

Belmont Sandbanks Limited

Madeira Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 9 and 10 January 2017. The previous inspection on 9 June 2014 found no breaches in legislation.

Madeira Lodge Care Home provides accommodation and personal care for up to 28 older people who may have dementia. At the time of the inspection 27 people were living at the service, although two were temporarily in hospital. Where vacancies occurred the service will take people for respite care. The premises are detached and accommodation is provided over two floors. To the rear of the building is a well maintained enclosed garden. Bedrooms are set over two floors with access via a passenger lift. Each person has a single room, with three rooms having ensuite facilities (toilet and wash hand basin). There are three shower/wet rooms and an assisted bathroom. People tend to access the main lounge/diner/conservatory although there are further quiet seating areas and another lounge. There is limited parking, with additional on street parking at the end of the driveway. Madeira Lodge is close to the sea front, local bus routes and shops.

The service is run by 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.

People and relatives all spoke positively about the service received and were happy with the quality of care and support provided.

Risks associated with people's care and support had been assessed, but there was not always sufficient information recorded in assessments to show how staff kept people safe.

People and/or relatives were involved in the assessment and the initial planning of their care and support. However the level of detail in people's care plans needed to be improved to ensure people received care and support consistently and according to their wishes. People told us their independence was encouraged wherever possible, but this was not always supported by the care plan.

There were audits and checks undertaken to ensure the service was effective. However shortfalls identified during the inspection had not been identified as requiring improvement and action was not always taken in a timely way to address shortfalls that had been identified.

People received their medicines when they should. People's health was monitored and they had access to appropriate health professionals to ensure good health. People had a varied and healthy diet.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were restricted DoLS authorisations were in place or had been

applied for. People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager demonstrated they understood this process.

People were protected by safe recruitment procedures and had their needs met by sufficient numbers of staff. People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach.

New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent. Staff received training relevant to their role. The registered manager worked 'hands on' and regularly observed staff working. In addition staff had some opportunities for one to one meetings, team meetings and appraisals, to enable them to carry out their duties effectively. Most staff had gained qualifications in health and social care.

People had opportunities for a range of activities, which they enjoyed and on occasions went out and about into the community. People did not have any concerns, but felt comfortable in raising issues. Complaints had been taken serious and were used to improve the service. There were opportunities for people to give feedback about the service provided.

The registered manager worked 'hands on' and they took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Management and staff worked as a team to help ensure people received good care and support.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks associated with people's care and support had been assessed, but there was not always sufficient information recorded in assessments to show how staff kept people safe.

People were protected by a robust recruitment procedure.

People received their medicines when they should and safely.
People had their needs met by sufficient numbers of staff.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act 2005.
People were supported to make their own decisions and staff offered people choices to enable this.

People received care and support from staff that were trained and supported.

People had adequate food and drink and their dietary needs were met.

People's health was monitored and appropriate referrals made to health professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive and caring approach.

Staff encouraged and supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff.

Is the service responsive?

The service was not always responsive.

People's care plans did not reflect all the detail of their current routines, their wishes and preferences or what they could do for themselves, to ensure consistent care and support.

People felt comfortable if they needed to complain, but did not have any concerns. Any complaints had been investigated and used to make improvements. People had opportunities to provide feedback about the service they received.

People were not socially isolated. There were opportunities for a variety of activities and in better weather outings were arranged.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received were not totally effective in identifying improvements required or driving action in a timely way to ensure compliance.

There was an open and positive culture within the service, which was focussed on people.

There was an established registered manager who was supported by a deputy and team of staff who worked well as a team to help ensure people received quality care and support.

Requires Improvement ●

Madeira Lodge Care Home

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 9 and 10 January 2017 and was unannounced. The inspection carried out by an inspector 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. The expert by experience had personal experience of caring for family members.

The provider completed a Provider Information Return (PIR) and this was submitted on 30 August 2016. 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. Prior to the inspection we reviewed this and other information we held about the service, we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, two staff recruitment files, staff training, supervision and appraisal records, staffing rotas, medicine, service and maintenance and quality assurance records.

We spoke with 15 people who were using the service, six relatives/visitors, the registered manager and six members of staff. We observed people in the lounge/diner/conservatory during the day and staff carrying out their duties and how they communicated and interacted with people they supported.

