CareSmart Limited

Kent Farm Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 6 and 11 April 2017. We completed a comprehensive inspection on 29 and 30 March 2016 and rated the service requires improvement. This related to five breaches of the Health and Social Care Act 2008 and associated regulations. These included that some aspects of people's care was not person centred, fire safety concerns and other environmental risks. Staff practice was not in accordance with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards. This was because some people, who lacked capacity did not have their legal rights fully protected and were subject to restrictions on their liberty for their safety and well-being, without the proper processes in place. Also, the quality monitoring systems used were not fully effective.

We returned and undertook a focused inspection in December 2016 because of concerns raised with us about the care of a person who had recently left the home. At that inspection we reported that improvements had been made in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties safeguards (DoLS) but that further improvements were still needed. At this inspection, we found the provider had taken action in all these areas.

Kent Farm residential home is registered to provide accommodation with personal care for up to 21 people, many of whom are living with dementia. At the time of our inspection there were 13 people living at Kent Farm Care Home including two people living in The Old Dairy. The Old Dairy is a four bedroom annexe in the grounds of the main house, which provides accommodation specifically for people living with dementia.

This inspection was to follow up if the required improvements had been made and ensure the provider had maintained standards in other areas. Since the last inspection we received an action plan from the provider which outlined the improvements being made. This included training staff in MCA and DoLS, and upgrading the fire alarm system. The service had updated care records to make them more person centred and comprehensive and had improved quality monitoring. Some improvements in the general décor of the home had been made, such as the hall and stairs carpet had been replaced and some rooms repainted. Further improvements were still needed to make the environment more suited to the specialist needs of people living with dementia.

The service did not currently have a registered manager. The previous manager, had recently cancelled their registration with the Care Quality Commission (CQC) and was still working at the home as a senior care worker. An interim manager had been appointed, which the provider notified us about. A new manager started in post on the first day of the inspection and was planning to register with the CQC. A registered manager is a person who has registered with the CQC 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 were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Where people lacked capacity, staff followed

the MCA and its code of practice. Relatives, friends and professionals were consulted and involved in best interest decision making.

People said they felt safe living at the home. Staff were aware of signs of abuse and knew how to report concerns; any concerns reported were investigated. People's risks were assessed and actions taken to reduce them as much as possible. A robust recruitment process was in place to make sure people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns were listened and responded to. The service had a written complaints process. Any concerns or complaints were investigated with actions identified to make improvements.

People who used the service, relatives and health and social care professionals gave us positive feedback about the service. People were treated with dignity and respect, staff knew each person as an individual and what mattered to them. The service was organised around people's needs and wishes. Staff documented detailed life histories about each person, their life and family before they came to live at the home. People experienced care and support that promoted their health and wellbeing. They received effective care, based on evidence of best practice, from staff that had the knowledge and skills needed to carry out their role. People received their medicines on time and in a safe way. People praised the quality of food and choices available at the home. Staff supported people with poor appetites who needed encouragement to eat and drink, to stay healthy and avoid malnutrition and dehydration.

Care was focused on people's individual needs, wishes and preferences and people were supported to remain active and independent. They were supported to express their views and were involved in decision making about their care.

People, relatives and staff said the home was organised and well run. Staff worked well as a team and felt supported and valued for their work. Some improvements had been made in the quality monitoring systems and were ongoing. The service were continuing to make improvements in response to the findings of audits, and following complaints, accidents and incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's individual risks were assessed and actions taken to reduce them as much as possible, whilst minimising restrictions on people's freedom.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

People were supported by enough staff so they could receive care at a time and pace convenient for them.

People received their medicines on time and in a safe way.

A robust recruitment process was in place to ensure people were cared for by suitable staff.

Is the service effective?

Requires Improvement

Some aspects of the service were not fully effective.

Improvements were needed in the general décor of the home and to the environment to make it more suited to the specialist needs of people living there with dementia.

People were well cared for by staff that had the knowledge and skills to carry out their roles.

People's consent was sought for all care and treatment decisions. Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted in accordance with them.

