told us people's rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are



called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and where appropriate had made applications under the Act and had followed these applications up with the local council to ensure they were being processed. This told us people's rights were being safeguarded.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. Every room we went into we saw people had fresh jugs of drinks and had drinks within their reach. People were asked their meal choices on the day, the registered manager told us that they felt this was important so people had a chance to know what they were having and could look forward to eating it, rather than having to make a decision 24 hours in advance. People were very complimentary of the food and kitchen staff, one person said, "I have travelled around the world and stayed in five star hotels, the food here is as good as any of those." Another person said, "We normally have a choice of two main meals, but if you do not want either the cook will make you something else, I like a jacket potato."

The service had four cooks and catered for people's special dietary needs. These included providing diabetic diets, soft food and fortified diets to help people maintain healthy weights. We observed a mealtime; most people chose to eat in their rooms whereas others ate in the main lounges and dining area. We saw where people needed support with eating; this was done sensitively and at the person's own pace. A relative told us, "One day the nurse in charge came in and supported my wife to eat, they were very good."

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight monthly for signs of loss or gains and made referrals where appropriate to dietitians or speech and language therapists. The registered manager told us that they had arranged for the speech and language therapist to come in and deliver training to staff on different texture types people may require to assist their swallowing.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, chiropodist, opticians, community dentist and GPs. The deputy manager told us that the GP attended the service weekly to see people and carry out reviews. This meant that all people living at the service were reviewed at least once a month. The registered manager told us that the close links they had with the GP had worked well to avoid hospital admission for people. Staff could contact the GP outside of the times they visited if necessary to see people or for them to give advice about treatment and prescribe medication for example antibiotics. One person told us, "The doctor comes every week, I have just finished a course of antibiotics."

## Is the service caring?

### Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff, people and relatives. One person told us, "The carers are wonderful people, we have a laugh and joke together." Another person said, "The staff treat you very good, I am happy here." A relative told us, "This is a lovely place; I have not heard anything bad said."

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this, and of staff using appropriate touch to reassure people when talking with them. One relative told us, "The staff always look in on my wife and get a smile out of her." The relative went on to explain that his wife could not communicate verbally but she smiled when people engaged with her he went on to say, "All the staff come in not just the nurses and check that she is alright and get a smile."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. For example staff knew that at certain times if a person was feeling unwell they may need additional support. One person told us, "There is nowhere I would rather be to end my days, all the staff support me." Another person said, "They won't let you give up here, when I was not well they all encouraged me to fight it off and get better." Care planning documentation included information such as 'This is me' which gave the story of people's life, in addition it contained information that was important to people about their family.

People's needs were attended to in a timely manner by staff. Throughout the inspection we did not hear call bells sounding excessively. One person told us that they had recently had a sore throat they said, "The kitchen staff were very kind when I couldn't eat they made food especially for me that was easy to swallow, such as omelettes." The person was really grateful and felt this had helped them to recover quickly.

People and their relatives were actively involved in making decisions about their care. One person said, "[staff member name] comes in with the big book and we go through it all and I sign it." Relatives told us that they were also involved in discussing and reviewing people's care needs, one relative said, "The staff are very good at communicating, we discuss everything." Qualified nurses were allocated as people's key workers and they reviewed people care needs with them.

People's diverse needs were respected. People had access to individual religious support should they require this and people could attend church if they wished. People told us that staff respected their privacy and dignity. One person said, "Staff always treat me with respect." Another person said, "Staff always knock on the door and wait to be invited in."

Relatives told us they visited at all different times of the day without any restrictions of visiting times. People were supported to stay in touch with family members as well, we saw some people had their own

telephones and other people had computers and access to the internet. Staff were very involved with people and their relatives and told us how they supported the whole family not just the person receiving care. One relative told us, "The home is really family orientated, the staff are really welcoming, nothing is too much trouble."

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported to have individualised care, including looking after their social interests and well-being.