Following the inspection we received feedback from three health care professionals who had had contact with the service, which was positive.

Is the service safe?

Our findings

People told us they felt safe living at Madeira Lodge. Comments included, "Oh yes I do certainly feel very safe here". "I came to have a look with my husband and he was worried about my safety and now I live here full time so he must have thought it was safe". "We know mum is safe and happy and that really puts my mind at ease". People and relatives told us they felt staff handled people's medicines safely. Comments included, "I just do not need to worry about things like my pills as they are brought to me in a little cup and all I need to do is swallow, as easy as that". "I leave it to someone who knows what they are doing, I don't want to start worrying about my medicine when they can worry for me and give me what is needed and when". "I have my medicine at the same time each day. I don't need to question them, they just know". "Sometimes I need just one extra pill to help my digestion I think and they always know what to give me if I ask".

Risks associated with people's care and support had been identified. For example, risks in relation to fire (personal emergency evacuation procedure), falls, skin integrity, behaviour and moving and handling people. However although staff had received training in moving and handling there was not always sufficient guidance in place to reduce these risks as far as possible and ensure people remained safe. People at risk of falls or poor mobility had moving and handling risk assessments in place to reduce such risks. These risk assessments stated which equipment should be used, but did not detail how the person preferred to be moved or how it should be done safely, such as detailing how to put a hoist sling in place, or roll a person safely in bed, or what hoist sling hooks should be used, so that the person would be moved in the right position, but stated 'trained staff to assist'. Where people displayed behaviours that might challenge risk assessment were in place, but lacked information about what staff would do at the point of the incident to mitigate the risk and keep the person and others safe. Staff told us this would include ensuring other people were safe and distracting the person displaying the behaviour. People had been identified as having swallowing difficulties and as a result had been referred to health professionals for advice and guidance. As a result a risk assessment had been put in place. However although risk assessments contained information about people's diets and position for eating, they did not inform staff what action they should take immediately if the person started to choke, which would further mitigate the risk. Staff told us this may include back blows and abdominal thrusts.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were appropriately managed. There was a clear medicine administration procedure in place. Staff that administered medicines had received training in medicine administration. Storage to hold medicines was secure and temperature checks were taken daily and recorded to ensure the quality of medicines used.

Staff checked the medicines when they arrived into the service and these checks were recorded on the Medication Administration Record (MAR) chart. MAR charts showed that people received their medicines according to the prescriber's instructions. Staff followed safe medicine administration practices during the inspection. They were patient with people, explaining what the medicine was and ensuring people had taken the medicine properly before leaving them. There was guidance in place for when people required 'as

required' or 'as directed' medicines, such as pain relief, to ensure people received these safely. There were systems in place for returning unused medicines to the pharmacist.

Senior staff carried out regular audits of medicine systems and records. The dispensing pharmacy had carried out an audit of the medicines in December 2016. The audit identified some minor actions and all but one of these had been addressed and the final action was in progress.

People benefited from living in an environment that was maintained and using equipment that was in working order. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, the boiler and electrical items. People told us they were happy with their rooms, which were individual and personalised. People said as far as they knew all equipment was in working order. Comments about the environment included, "My room is cleaned every day; they even move my photos to clean". "Oh yes everything works in here, but then I don't have much to do, apart from my light by my bed and my wireless". "Well my clock broke when I knocked it off my table and do you know that they got me this lovely new one as they couldn't mend mine". "It can be nice and clean (my room), but I do find things a bit scruffy for my liking". "My light bulb went before breakfast with a bang and by the time it was time to go back to my room after breakfast it was mended. How about that". Repairs and maintenance were dealt with by the handyman and staff told us when there was a problem things were fixed fairly quickly. Since the last inspection there had been ongoing redecoration, a bathroom and two wet rooms had been refurbished and new flooring in some people's bedrooms. A lovely new hairdressing salon had been created and was now ready for people to use. Corridors and doors had been painted for people having dementia in mind. Bedroom and toilet doors were different colours and the corridor walls were painted one colour above the hand rail and another colour below. New pictures had been hung of personalities that people would remember from their younger days. In recent quality assurance surveys most people and relatives had rated the décor of the service as 'good' or 'excellent'.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty. Comments included, "I don't ever think to worry about anything now as there is always someone around when I need them or need to ask for help". "Look at all those lovely girls about just to help, why would I worry about my safety or comfort when I never need to call out or even ask twice for anything". "I never worry about calling for help with my bell and it does work you know they do come really very quickly". "I hardly ever have the need to use my buzzer, but at least I know it is here and help is at hand". "I hardly need to even press the button and help arrives". During the inspection staff responded when people approached them or call bells sounded and were not rushed in their responses when supporting people. There was a staffing rota, which was based around people's needs. In addition to the registered manager, who worked some of their time 'hands on' there was a minimum of five staff on duty during the morning and three during the afternoon. There were three members of staff on wake night duty. In addition there was a cook on duty during the morning and at supper time, domestic staff and a maintenance person. There was an on-call system covered by senior staff and the registered manager. The provider's existing staff were used to cover any sickness or leave and very occasionally outside agency staff. Turnover of staff was low and at the time of the inspection there was one vacancy.