People were supported to access healthcare services. Staff recognised changes in people's health, sought professional advice and followed it.

People were encouraged to lead a healthy lifestyle and to improve their health and wellbeing through good nutrition, hydration and exercise.

Is the service caring?

Good

The service was caring.

People had developed good relationships with staff who knew them well.Staff were kind and affectionate towards people.

People were treated with dignity, respect and compassion. Staff protected people's privacy and supported them sensitively with their personal care needs.

People and relatives were consulted and involved in decision making about care and treatment.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support that met their needs.

People's wellbeing had improved because they were supported to pursue their interests and undertake a wider range of meaningful activities .

People's care records were more personalised and accurately reflected their care and support needs.

People knew how to raise concerns and complaints and any issues raised were dealt with promptly.

Is the service well-led?

Good

The service was well led.

Staff worked well together as a team and care was organised flexibly around people's individual needs.

People and staff views were sought and taken into account in how the service was run.

The service had a variety of systems in place to monitor the quality of care and were making further changes and improvements in response to their findings.

Kent Farm 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 6 and 11 April 2017 and was unannounced. The inspection team comprised of two inspectors. In preparation for the inspection we reviewed the previous inspection reports, the provider's action plan and notifications we received form the service. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with all 13 people using the service, and received feedback from five relatives and a friend. We looked at four people's care records and at their medicine records. A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We spoke with 11 staff including the provider, interim manager, new manager, care staff, housekeeper and cook. We looked at systems for assessing staffing levels, staff training and supervision records, staff rotas and at five staff files, which included recruitment records for new staff. We also looked at quality monitoring systems the provider used such as audits, health and safety checks and at communication. We sought feedback from health and social care professionals who regularly visited the home and received a response from five of them.

Good

Is the service safe?

Our findings

At the previous comprehensive inspection in March 2016 we found the provider was not meeting their legal requirements with regard to managing environmental risks for people. This related to a number of fire safety risks, some unprotected heaters and a tap with excessively hot water, which increased people's risks of burning/scalding and lack of Legionella controls. (Legionella is a water borne bacteria found in water systems that can cause a pneumonia like illness). At this inspection we found this requirement had now been met.

People were protected because staff had good awareness of how to keep people safe and protect them from avoidable harm. People said they felt safe and secure living at the home. One person said, "I feel safe, I can manage most things myself." A professional who regularly visits people at the home said staff were always expecting them and made sure they helped people get ready for their visit.

The fire safety system had been upgraded and several fire doors replaced to meet current fire regulations. An updated fire risk assessment to reflect those changes was awaited from the contractor. Staff received fire training updates and records showed staff did regular fire drills to check their fire safety procedures. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and fire exits were undertaken. Each person had a personal emergency evacuation plan showing the support they needed to safely evacuate the building in the event of a fire. All unprotected halogen and convection heaters had been removed from people's rooms and communal areas. Measures to reduce the risk of Legionella infection such as descaling of showers heads and regular water testing for bacteria had been implemented. All repairs and maintenance were regularly undertaken and equipment was regularly serviced and tested as were gas, electrical and fire equipment.

Environmental risk assessments were completed and showed measures taken to reduce risks. For example, regular temperature checks were carried out to make sure people's hot water wasn't too hot. However, we identified a hot water tap in one person's bedroom, where the hot water temperature exceeded health and safety executive recommended 44 degrees, which we made the service aware of. This highlighted that water temperature checks recorded lacked detail, as they hadn't identified this issue. When we visited on the second day, the provider confirmed the faulty thermostatic controlled valve on this sink had been replaced. Contingency plans were in place to support staff to deal with any emergencies which might affect people's care such as disruption to electricity, gas and water supplies.

People had individual risk assessments which were well completed and were reviewed monthly or more frequently in response to need. Staff demonstrated awareness of each person's safety and about how to minimise risks for them. For example, staff reminded people to use their mobility aids when they were moving around the home and lent people a guiding hand when needed. Any significant risks for individuals were highlighted in red writing, so they were immediately obvious to staff, and care plans instructed staff how to minimise those risks. For example, at night, for people at high risk of falling, staff undertook regular checks and used bed rails with cushioned protection or 'crash mats' to prevent injury, as appropriate.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies in place. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice.

