

Isle of Sheppey Mencap

The Mount & The Olives

Inspection report

9-11 & 13 Delamark Road
Sheerness
Kent
ME12 1RB
Tel: 01795 665048
Website:

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected this home on 28 July 2015. This was an unannounced inspection.

The Mount & The Olives is registered to provide personal care and support for up to nine people with learning disabilities. It does not provide nursing care. Care and support is provided 24 hours per day. At the time of our inspection, eight people lived in the home, seven were fairly independent, requiring minimal support and one person had advanced stages of dementia, and required more support.

There was a registered manager at the home. 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. The registered manager was the provider. The provider also had a manager in post who is not the registered manager, who perform similar role as that of the registered manager.

Summary of findings

Prior to this inspection we received information of concern in relation to care practices at the home. This included no records of how finances were spent, no safeguarding records, no behaviour support plans or support plans that had been cross referenced with risk assessments. In addition, concerns had been raised about a lack of consistency of records, an inconsistent approach to recording of incidents and accidents, incidents not being reported to the local authority and notifications had not been sent to the commission to tell us about incidents and accidents in the home.

During our inspection, people made complimentary comments about the service they received. People told us they felt safe and well looked after. However, our own observations and the records we looked at did not always match the positive descriptions people had given us.

People told us they felt safe. The Mount & The Olives had a safeguarding policy. However, they did not have a copy of the local authorities safeguarding adult's policy, protocols and guidance. This meant that staff did not have access to the most relevant guidance to refer to if required, in order to keep people safe.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. The home did not have all associated risk assessments in place to identify and reduce risks. These risks involved when meeting people's needs such as behaviours that challenge, and details of how the risks could be reduced. This meant that staff were unable to take immediate action to minimise or prevent harm to people based on specified guidelines.

People did not have individual personal emergency evacuation plan (PEEP) regarding necessary information to know about what to do in an emergency. We have made a recommendation about this.

The provider did not follow safe recruitment practice. Essential documentation was not available for all staff employed. Gaps in recruitment had not been explored to check staff suitability for their role.

All staff had completed National Vocational Qualification levels in health and social care. However, staff had not received training relevant to their roles such as dementia, Deprivation of Liberty Safeguards (DOLS) and challenging behaviour.

Staff were not supported through individual one to one supervision meetings and appraisals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. However, they had not fully complied with its processes in meeting people's needs. We have made a recommendation about this.

There were no evidence of menu planning with the involvement of people in the home. We have made a recommendation about this.

The complaints procedure was out of date and did not provide information about all of the external authorities people could talk to if they were unhappy about the service. There was no complaint log in the home. People told us they would speak to the manager if they wished to complain. We have made a recommendation about this.

Effective systems were not in place to enable the registered manager to assess, monitor and improve the quality and safety of the service or identify and manage all the risks to people's safety. Shortfalls had not been identified by the registered manager and actions had not been taken in a timely manner to improve the quality of the service.

People's support plans contained information about their personal preferences. The support plans were not person centred and were not on individual needs. People and those closest to them were not involved in regular reviews to ensure the support provided continued to meet their needs.

Staff encouraged people to undertake activities. However, activities were not diverse and varied to enable choices to people. They were not provided with sufficient, meaningful activities to promote their wellbeing. Staff spent time engaging people in conversations, and spoke to them politely and respectfully. We have made a recommendation about this.

Staff meetings and residents meetings did not take place in the home. People's feedback was not sought and used to improve the care.

Safe medicines management processes were in place and people received their medicines as prescribed.

Summary of findings

Staff were cheerful and patient in their approach and had a good rapport with people. The atmosphere in the home was generally calm and relaxed and there were lots of smiles and laughter.

The registered manager (Provider), manager and staff that we spoke with showed genuine concern for people's wellbeing.

People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at the service at any reasonable time.

During this inspection, we found some breaches of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this 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 safe.

The provider had not taken necessary steps to protect people from abuse. Risks to people's safety and welfare were not assessed and managed effectively.

The provider had not operated safe recruitment procedures.

There were enough staff to meet people's needs.

People received their medicines as prescribed and regular checks were undertaken to ensure safe medicines administration.

Inadequate



Is the service effective?

The service was not always effective.

Staff had not always received appropriate training to meet people's needs, and training was not regularly updated.