People were protected from abuse and harm. During the inspection the atmosphere was quiet and relaxed. Staff were patient and people made their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a clear safeguarding policy and flow chart in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team.

Accidents and incidents were clearly recorded and appropriate action taken. The registered manager reviewed all accidents and incidents to ensure appropriate action had been taken to keep people safe and reduce the risk of further occurrence. Reports were then analysed monthly to look for patterns and trends.

People were protected by robust recruitment procedures. We looked at two recruitment files of staff that had been recruited in the last 12 months. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

Is the service effective?

Our findings

People and relatives were satisfied with the care and support received. Comments included, "Mum is not only safe and comfortable here, but she really has been so content and happy too". "Now I know my wife is out of harms way and her every need is catered for I feel I can finally think about me for once".

People and relatives told us staff had the right skills and knowledge to provide care and support that met people's needs.

Health care professionals felt staff had a good understanding and knowledge of people and their care and support needs. They felt staff followed any advice and guidance they gave. One commented, "Some staff have been there a long time and they get the training".

Staff chatted to people positively when they were supporting them with their daily routines and people reacted or chatted to staff positively. Staff were heard offering choices to people throughout the inspection. For example, what they wanted to eat or drink, whether they wanted any more to eat, where they want to have their lunch and what they wanted to do.

Care plans contained information about how people communicated. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using good humour and other times speaking gently. Staff were patient and not only acted on people's verbal communication, but people's facial expressions and gestures.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS. Eleven people had a DoLS authorisation in place and other applications had been submitted to the local authority.

People's consent was gained by themselves and staff talking through their care and support or by staff offering choices. This may be facilitated by staff offering a choice of two things so the person could pick, such as offering two different choices of outfits to wear. Staff had received training and understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. The registered manager demonstrated they understood this process, which had been followed when people, for example, required medical treatment.

Staff understood their roles and responsibilities. Staff told us they had completed an induction programme, which included training courses and shadowing experienced staff.

Previously staff had undertaken an induction based on the Skills for Care common induction standards. However the provider had changed the training arrangements and new staff would undertake a new induction based on the Care Certificate developed by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff received training relevant to their role and this included first aid, nutrition and food hygiene, safeguarding vulnerable adults, fire safety, infection control, health and safety, equality and diversity, medicine administration, moving and handling and dementia. Some staff had received training in epilepsy, Parkinson's, advanced dementia, challenging behaviour, diabetes, and dysphasia and managing skin integrity. Training was periodically updated and staff felt the training they received was adequate for their role and enabled them to meet people's needs.

The service had 17 care staff and 13 had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above and another three were working towards this. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff felt well supported and received opportunities for support and supervision. The registered manager worked 'hands on' for part of their shift each day they were on duty giving staff the opportunities to discuss any issues as they arose. This also meant the registered manager regularly observed staffs practice when supporting people and was able to address any concerns quickly. Staff received one to one meetings with their manager and an annual appraisal where staff had the opportunity to discuss their learning and development. There was some slippage on the frequency of supervision staff had received in line with the provider's policy. The registered manager told us they had booked supervisions to address this following the inspection and advised that they would introduce a system for monitoring when supervisions were due and had taken place. Regular team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures.