The registered manager had reported two safeguarding incidents to the local authority and the Care Quality Commission (CQC) since the last inspection.

Accidents and incidents were reported and reviewed to identify ways to further reduce risks. For example, where a person had fallen forward and injured themselves when staff left the person alone in the bathroom for some privacy. Staff had discussed their concernswith a family member and it had been decided in the person's best interest to accompany them at all times, when using the bathroom for their increased safety.

People's safety and wellbeing was promoted because there were sufficient staff to keep people safe and meet their needs at a time and pace convenient for them. The atmosphere in the home was calm and organised; staff worked in an unhurried way and were able to spend time with people. Staff spent time chatting with people and undertaking activities with them and patiently supported each person who needed help to eat at lunchtime.

The provider used a dependency tool to assess and monitor the support each person needed and amended staffing levels accordingly. In the morning and afternoon there were three care staff on duty, with two waking and one sleep in night staff and and a full time manager. The service also employed a housekeeper, cook, part time activity co-ordinator, two administrative assistants. Staff rotas were prepared in advance, so staff knew which shifts they were working and any gaps in staffing could be filled by existing staff working extra shifts and agency staff.

People who lived in The Old Dairy went across to the main building each morning and spent their day there and returned back after supper. Before admission, people and relatives were made aware of these arrangements. We asked staff what happened if either of the two people currently living there wanted to remain there during the day. They said a staff member would go over or sometimes they went over with their visitors. When a person in The Old Dairy became unwell, and their needs increased, they moved to the main house, so staff could keep a closer eye on them.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed. Staff had police disclosure and barring checks (DBS), checks of qualifications and identity and references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. When agency staff worked at the service, agency profiles confirmed their recruitment checks had been carried out and they were suitably qualified.

People received their medicines safely and on time and staff were knowledgeable about medicines. Where a person was prescribed a medicine at a specific time, so it could be most effective, it was given on time. Most medicines administered were well documented in people's Medicine Administration Records (MAR), which were checked regularly. However, the service had several systems for documenting other medicines such as prescribed creams and eye drops. For example, instructions about prescribed creams were in one section of people's care records, and their use documented in daily records, rather than on people's MAR sheets. Records of administration of people's eye drops were kept in their rooms, and some we looked at had recording gaps. We discussed this with the new manager who planned to review and simplify these arrangements.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home.

Staff had access to hand washing facilities and used gloves and aprons appropriately. Housekeeping staff had suitable cleaning materials and equipment. Soiled laundry was appropriately segregated and laundered separately at high temperatures in accordance with the Department of Health guidance. These measures reduced cross infection risks. The most recent environmental health visit to the kitchen had awarded the service the top rating of four out of five. Recommendations about replacing chopping boards and increasing frequency of fridge temperature monitoring had been implemented.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection in March 2016 we found the provider was not meeting their legal requirements with regard to consent for people who lacked capacity. This related to the service not having any Mental Capacity policy or procedures and not undertaking mental capacity assessments or recording best interest decisions. People were subject to restrictions on their liberty in their best interest, without the proper legal process in place. Both of these requirements have now been met.

People were involved in decision making about their care and were offered day to day choices. Staff sought people's agreement before carrying out any care and treatment and ensured they were supported to make as many day to day decisions as possible. For example, about the time they wished to get up or go to bed, what they wanted to wear and about food choices.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff had undertaken relevant training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments were undertaken and records were kept of details about relatives or representatives who had legal power of attorney or were appointed as a deputy by the Court of Protection. Where people were assessed as not having the capacity to make a decision, staff involved people who knew the person well and other professionals, such as their GP and community nurse in best interest decisions.

DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's best interests. Staff demonstrated an understanding of the MCA and what constitutes restrictive practices, such as key codes and bed rails. Where necessary restrictions were placed on people for their safety and wellbeing staff had considered the least restrictive option. For example, in relation to a decision to use bedrails to keep a person safe in bed. The registered manager had made four deprivation of liberty applications to the local authority DoLS assessment team for people living at the home. This was because they identified some people may be deprived of their liberty due to their frailty and inability to leave the home without supervision for their safety and wellbeing. One authorisation had been granted, which staff were acting in accordance with, and staff were awaiting assessment of the other applications. This meant people's legal and human rights were upheld.

Adaptations were made to the home to meet the individual needs of people with disabilities, for example, grab rails were fitted in corridors, bedrooms and bathrooms to help people move around independently. A passenger lift provided people with mobility difficulties access to upstairs. The home was comfortable and

clean although some areas were in need of refurbishment.

The service had a homely feel with pictures and ornaments on display in communal areas and corridors. Since we last visited, some improvements to the environment had been made, for example, the carpet in the entrance hall and stairs had been replaced, and some rooms redecorated. However, paintwork in areas such as corridors, skirting boards and doorways was badly damaged and needed repainting. The provider said they planned to protect some areas by re-enforcing plaster work with sheets of stainless steel, where there was a lot of wheelchair and equipment traffic.

People could move more freely around the home because more storage for equipment such as hoists was provided. However, we identified a security concern related to a person's bedroom which had been created downstairs, where a small lounge was previously located. The patio doors opened easily into the car park, although staff said the person wouldn't be safe to leave the home unaccompanied, and their window wasn't secure. When we followed this up on the second day of the inspection, the provider confirmed a restrictor lock was being fitted to window and they were seeking further advice on how to secure the patio doors, and meet fire regulations.

People, relatives and staff all identified the décor and environment of Kent Farm as a key area for further improvement. One person thought the landing carpet upstairs needed to be replaced and a relative said planned improvements discussed at a residents and relatives meeting in February 2017, had not yet taken place. Other comments relating to the environment and décor included; "shabby," "tired" "décor could be improved a bit more" and a relative said, "I would like the room decorated." Plans discussed at the 2016 inspection to convert one of the existing bathrooms into a wet room and provide access to a standalone shower hadn't progressed. The provider explained most of the funds available for improvements had been prioritised to upgrade fire safety but that further improvements were planned as funds allowed.

People's rooms had numbers but no other identifying features, to assist people living with dementia to find them independently. Signage around the home to help people locate and recognise bathroom areas independently needed to be improved. We discussed sources of help and advice from best practice guidance about lighting, room layout and colour schemes that are best suited for people living with dementia.

We recommend that the service take further steps, to improve the general décor of the home and make the environment more suited to the specialist needs of people living with dementia.

Currently, where repairs or redecoration were needed, these were done by external contractors. However, the provider planned to employ a part time handyman, so future repairs, maintenance and redecorating would be completed on a more regular basis.

People received effective care, from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. Most staff had completed health and social care diplomas at level two or above, so had the knowledge, skills and competencies they needed to meet people's needs. Staff undertook regular update training such as fire safety, health and safety, and infection control. They also completed training relevant to people's individual needs, for example, diabetes, pressure area care and understanding dementia. A staff member had undertaken a 'train the trainer' course in moving and handling practice and worked alongside staff monitoring practice. Moving and handling practice seen in communal areas over both days showed staff promoted people to maintain their independence, wherever possible. People's individual care records included good details about their moving and handling needs, including numbers of staff and any equipment needed. Supplies of equipment people needed such as electric beds, stand aids,

handling belts, hoists, slings and slide sheets for repositioning people in bed were available.

When staff first came to work at the home, they undertook a period of induction, and worked alongside more experienced staff and the manager to get to know people. A new staff member was undertaking the national care certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. A newer staff member doing their first job in care said, "I absolutely love it."

People had access to healthcare services through regular visits from their local GP and district nurses. They had regular dental appointments, eye tests and visits from a chiropodist. Health professionals said staff were proactive, identified people's healthcare needs, and contacted them appropriately for advice. For example, staff contacted the local community nurse for a person prone to developing leg ulcers due to poor circulation and kept in regular contact with the diabetes specialist nurses for a person living with diabetes. A health professional said staff were proactive and looked after people's skin really well.For example, by applying skin creams and helping people reposition regularly and by using pressure relieving equipment.