Staff had not received supervision and appraisal from their manager to ensure they had the support to meet people's needs.

Deprivation of Liberty Safeguards (DoLS) application had been made to the local authority by the registered manager. However, the registered manager (Provider) had not fully followed the process and had not applied for other relevant areas for people in the home.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. People were supported to maintain their health.

Requires improvement



Is the service caring?

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People were treated with dignity and respect. Staff respected people's privacy.

Staff were caring and patient in their approach and supported people in a calm and relaxed manner.

Good



Is the service responsive?

The service was not always responsive.

People's needs were not always assessed and support plans were not produced identifying how support needed to be provided.

People did not have access to diverse range of activities to meet their needs.

Requires improvement



Summary of findings

The complaints procedure had not been reviewed and did not contain all the information people needed.

Is the service well-led?

The service was not always well led.

The provider had not assessed the quality of the service and therefore failed to identify where improvements could be made. The provider was not aware of the quality concerns within the service.

The registered manager and manager were not aware of their responsibilities. They had not notified CQC about important events.

Records relating to people's care had not been completed effectively. There were gaps in records.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Requires improvement



The Mount & The Olives

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 checked 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 28 July 2015 and was unannounced.

Our inspection team consisted of two inspectors and one expert-by-experience who carried out interviews with people using the service. Our expert by experience had experience of services such as residential and supported living services, shared services and domiciliary care services.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us about by law. 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.

During our inspection, we spoke with four people, two support workers, one team leader, a manager and the registered manager. We also contacted other health and social care professionals who provided health and social care services to people. These included community local authority care managers and commissioners of services.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, training records and policies and procedures.

At our last inspection on 3 September 2013 we had no concerns and there were no breaches of regulation.

Is the service safe?

Our findings

Prior to this inspection we received information of concern from the local authority in relation to there being no record of how finances were spent, no source of information regarding safeguarding, and no behavioural support plans, or support plans that had been cross referenced with risk assessments. There was an inconsistent approach to recording of incidents and accidents and risk assessments were out of date or not detailed. The local authority had made recommendations to the provider about the areas of concerns identified.

People told us they felt safe. One person said, “Yes very safe”. Another person said, “I like it here”. We observed that people were relaxed around the staff in their own home.

During this inspection, we found that people were not always protected from avoidable harm. Although, staff had a good understanding of people’s needs and individual behaviour patterns, there were no records that provided staff with detailed information about people’s behavioural needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that challenge. However, staff had not identified other risks relating to people’s care needs. For example, we found that on one occasion, one person punched another person who lived in the home in the stomach. The person was not supported with a risk management plan or behavioural guidelines because none had been written for staff to follow.

Care records did not contain an assessment of people’s needs, which would have led into a review of any associated risks. The potential risks of harm or injury and appropriate actions to manage risk were not available or recorded. This showed that the registered manager had not provided support guidelines for staff to follow to minimise potential risks to people who lived at the home.

Staff told us that they had received safeguarding training; this was confirmed on the training plan. We saw that six out of nine staff had completed safeguarding training within the last two years. Two completed the training in 2013 and one in 2010. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns and

felt confident in whistleblowing (telling someone) if they had any worries. The home had safeguarding and whistleblowing policies in place that required reviewing and updating. The policy was generic and no changes had been made to the policy, particularly the whistleblowing policy. The policy gave information about contacting police, social services and the health and safety executive, but did not give any addresses or telephone numbers. It did not give CQC name and contact details, and did not provide a link to the local authorities safeguarding adult’s policy, protocols and guidance. Although most of the staff had training in safeguarding, they did not have access to all the information they needed about how to report abuse, including contact details for the local authority safeguarding team.

People were not protected from financial abuse. There were no procedures in place to help people manage their money as independently as possible. The registered manager was the nominated individual as trustee. The manager manages people’s daily finances on behalf of the registered manager. This included maintaining a clear account of all people’s money received and spent. We found that there were no records of how money was spent. For example, in one person’s records named ‘personal allowance expenditure sheet’, there were amounts of £17.90 added on a weekly basis as their weekly allowance. However, there were no detailed expenses for money going out. This meant that although people’s money was kept safely, what people spent was not robustly monitored and accounted for on a daily basis. Records were not clear and transparent to show that people were not being financially abused.