People had access to adequate food and drink. When people were at risk of poor nutrition or hydration their food or fluid intake was monitored and people's weight was also regularly monitored. There was a three week rolling menu in place, which showed people had a varied diet. Written menus were on display. During the inspection lunch was ham and egg or scampi with potato wedges and on the second day hunters chicken. Where appropriate people's meals were planned in line with advice and guidance from health professionals, such as a soft diet or drinks thickened. The main meal was served at lunch time with a light meal or sandwiches in the evening. Alternatives to the menu were available and we saw people chose to have alternatives during the inspection. Meals looked hot and appetising and people said they enjoyed the food they had. Comments included, "The food is not bad, I would like a bit of a change sometimes a bit of variety". "The food is always good and plentiful and she eats more than she ever did at home". "The best thing about the food is that it is served to me nice and hot and I don't have to do a thing. It doesn't taste bad either". "I do usually like a bit more pudding and that is never a problem". "Lots of food and lots of pudding, that's how I like it and that's how it is". "I like dinner time, a bit of a chat and some very nice meals". Lunch was relaxed with people choosing to have their meals where they chose.

People's health care needs were met. One relative told us, "Mum had an emergency last night and they were brilliant here put her health and safety first and got her into hospital without delay". Other people's comments included, "I haven't needed to, but I know people who have required a doctor and it was very quickly arranged". "Actually I had my doctor here last week and I didn't even have to leave my room". "I had a call about my wife not being well the other night, but they were on top of it immediately and called the doctor so I had no worries or concerns". "I have trouble with my eyes you see, so I do need quite a few

appointments for them and that is all done for me". People had access to dentists, doctors, nurses and opticians. A chiropodist visited the service regularly. When people were unwell the staff contacted the doctor and a visit was arranged and we saw this to be the case during the inspection. One person was unwell and a health professional visited, the next day the person had deteriorated and paramedics were called, followed later in the day by a doctor. Appropriate referrals had been made to health professionals, such as to the memory clinic, community nurses and physiotherapist. For example, some people were seen regularly by the nurse in relation to their skin integrity. People's health needs were monitored. Any health appointments or visits were detailed including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. People had equipment, such as pressure relieving mattresses and cushions to help ensure their skin remained healthy.

Is the service caring?

Our findings

People and relatives told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. Comments about the staff included, "The staff are always cheery and they always have a chat". "Everyone is so kind here without exception". "What lovely, lovely girls they all are, they look after my wife like one of their own. Caring, patient, attentive and always ready to talk". "The staff are accommodating and approachable". "These lovely people have all the patience in the world. Wonderful people they are, every one of them". "The friendly, happy and smiley people are the best bit about living here".

In recent quality assurance surveys people and relatives had rated the friendliness of the staff as 'excellent'. Health care professionals felt staff were caring.

During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff and communicated happily.

Throughout the inspection staff talked about and treated people in a respectful manner including them in conversations, and getting down to their level when speaking with them. Sometimes this included good humour. One person came down to lunch with their hair uncombed, the registered manager noticed this directly and quietly asked a staff member to support the person back to their room to help them do their hair, returning a few minutes later ready for lunch.

On a number of occasions during the inspection we saw staff assist people to move sometimes using a hoist. Staff were patient, explained what they were doing before and gave plenty of clear instructions to people in a polite and quiet way, so people were relaxed and felt safe. Staff smiled and got down to people's own level to speak with them. One person once walking became agitated and staff quickly intervened to calm the person and although the person calmed slightly they were still a bit agitated and staff quickly took the decision to bring a wheelchair to assist the person. Once transferred into the wheelchair they began smiling again.

People were asked where they wanted to sit at lunchtime and have their meal. Staff assisted people to put on food protectors to protect their clothes asking them first if they wanted to wear one. People were asked at the time of serving what they would like to eat, even though they had been asked previously. This was in case they had changed their minds or saw something else they preferred. One person received what they had asked for and changed their minds three times before the alternative meal was eaten by the person, during this time staff were patient and encouraging towards the person. When one person wandered away from the table, staff gently encouraged the person back to the table and to eat some more of their meal.