People praised the quality of food and were supported to improve their health through good nutrition. One person said, "The food is lovely." Another person was looking forward to lunchtime and said, "I'm happy as long as I have my sherry." People were asked for menu suggestions, and menus changed regularly. For example, providing a bowl of salad leaves for people who liked it and homemade 'spotted dick' for pudding. The service had a four week menu and meals were freshly prepared each day. On the first day we visited people had a choice of chicken fricassee or corned beef hash, followed by lemon meringue pie or jelly and pears for dessert. People enjoyed lunch in the dining room and those who needed it had adapted crockery and cutlery, so they could eat independently. Where a person didn't fancy what was on the menu, they were offered an alternative option, such as an omelette or sandwiches.

Staff encouraged people to eat a well-balanced diet and make healthy eating choices and offered people drinks regularly to maintain their hydration. They knew about people's likes/dislikes and any food restrictions. For example, that a person needed the texture of their food modified to a soft mashable consistency because they had difficulty chewing. In the kitchen, catering staff had personalised information about each person's dietary needs, for example, their individual likes and dislikes, about people with diabetes and on weight reducing plans. People identified at risk of malnutrition had their weight monitored weekly, and any record of weight gains or losses were managed proactively. For example, milkshakes and 'build up' drinks' and regular snacks and low fat and reduced sugar alternatives for people living with diabetes or trying to lose weight.

One person had a meal placed in front of them but didn't attempt to eat it. Staff explained the person would sometimes eat their food independently but after a while, when they didn't, they discreetly helped the person. They sat patiently and waited for them to swallow each mouthful before moving onto the next. The new manager planned to arrange for printed menus to be displayed on tables, so people were reminded of the food choices available.

Good

Is the service caring?

Our findings

There was a family atmosphere at the home. People looked relaxed and comfortable with staff who were kind and compassionate towards them. Staff knew each person well, treated them as an individual and were caring and compassionate towards them. There was lots of spontaneous laughter, singing, chatting and good humour. Staff were patient and gentle with people, recognised when a person was worried or upset and responded immediately. People's comments included; "Staff are kind and always helpful," and "The girls are lovely." Relatives said they felt welcome at the home and that staff were polite, courteous and friendly. A relative said, "Staff are genuinely caring, particularly staff who have been here a long time." A professional said, "Staff are wonderful" and another said, "Staff all know people as individuals, there is a real sense of being a family and it's their home."

People were supported by staff who spoke about them with warmth and affection. They were visible round the home, spent time with people and were interested in what they had to say. Staff knew about people's lives before they came to live at the home, their families, and what they enjoyed doing. A person reminisced with a staff member about when they used to buy fish and chips for a penny. Staff made sure another person had their favourite soft toy with them when they moved from their room to the lounge. They joined in and sang along when a person spontaneously started singing. People's care records included details of their communication needs, for example, when they needed glasses for reading or used hearing aids. For a person living with dementia their care plan said, "Staff to ensure they speak in simple short sentences, using lots of smiles and reassurance."

Staff treated each person as an individual and demonstrated empathy in their conversations with us about people. They spoke about people with respect and affection and organised their time flexibly around people's needs and wishes. Staff treated people with dignity and promoted their independence. For example, for a person living with dementia, their care plan said, "When able, [person] likes to choose her own clothes." Staff prompted people's privacy by helping them sensitively with daily living tasks and noticed when they needed help. Staff were discreet, and respectful in their manner and approach when they supporting people with personal care. People could spend quiet time on their own, when they wished.

People were supported to keep in touch with friends and family. Visitors were made welcome and could visit at any time. One person was heading out to enjoy lunch with their family. Staff organised celebrations for people's birthdays. Two people who lived locally and went to school together had renewed their friendship, others had made new friends which offered them mutual support and companionship.