This failure to ensure that people were safe from identified risks relating to the management of behavioural, financial and other avoidable harm was a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s care plans contained individual risk assessments in which some risks to their safety were identified such as behaviours and falls. The risk assessments had not always been reviewed and updated when required. For example, one person who had a fall on 23 March 2015 had not had their risk assessment reviewed after the fall. We found that there were no risk assessments on managing people’s finances safely, medication and health and safety risk assessments had been carried out for people in to the

Is the service safe?

home. We saw a hoist and wheelchair in the living room, which we were told had not needed to be used for the person. However, there was no moving and handling risk assessment and staff did not have guidance and support about how to support this person safely. Another person's care file stated 'X has cognitive impairment. Out and about, could get lost even in previously familiar areas and likely to fall'. This had not been reviewed and updated as the person was not currently going out. There were no appropriate risk assessment which specified adequate control measures to keep the person safe. The manager and staff confirmed that there were no risk assessments in place to reduce the risk of harm from the use of the hoist and there were no risk assessment for other identified needs of people such as above.

Staff maintained a record of each person's incidents on a loose paper attached to their care files. There were no detailed records which would enable staff to follow trends in health and behaviour that could be recognised and addressed. For example, there was no record of referral to the crisis team or falls clinic for one person who had four repeated falls between November 2014 and March 2015. The manager confirmed that the person had not been referred to the falls clinic and there were no records of other referrals when the falls happened in the home. Healthcare professionals we contacted told us that referrals were infrequent.

This failure to ensure that risk assessments were available, suitable and sufficient to keep people safe from harm was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that robust recruitment procedures were followed to make sure that only suitable staff were employed. All staff were vetted through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people. Staff employment files showed that references had not been taken for the two staff files we looked at. We found no completed application forms that showed a full employment history or dates of previous employment. There was no information of the right to work in the UK

documentation as appropriate in one person's file such as copies of their passports to confirm their identities. This meant that the registered manager did not follow safe and robust recruitment procedures.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Procedures were in place to ensure people were safe in the event of an emergency. Staff were aware of the procedures and knew what to do and who to report to. However, each person did not have a personal emergency evacuation plan (PEEP). A PEEP is an agreed plan of action that provides people who cannot get themselves out of the building unaided with the necessary information to know what to do in an emergency. It also enables other people and staff to know what level of assistance they may require. Fire safety equipment was in place and checked regularly.

We recommend that the provider seeks and follows guidance from the Health & Safety Executives on personal evacuation plans.

There were suitable numbers of staff to care for people safely and meet their needs. The manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were sufficient staff on duty to meet people's needs, for example supporting them to attend day activities. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

People's medicines were managed safely to ensure they received them as prescribed. The manager told us that the team leader administers medicine to people. The manager told us that all staff had received training before they were allowed to administer people's medicines. We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. We found that medicines were stored in lockable cupboards

Is the service safe?

downstairs for the protection of people who used the service. There were appropriate arrangements in place to record when medicines were received into the home, when they were given to people and when they were disposed of.

MAR charts had been fully completed and we found no gaps or omissions in the records we saw. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient

guidance for staff on when these medicines were to be used. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done.

There was a system of regular audit checks of medicine administration records and regular checks of stock. The manager conducted a monthly audit of the medicine used. This indicated that the registered manager had an effective system in place to ensure medicines were managed and handled safely.

Is the service effective?

Our findings

Prior to this inspection we received information of concern from the local authority in relation to staff supervision, appraisals and training. The local authority had made recommendations to the provider about the areas of concerns identified and they are working towards addressing the areas of concern identified.

People said, “The food is marvellous, X is an excellent cook, does a nice Sunday dinner”.

The manager told us that all staff had received training on a variety of topics. They said they received the appropriate training to perform their roles and meet people’s needs. One staff member told us, “They provide training for staff.” Another staff member told us, “We do face to face classroom training.”

The staff training plan showed that staff did not have all the essential training they needed to ensure they understood how to provide effective care, and support for people. There were gaps in the training schedule which showed that four out of nine staff had completed challenging behaviour training in 2010, despite the fact that some people in the home displayed behaviours that challenge staff. Only five members of staff had completed epilepsy and autism training in 2012, and some people in the home had epilepsy. None of the staff had training in how to manage risk to themselves or others at risk of harm. One member of staff had attended Deprivation of Liberty Safeguards (DoLS) and Dementia training. Staff were not provided with training that helped them to care for people experiencing hearing impairment. One person who lived in the home had advanced stages of dementia and another person had a hearing impairment. These specific trainings were not provided to enable staff to adequately meet people’s needs.