One person was playing a word game and towards the end they got stuck on some answers, staff sat with them, but involved others in the lounge by asking them the questions aloud and then having a discussion with everyone about the answers. Another person was looking at a picture card and every now and then staff went over, sat with the person and discussed the card the person was looking at, checking they were alright at the same time.

People told us they received person centred care that was individual to them. People felt staff understood their specific needs relating to their age and physical disabilities. People's comments included, "I do like to have my wash when I wake up and am ready to get out of bed, so I ring the bell and help and assistance will eventually arrive, but I am not the only person here who needs help you know". "I think I like a good wash in the morning, but I do need some help now, which is good because they know how to help and exactly what needs doing". "It was becoming impossible at home for me to do everything for my wife on my own, now she gets the right help at the right time and a lovely bath when she is ready". Some staff had worked at the service for many years and they had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and information about their personal histories. During the inspection staff talked about people in a caring and meaningful way.

The registered manager told us the service had received several compliment letters or cards about the care and support provided and these were seen on file.

People told us their independence was encouraged wherever possible. People's comments included, "Yes I am quite independent, I come into the lounge when I am up and then ask for my breakfast in the dining room". "Mum likes to be as independent as possible in the circumstances and they respect that. She can be up to a point, but it is very reassuring to know that someone will step in as soon as needs be". "I can't go out on my own, but I do feel independent once out and about with carers at the cafe on the seafront". "Mum would like to be independent, but she is just not up to it, but she does like to help and so she is allowed to help clear the tables and wipe them with a cloth that she then walks around with. They are very patient and never stop her or remove the cloth just steer her in the right direction". A health care professional felt staff helped maintain people's independence. Staff talked about how people were encouraged to do the things they could for themselves. One person asked staff to cut up their lunch, staff cut a couple of pieces and then encouraged the person to do the rest themselves, which they did.

People and relatives told us they were involved in the initial assessments of people's care and support needs and planning their initial care. People felt care plans reflected the care and support they received. The registered manager told us at the time of the inspection people usually made their own decisions about their care and support, but if they chose or needed were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they were treated with dignity and respect and had their privacy respected. People's comments included, "Oh yes I am a very private person you see and I do like to keep myself to myself, which is just how they accept me here and allow me to be, it comes from being a teacher". "No one ever enters my room without first knocking and asking if they may enter". "My wife is a very shy person and that is respected at all times". A health care professional felt staff treated people with dignity and respect. Staff had received training in treating people with dignity and respect as part of their induction. Information given to people confirmed that information about them would be treated confidentially.

Is the service responsive?

Our findings

People and relatives were happy with the care and support people received. Comments included, "My wife had to come in quite suddenly and she was welcomed immediately, no teething problems and no problems since" and "I can't fault it for mum".

The registered manager told us people and relatives were encouraged to come and look round the service before they moved in. In addition their admission included staff carrying out a pre-admission assessment during a visit to people in their own environment at that time. Where appropriate information was also obtained from the funding authority or hospital. The care plan was then developed from these assessments, discussions and observations.

People and relatives comments about their care plan included, "Yes I have a care plan, but I like the staff to concentrate on that and keep an eye on things for me". "My mums care plan has frequent reviews and I am always kept up to date with any necessary changes". "My wife's care plan is precise, accurate and totally appropriate. We do discuss things on a regular and frequent basis". "Oh yes I am kept fully involved in my own care". "The manager will always talk over mum's needs with the staff and they are always ready to listen and help".

Care plans should have contained a step by step guide to people's preferred daily routines and information within this about their wishes and preferences. This should have included what they could do for themselves and what support they required from staff.

Care plans required further detail to ensure that people received care and support consistently, according to their wishes and staff promoted people's independence. Some care plans did show elements of people's preferences and reflected what they could do for themselves in some areas, but not others so this did not ensure people's independence would be maintained.

One care plan stated the person had a 'shower' and 'wears incontinence pads'. They required 'full assistance', with their personal care and had a 'regular' toileting pattern, but there was no further detail about when they preferred a shower or how frequently they were supported with toileting and any preferences they may have in relation to these tasks.