People looked relaxed and well cared for, staff supported people to take pride in their appearance, and dress in their preferred taste and style. For example, a person's care plan showed appearance was important to them and they enjoyed discussing clothes and style. Their care plan said, "Staff to ensure she wears her favourite coat and also uses her walking stick at all times." Each person was encouraged to personalise their room with things that were meaningful for them. For example, photographs of family members, treasured pictures or favourite ornaments and pieces of furniture.

People were supported to express their views and be actively involved in making decisions about their care. Where appropriate, relatives were also invited to participate in regular reviews of people's care. A relative said, "They always contact me."

People's spiritual and religious needs were known to staff, for example, sometimes a person liked to attend local services at the church. People were asked about where and how they would like to be cared for when they reached the end of their life. Any specific wishes or advanced directives were documented, such as the person's views about resuscitation in the event of unexpected collapse. Relatives and professionals praised how sensitively staff managed people's end of life care at the home. A relative said, "The care she got was second to none." Other relatives wrote, "Thank you for your kindness in the final days, she was peaceful and in no pain to the end," and "Thanks to staff for all the kindness and compassion shown to [person] and family during this difficult time."

Speaking about a person who had recently passed away at the home, a health professional said staff provided really good care for the person, and kept them comfortable and pain free. Another professional was impressed with how sensitively staff managed the death of a person with others living at the home. They explained how staff put some pictures of the person on display and everyone discussed their thoughts and feelings about the person.

Good

Is the service responsive?

Our findings

At the previous inspection in March 2016 we found the provider was not meeting their legal requirements with regard to personalised care. This was because some aspects of people's care was not personalised, and care records did not reflect their individual needs or preferences. This requirement had now been met.

People received care, which responded to their individual needs. One person said, "They are looking after me really well." In the afternoon, a person enjoyed a light supper in the garden, which included buttered toast with their favourite ginger marmalade and a yogurt. Relatives said people's care was personalised. A relative in written feedback commented, "You know my mother really well and are able to seek appropriate advice and take action in early stages of any illness, which means she gets better more quickly."

Care plans were more personalised about people's interests and hobbies, their families and their life before they came to live at the home. For example, a relative told us how staff had done a 'pen portrait' with staff about the person, to get more information about their hobbies and interests. A staff member patiently spent time coaxing a person to stand and transfer into a wheelchair to go into the dining room for lunch, when initially they were reluctant to do so. Where a person was living with diabetes, staff checked their blood sugar levels regularly and knew what action to take to help the person keep within the range recommended by the specialist diabetes nurse.

Staff involved people and those close to them in developing individualised care plans. Care records were personalised, detailed and accurate about people's individual care needs, and were reviewed regularly and updated as people's needs changed. The service undertook comprehensive assessments of people's needs and developed detailed care plans which provided staff with detailed instructions about their care. For example, for a person with limited mobility prone to developing leg ulcers, the person's care plan included detailed information about their pressure relieving and moving and handling and equipment needs. The community nurse said staff did regular skin care for people, to prevent their skin becoming dry or sore. They confirmed staff encouraged people with limited mobility to change their position every few hours, in accordance with their care plan.

Since we last visited the service had employed a part time activity co-ordinator and other care staff supported people more with activities individually and in groups. A varied weekly programme of activities provided interest and stimulation for people. For example, exercise classes, singing and musical entertainment, music therapy, quizzes, and games such as scrabble and skittles. People enjoyed weekly visits from a hairdresser and a massage therapist and some people visited the local library and pub. Detailed activity records showed what people had enjoyed doing, and how it benefitted them. For example, that a person enjoyed a massage which made them feel relaxed and another person enjoyed music therapy and tried a variety of instruments. The co-ordinator also told us about plans to celebrate VE day to mark the Allied victory in Europe in 1945 and to hold a summer fete. People were also planning to plant seeds in pots and visit their local garden centre when the weather was warmer.