All staff had completed National Vocational Qualification levels in health and social care. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff were not supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their

performance, development and training needs, which the registered manager would have been able to monitor. It was acknowledged by the manager and staff that supervisions had not happened. However, the provider explained that as The Mount & The Olives was ran like a family run home, both the registered manager and manager had informal supervision and discussions with staff regularly. However, staff had not been given regular opportunities to formally meet with the registered manager to discuss their job role and development.

The examples above showed the registered manager had not ensured that staff received appropriate training and professional development to meet people’s needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager, manager and staff we spoke with told us that people had capacity to make some decisions, but recognised that this was not the case for other decisions such as managing money, reasons for locking the front door and decisions, particularly about their health care and welfare. Staff that we spoke with understood the principles of the Mental Capacity Act (MCA) 2005, deprivation of liberty safeguards (DOLS) and ‘best interest’ decisions.

The manager and the registered manager understood their responsibility for applying for DoLS when people’s freedom was restricted. However, they did not understand the process for assessing people on their capacity to make their own decisions and what to do if they needed support to do this. For example, DoLS applications were made for the one person living with dementia. The manager told us they were still awaiting response from the local authority. Assessments on people’s ability to make specific decisions or consent to actions were not carried out. Best interest meetings were not held prior to the deprivation of liberty safeguards application being made. There was a dual lock on the front door of the home to keep people safe but people had not been assessed under the MCA, and their consent sought to this restriction. We tried opening the front door and found it difficult to easily coordinate. The registered manager and manager acknowledged that people had not been assessed under the MCA. This meant that the registered manager had not considered if people

Is the service effective?

could be supported in a less restrictive way such as changing the front door lock to one that could be operated by people who lived in the home. This meant that staff did not follow the principles of the MCA and DoLS.

We recommend that the provider seeks and follows guidance on Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have their nutritional needs met. We asked the manager if people were involved in their menu. They told us that they never had specific food planning meetings where menus were discussed. They told us that they talk about it with people and the menu can change anytime people like. However, there was no record to support this. We saw that people were supported to have enough to eat and drink. During our visit, we saw people had sandwiches at lunchtime and cold and hot drinks were offered throughout the day and upon request. We asked the manager about people's choices regarding food and they told us that they normally speak with people about food choices daily. However, we found no evidence of this in records in the home.

We recommend that the provider seeks and follows guidance on how to involve people in menu planning in the home.

Records showed people had received care and treatment from health care professionals such as psychologists, chiropodist, optician and GP. Appropriate and timely referrals had not always been made to make sure people received the necessary support to manage their health and well-being. For example, one person who had several falls was not referred in a timely way to external healthcare professionals for further support. On the other hand, one person had been referred to the dietician due to loss of weight caused by their onset of dementia.

Most people in the home were fairly independent. One person said, "If I need to see the doctor I go by myself and let staff know. If I have any tablets or medicine to take I let staff know and they look after it for me next door". The manager and staff manage people's healthcare in the home. People were registered with their own GP, dentist and optician. People were reminded by staff about appointments with health care professionals and were accompanied as appropriate. When staff had concerns about people's health this was reported to the manager, documented and acted upon. A person who felt unwell had been referred to a GP for a review of their medicines. Healthcare professionals contacted said, 'Medical appointments are arranged in time and meet the residents' needs.'

Is the service caring?

Our findings

People told us they liked the staff. They talked about having lived in the house for a long time and that they're happy to ask if they need anything. One person told us, "The staff are good, marvellous, they do a great job" and "Yes, they're alright".

Healthcare professionals we contacted said, 'The care provided for the residents appears warm and from the heart, and therefore, the residents says that they like living there. The residential home is indeed their home.'

People were well presented, and they looked happy and well cared for. Staff interacted with people in a polite, caring, pleasant and respectful manner. There was a calm, happy atmosphere within the home, and people appeared very comfortable in the presence of staff. Staff engaged with people when delivering care and support, and they were not rushed when assisting them. For example, we saw and heard one member of staff kindly ask one person if they could take their cup to the kitchen to be washed as they had finished their drink.