The deputy manager told us that they met with people when they were referred to the service to discuss their care needs and to see if they could be met by the service. People and their relatives were also encouraged to visit the service to see if they felt it would be suitable for them. One person said, "My daughter and sister came and looked around, they told me it was the best place they had seen, I thought I would be happy here." The deputy manager told us that once it was agreed a person would be moving to the service they completed an initial care plan of their support needs and how they wished to be supported. In addition to this before people were admitted the deputy manager ensured that they had all the equipment in place people required such as pressure relieving equipment or oxygen if required. People were allocated a key worker who then ensured that their care needs were being met and that their care plan was up to date. One member of staff said, "We complete the initial care plan, then we update it to meet people's needs. Care plans are then reviewed monthly or sooner if anything changes." From care plans we reviewed we saw that they were person centred and clearly identified people's preferences, individual support needs and were regularly reviewed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. One person told us how they suffered with claustrophobia after being left buried under a house for 12 hours following being bombed in the war. They told us how they liked to have space and had asked for a larger room, when one became available. To accommodate their wish the registered manager moved them to a double room when one became available. They told us, "I have been in this room for three years and I am very comfortable in here."

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how their relatives came to visit them, one person said, "My daughter and I go out for lunch or she will take me shopping." Another person told us, "I can come and go as I please, I just tell the staff and I carry a mobile phone and identification." A member of staff told us that some people like to go out for a walk with staff or relatives, or like attending a local coffee morning and clubs.

People told us that they had their own hobbies that they liked to follow, one person said, "I like doing croquet and make things for people." Another person told us that, "There are always activities going on, you can join in if you want or do your own thing." The registered manager employed staff to assist people with their wellbeing and activities. They told us that when people first came to live at the service they got to know them to find out what they liked to do and how they could support them. They went on to tell us how they tried to engage people individually as well as in groups. For example they had made sensory boxes of the garden or the beach these boxes contain items and smells that people could touch and see to stimulate conversation. They also supported people with art and crafts, they had recently been making poppies and

one person had managed with the support of staff to make a poppy for their relative. This had been an activity that had meant a lot to both of them. The service also had volunteers that came in to spend time with people, one of the volunteers played a violin and they had learnt a piece of Jazz music that one person particularly liked so that they could play it for them. People were also visited by a PAT (pets as therapy) dog and we saw photographs of people enjoying their time with the dog. In addition the service had a pet cat which people enjoyed stroking and spending time with. Poignantly as one person told us how upset they were due to missing their cat, the service cat came into their room and jumped on their bed. We saw this gave them a great deal of pleasure and lessened their sadness.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. We saw where complaints had been raised these had been dealt with quickly and effectively. Staff knew how to support people with making complaints.

The service also received a number of compliments, one we saw said, 'Thank you for the care and love you gave mum, she was very happy there.'

## Is the service well-led?

### Our findings

The service had a registered manager, who was very visible within the service and encouraged an open door policy for staff, people and relatives. The registered manager had a very good knowledge of all the people living there and their relatives. A relative told us, "I think the service is very well managed." A member of staff said, "[manager's name] is very visible and approachable, I feel the home is well managed."

The registered manager was very passionate and enthusiastic about the service and staff shared the manager's vision and values. One member of staff told us, "We encourage people to have as much independence as possible, to feel well supported and safe here." Another member of staff said, "We give care to high standards."

Staff were well supported at the service. There were management structures in place to support staff in carrying out their role and staff knew what was expected of them. Staff were also supported by a training lead to support their learning needs. In addition staff had regular meetings, supervision and appraisals. One member of staff said, "We have regular staff meetings and everyone is asked for their opinions." We saw from minutes of meetings that all staff were included in discussions around the running of the service and what improvements could be made to support people's care. For example staff discussed shift times and changing these to match the needs of the service at busy times of the day. Staff had handovers between each shift and used communication books to record important information in addition to people's care records. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The registered manager gathered people's views on the service through regular meetings with relatives and people. During the meetings they gained people's views on the service and any suggestions they had. We saw from minutes that care was discussed along with food, and entertainment. The manager also sent out questionnaires to gain people's, opinions on the service and how it was running. When the manager reviewed the questionnaires any issues raised were then addressed as appropriate. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information. The manager followed their disciplinary procedures and dealt with staff poor performance appropriately.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. This information was used as appropriate to continually improve the care people received.