Where people chose to spend most of their time in their room, or were mostly confined to their room

because of a health need, staff popped in regularly and chatted with them and did one to one activity sessions. For example, a person spent a lot of time in their room, as they became upset if they spent too long in communal areas. Staff kept the person's radio tuned to their preferred classical radio station and offered them a regular manicure which they enjoyed. The activity co-ordinator had found out from their relative that they liked the romantic poets and obtained copies of the person's favourite poetry books, which they read to them. Their relative said it was obvious from the person's facial expression and vocal sounds how much they enjoyed this.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the provider, manager or any staff and were confident it would be dealt with straightaway. Staff gave us examples of how people raised things day to day, which they dealt with proactively before they became a bigger issue.

The provider had a written complaints policy and procedure. Written information was given to people and was on display in the home about how to raise a complaint. The complaints log showed one complaint had been raised since we last visited the service. The provider met with the person's representative to hear their concerns and wrote a letter after the meeting outlining improvements taken in response. They confirmed their concerns were addressed in full.

Good

Is the service well-led?

Our findings

At the previous inspection in March 2016 we found the provider was not meeting their legal requirements with regard to good governance. This related to the quality monitoring systems not being fully effective, as they had not identified four breaches of regulations related to safety, consent, safety and safeguarding risks. This requirement had now been met.

People and relatives said they very satisfied with the quality of care provided at Kent farm and said the home was organised and run well. A professional said, "The home is run well." Staff worked well together as a team, and there was good communication and support within the team. Care workers felt listened to, involved in the running of the service and felt happy to bring concerns to the attention of the management team. One staff member said, "There is good support and team work."

There was a clear management structure in place. A full time manager was in day to day charge, supported by five senior care staff. They led the staff team, acted as role models about the standards of care expected and provided advice, guidance and made decisions, as needed. The previous registered manager was still working at the home as a senior care worker, and was really enjoying spending more time with people, and they supported the interim manager in day to day charge. The new manager started on the first day of the inspection, and has since applied to register with the Care Quality Commission (CQC).

Staff practice was monitored and issues were tackled proactively by providing support, encouragement and further training, where necessary. The service had a whistleblowing policy which encouraged staff to raise concerns in good faith. Where issues about attitudes, practice or capability were identified they were dealt with through supervision and training. If the expected improvements were not achieved formal people management capability procedures were undertaken.

Staff were made aware of any recent changes to people's health and care needs when they came on duty at a staff handover meeting. This ensured that important information was shared and acted upon. A communication book was used to follow up important messages about people's care and treatment. For example, blood test results and prescription changes. Regular staff meetings were held where staff discussed people's care needs, choices and ongoing improvements being made in consent, record keeping and activities. Staff training needs were also discussed, for example, in relation to dementia training.

People's and relatives views were sought day to day, and through regular care reviews and at residents/relatives meetings. A residents/relatives meeting was held in February 2017, and forthcoming changes in leadership at the home and menus, activities, and staffing updates were discussed. Relatives suggested a picture board of staff photographs be placed near the main entrance, so they could identify names of staff on duty, which was being planned. Other areas discussed included the CQC inspection report and improvements being made in response. A relative commented they had not received minutes of the meeting, which they said they would like as a reminder. The service had recently undertaken a satisfaction survey for people and relatives, and had received 11 responses, which the service was in the process of collating. These showed people and relatives were happy with the care. The new manager said they planned

to feedback to people and relatives what actions were being taken in response to their comments and suggestions.

The provider used a range of quality monitoring systems to continually review and improve the service. The manager undertook checks to monitor and identify areas for improvement, as did the provider. For example, by checking people's care records, and checks of cleanliness, environment, equipment, kitchen, laundry and waste management. During the inspection staff identified further areas for improvements in quality monitoring, to make them more effective. For example, in relation to audit tools used for making safety checks to the environment by adding more details about which taps were checked and recording the temperature findings in more detail. The new manager also planned to compile a matrix of staff training, supervision and appraisals, so they could see, at a glance, whether staff were up to date or overdue in each of these area.

The service had policies and procedures to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were available and showed regular maintenance, servicing and repairs were carried out. The manager had notified the CQC about significant events, and any actions taken in response to improve people's care. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The service had displayed their ratings from the previous inspection prominently in the home and on their website, in accordance with the regulations.