Staff were knowledgeable about people's needs, their likes, dislikes and the activities they liked to pursue. One staff member said, "X (person) loves to go to the Crawford centre" and the person went there on the day we inspected the home. During the day we saw people were able to carry out many aspects of their own personal care. People were supported in domestic tasks around the home including making themselves hot drinks and taking their laundry to be washed. This helped people to feel valued and involved in the day to day running of the home.

Staff demonstrated an understanding of people's diverse needs and were able to tell us about non-verbal actions and signs that people used to communicate their needs. All members of staff, and the registered manager, regularly interacted with each person who lived at the home, throughout our inspection. This demonstrated that staff engaged with people which in turn helped to promote their well-being.

Staff respected people's privacy and did not disturb them if they didn't want to be disturbed. For example, one person who does not wish to get up before 10am was left alone in the privacy of their room. Staff treated people with dignity

and respect. Staff were attentive, showed compassion and interacted well with people. The environment was decorated and supported people's privacy and dignity. All bedrooms doors were closed. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people. Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office.

Staff knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. For example, one person told us they liked to play soft ball. We saw in their care records that this was part of their goals, which staff supported them with. This showed that staff supported people based on the person's choice and preference.

The registered manager, manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. Staff worked in a variety of ways to ensure people received the support they needed. We observed staff and people engaged in general conversation and having fun. We noted that staff had time to sit and chat with people at the home. For example, we observed one staff member talking to one person in the lounge at length. We saw a very relaxed atmosphere, and staff were caring.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

Visitors were welcomed at the home at any reasonable time and people were able to spend time with family or friends in their own rooms. There was also a choice of communal areas where visitors could spend time with people other than in their rooms.

Is the service responsive?

Our findings

People said, “I go to the centre for cooking lessons on a Friday”. Another said, “We’ve never needed to complain”.

People who lived in the home had been living there for a long time. We found no records which showed that people’s needs were assessed prior to admission and continually throughout their stay at the home. Each person had an initial referral from the local authority, which included a full case history. However, we found no records of the home’s pre-admission assessment. The pre-admission assessment should have covered all medical, social and mental health history, any challenging behaviour, and previous strategies to manage and safely support the person’s needs. The assessment would have been used to determine whether or not the home could meet the person’s needs. Following concerns identified by the local authority, care managers had been visiting to review people’s assessed needs in the home. For example, one person was reassessed and it was felt that the needs of the person could be better met in a supported living environment. We were informed by the registered manager that the person would be moving to a supported living environment during the week we inspected. Without each person’s detailed assessment carried out by the home, which would have highlighted their needs, the home was unable to produce a detailed person centred care plan that met people’s current needs.

We found that people did not have detailed person centred care plans in place. ‘Person centred’ means that people’s individual needs, wishes and preferences are at the centre of how the service is delivered. We found that support was not tailored to meet people’s individual needs. People and those closest to them were not involved in regular reviews to ensure the support provided continued to meet their needs. For example, there were no specific support plans in relation to dementia. People living with dementia did not have individual activity programmes to promote their wellbeing. We observed one person with dementia stayed in their room most of the time during our visit. This showed that people’s specific specialised needs were not being responded to and met in the home.

The failure to adequately assess the needs of people and meeting those needs are a breach of Regulation 9 (2) (b) (h) (9) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. One person said, “I am going to the Crawford centre today. I am there every day. We also like going to church on Sunday, which I do”. On the day we visited, people went out to activities, such as the local community clubs and day centre, which they had been attending for several years. The care manager reports of concerns indicated that there were no indications of meaningful activities for people. We found that there was a lack of diverse activities for people. The activities people were engaged in had become monotonous.

We recommend that the provider seek advice and guidance from a reputable source, about providing diverse meaningful activities for the changing needs of people in accordance with their individual needs and choices.

The complaints process in picture format was seen in people’s care files. We were told that the information about how to make a complaint had also been given to people when they first started to receive the service. The information included contact details of social services. However, it did not contain local government ombudsman and Care Quality Commission (CQC) contact details. Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. Easy to read information had not been developed to help people understand their support and healthcare needs. Policies were not developed in a pictorial format. We noted that the complaint procedure with contact details of different agencies was not displayed on notice boards in the home, which would enable people to be aware of how and who to contact outside the home if they wished to. The local authority had also made a recommendation about this. Further, there was no complaints log in the home. We asked the manager about this and they told us they had never had a complaint log. We asked the staff if they were aware of the complaints procedure in the home and they told us, “No, not particularly aware of the homes policy and procedure on complaints”. This meant that both staff and people who lived in the home might not be aware of the home’s complaint procedure.