Another care plan showed the person's preferences of times for going to bed and getting up. Again 'full assistance' was stated for personal care, although the care plan stated the person could brush their hair. The care plan stated that 'staff are to allow (person) to brush their hair and to carry out the tasks they are able to do themselves', but these were not detailed. However staff told us with encouragement the person could wash and dry their own hands and face and could wash their front top half above the waist. The care plan stated the person liked a shower and a bath, but no detail about what time of day they preferred to have these or how frequently. However staff told us they could occasionally be encouraged to have a shower, but actually preferred a strip wash. The care plan stated that 'staff are to respect and maintain their privacy and dignity all the time', but there was no detail about how.

A third care plan showed a person could brush their own hair, clean their teeth and go to the toilet independently. The care plan said they liked a shower, but no detail about their preference in relation to the frequency or time of day was recorded. The care plan stated 'allow to help when they can and offer assistance with clothing, but again there was no detail about how. Staff told us this person could wash and dry their own hands and face and front top half as well as clean their teeth and comb their hair.

This meant that people would have to explain their preferred routine to any new staff and left a risk that people might not receive consistent and safe care that promoted their independence.

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were supported to take part in social activities. Comments included, "I like to do these jigsaw puzzles, it keeps the old ticker working". "I do get very tired very quickly, but I do like a nice game like dominos or something". "Not much to get excited about at my age, but I like to keep busy and there is usually something going on to cheer me up". "I like the television, but that can get a bit lonely so I will go into the lounge and have a chat". "I bring in as many old photos as possible and we all join in having a look at them with my wife, but she is kept entertained here too and she enjoys the music and films". "My wife had her hair done yesterday and her nails today, they make sure she is well looked after and she likes the pampering always has". "(Family member) has a change of scenery during the day and goes off to the day care centre. We have not had a single worry about her care". Outside entertainers came in including singers and entertainers and tropical animals. The registered manager told us in warmer weather people went out and about, such as to the garden centre, the zoo, cafes and tea rooms and the beach and fish and chip restaurants. Three people attended the provider's day centre during the week, which was located just down the drive. People's comments included, "I can't go out on my own in case I get lost, but we are taken out and go to the sea front for a cup of tea and a nice piece of cake or perhaps even an ice lolly". "I can take mum out when it is a bit warmer and they do organise a few trips here too". During the inspection people spent time reading including the daily papers, watching television, participating word and card games or having their nails manicured. People were not socially isolated, during the inspection there was a steady stream of visitors during visiting times and some families took their family member out. A relative also telephoned during the inspection and they were able to speak to their family member. Staff told us visitors came from various churches to visit people and a hairdresser also visited each week. There were a number of books displayed on shelves in the service for people to read. A healthcare professional told us "There are good interactions between people and staff in the lounge area and appropriate music or television on".

People felt confident complaints would be addressed, but did not have any complaints. Comments included, "I have to say that I have not ever had the need to complain, but I would not hesitate in doing so should I need to". "I would know where to complain, but I just do not need to". "I can honestly say I have absolutely no complaint whatsoever as my wife is looked after superbly". "Yes I really have complained and they listened to me what's more. My daughter always joins in too". "I never have to complain about the care my wife receives you just cannot fault it, the pressure and worry has been completely lifted from my shoulders". There had been four complaints received by the service in the last 12 months, which had been investigated and people received a timely response. Action had been taken where appropriate. There was a complaints procedure displayed within the lobby of the service. This did not include information about people's right to access the local government ombudsman, but the registered manager agreed to add this information. During the inspection the registered manager was visually accessible to people and relatives and the provider visited the service each week. The registered manager told us that any concerns or complaints were taken seriously and used to learn and improve the service. In recent quality assurance

surveys people and relatives had rated the response to complaints as 'excellent'.

People had opportunities to provide feedback about the service provided. Blank quality assurance surveys were located in the lobby of the service and people and their relatives were encouraged to complete these. We saw that six surveys had been returned, which had been generally positive, but any negative comments had been acted on.

Is the service well-led?