We recommend that the provider seek advice and guidance from a reputable source, about complaints processes.

Is the service responsive?

People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction.

Is the service well-led?

Our findings

People said they knew the registered manager by name or description, and liked him. They told us he had been around for years. One person said, “Mr X, yes he’s been here for years since the 1970s I think”. Another person said, “The registered manager and the manager, yes they’re alright”.

Staff commented on the “family feel” of the home, and felt that the homes relatively small size meant that people were known well.

We found that the registered manager did not understand the principles of good quality assurance and was not using these principles to critically review the home. Systems to regularly assess and monitor the quality of the service were not in place. There were no effective system for identifying shortfalls and identifying and managing risks to make sure people were safe and their wellbeing was promoted. We found that people were at risk of harm because risk assessments that included, incident and accidents, finance and safeguarding were not monitored effectively. There was no record available at the service of how the service monitors accidents and incidents. We spoke with the manager about our findings and they told us that the only audit they carried out was for medicines. They added that they had recently implemented a new incident and accident records form after a visit from the local authority commissioners. Care planning was not effective in making sure people received a personalised service. People living with dementia were not provided with meaningful activities or consistently supported by staff who understood their needs. Staff supervision and appraisals had not taken place.

The majority of policies and procedures had been purchased from an organisation. These policies had not been tailored to reflect the service provided at The Mount & The Olives. The policies and procedures had not been updated. For example, risk taking policy was dated 31 May 2006. Record of visit by Kent County Council commissioners on 20 July 2015 made recommendations, for these to be reviewed as a whole. This meant that staff did not have up to date guidance and support to follow while delivering care.

Records were not readily available in the home. For example, there were no references, completed application

forms, interview notes and forms of identification in staff files. Healthcare professionals contacted said, ‘The documentation may be a concern which they were advised to improve early this year’.

People were not asked about their views through surveys and residents meetings. We asked for the recent survey/questionnaire sent out to people. We were informed by both the registered manager and manager that they do not carry out annual surveys. This meant that people, family and external professionals’ views were not taken into account in the way the service was provided.

We found that quality assurance and governance systems were not in place and had not been used to drive continuous improvement at the service. In addition, improvements were needed to the record keeping and data management systems to ensure they are robust. This was in breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had not notified CQC about important events for example, abuse and serious injuries such as falls. This failure to notify CQC was breaches of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The registered manager was not aware of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on the 01 April 2015.

Staff told us the morale was not good at the moment. The registered manager confirmed this when they told us that staff morale was low because of on-going concerns in the home. Staff told us that they were not regularly kept informed about matters that affected the home. We found that team meetings had not taken place in the home, which would have encouraged staff to share their views and for the provider to engage with staff. Staff told us, “We do not get involved in paperwork and the management style is not inclusive. The manager does all the paperwork”. People also commented that the manager carried out all the paperwork.

People knew who the registered manager (Provider) and manager were, they felt confident and comfortable to approach her, and we observed people chatting to the registered manager and manager in a relaxed and

Is the service well-led?

comfortable manner. Staff felt the management team were approachable. Staff said management door was always open if they had any concerns or needed advice. A member of staff said, “They have good attitude. You can talk to them. It is one of the reasons I have been here. They are fair”.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

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 9 HSCA (RA) Regulations 2014 Person-centred care

How the regulation was not being met:

The registered manager (Provider) failed to adequately assess the needs of people and meeting those needs.

Regulations (2) (b) (h) (9) (3) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

How the regulation was not being met:

There were no risk assessments to suitably and sufficiently keep people safe from harm.

Regulation 12

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

Failure to ensure that people were safe from identified risks relating to the management of behaviour, finance and care provision.

Regulation 13 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

Quality assurance and governance systems were not in place and had not been used to drive continuous improvement at the service.

Regulation 17 (1) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered manager had not ensured that staff received appropriate training and professional development to meet people's needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform.

Regulation 18

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

Failure to carry out safe recruitment practices.

Regulation 19 (1) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

How the regulation was not being met:

The provider had not notified CQC about important events such as, abuse and serious injuries.

Regulation 18