Our findings

People and relatives were very complimentary about the service and its management. Comments included, "This is the manager with the biggest smile you have ever seen". "The nice manager lady always has a chat and a giggle, never too busy to be kind". "She is lovely the manager and always makes sure my wife is happy and comfortable". "She's a lovely girl (the manager) I feel she knows mum so well and really cares". "The staff and management are all approachable without fail, there is not one of them that you wouldn't or couldn't go to". "The nice thing here is there is always a member of staff around to ask for help, advice or even just for a chat". "Everyone is just fantastic, can't fault them. I could not cope on my own and this has taken all the stress off me". "If I have a problem, any problem it really, does not take long to sort it out, someone is always here to help and to listen". "A very well managed friendly and caring service". "The manager is cheery, bright and always ready to help when we have any query about mum, however big or small".

In recent quality assurance surveys people and relatives had rated their overall impression of the service 'good' or 'excellent'.

Healthcare professionals felt the service was well-led. One said, "Staff are always helpful". Another told us, "(The registered manager) has been there quite a few years and is proactive in implementing and really cares, they go above and beyond the call of duty and are very hands on".

The provider undertook quality assurance visits and reports were available. We saw that reports showed that the last quality assurance audit undertaken by the provider was July 2016 for the months of April to June 2016. The report contained an action plan for identified shortfalls, which included staff training, supervision frequency and implementing a new format care plan. At the time of the inspection the supervision frequency remained outside of the provider's policy, although other actions had been addressed.

There were systems and processes in place to check the quality and effectiveness of the service. However these had not been totally effective in identifying the shortfalls highlighted during this inspection, such as the level of detail in care plans and as far as possible mitigating risks associated with people's care and support and driving identified improvements in a timely way.

The provider had failed to have systems and processes that effectively monitored the service to ensure compliance with requirements. This is a breach of regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included regular checks on temperatures, such as water, food and fridge and freezers. Medicine and health and safety checks were also made, to help ensure people remained safe.

The registered manager worked Monday to Friday and their deputy worked at weekends so people, relatives

and staff always had access to management. The registered manager worked a combination of 8am – 8pm and 8am – 2pm or 2pm – 8pm shifts. During the inspection it was evident the registered manager was very 'hands on', supporting staff or giving guidance when required on shift and dealing directly with any issues people raised or came to the office to discuss. The registered manager had recently received the second place care award from the Kent Integrated Care Alliance in the care home manager section. In recent quality assurance surveys people and relatives had rated communication and the response to telephone calls as 'good' or 'excellent'. One person told us, "This is the boss here just look at that smile, the best smile I have ever seen and what's more it is always there". Staff said of the leadership and management of the service, "It is very good".

The provider was a member of the Federation of Small Business, Kent Integrated Care Alliance and national and regional care associations and Kent Invicta Chamber of Commerce. This membership and attending regular managers meetings were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

There was an open and positive culture within the service, which focused on people. People and their relatives had completed quality assurance questionnaires to give feedback about the services provided. Any negative responses had been acted upon. The registered manager had set up a dementia information/communication board for relatives to help them understand more about dementia and how it might affect their family member. The provider also held events for people with dementia and their relatives in the day centre just down the driveway. Recently a dinner dance had been held and a member of the local mental health team attended to be on hand for relatives for any advice and guidance. The registered manager told us the next event would be setting up a choir for people with dementia. This would be open to those living in Madeira Lodge and the local community.

The supplying pharmacist had undertaken an audit in December 2016 and made minor recommendations, which had mostly been implemented. The policy was at the time of the inspection under review.

The Environmental Health Officer had visited in February 2016 and the service had a 5 star rating (the highest).

Staff understood their role and responsibilities and felt they were well supported. They told us they felt "100%" comfortable in raising concerns and the communication was "first grade". Other comments included, "I think we are very lucky here as we are a good team and get the help and support that we need". "I feel very fulfilled working here and never have a day when I don't feel like coming into work". At the time of the inspection there was no system to monitor the frequency of staff supervision, but the registered manager told us they would introduce one in order to monitor when supervisions were due and had taken place. Staff had opportunities for team meetings and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

The provider had a vision and set of values and these were displayed in the office and contained in a folder within the lobby. The values were caring, continuity, dignity, support and understanding and although staff were not able to tell us what these were, the care and support delivered by staff during the inspection showed these were adopted in the way they supported people.

Staff had access to policies and procedures within the service. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. Regulation 9(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Regulation 12(1)(2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have systems and processes that effectively monitored the service to ensure compliance with requirements. Regulation 17(1)(2)(a)