Mrs Pat Ireland

York House Care Home

Inspection report

York Road
Kennington
Ashford
Kent
TN24 9QQ

Tel: 01233613931

Date of inspection visit:
17 November 2016
18 November 2016

Date of publication:
06 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on 17 & 18 November 2016. York House is a small family run residential service for up to three older people some of whom might be living with dementia; at the time of inspection two people were using this service. This service is an annexe of a larger adjoining service called St Valery; although registered separately both services are operated as one service with the same staff team, same documentation and same oversight by an interim manager. York House consists of two small self-contained ground floor flats, which are used currently for single occupancy. The flats are usually used for people who still retain a level of independence and require minimal assistance from staff, or their needs are better suited to a smaller setting.

This service was last inspected in September 2015 when we found the provider was not meeting all the regulations inspected at that time in regard to staff recruitment and training. We also found that the systems in place for monitoring and assessing service quality were not effective. We asked the provider to send us an action plan of what they intended to do to address these shortfalls which they did. This inspection found that the provider had implemented all the improvements they had told us about.

This service is registered as a single provider. The provider was therefore responsible for undertaking day to day operational management. For personal reasons the provider had to withdraw from direct management of the service and had delegated day to day operational management of the service to an interim manager. The interim manager knew people in the service well and had worked at this and the adjacent service St Valery for approximately 25 years. The interim manager had the appropriate knowledge and qualifications to take on this role. An application to add the interim manager as the registered manager for this service was currently being processed by the Care Quality Commission.

A registered manager is a person who is 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.

One person told us they felt safe living in their flat and felt lucky that they had the support of staff. People were provided with a safe, clean environment that was maintained to a high standard, with all safety checks and tests routinely completed. There were enough skilled staff to support people and provide continuity. Recruitment processes ensured only suitable staff were employed. New staff were inducted appropriately into their role, they received training to give them the knowledge and skills they needed to meet people's needs. Staff felt listened to and supported and were given opportunities to meet regularly with senior staff on an individual basis or within staff meetings.

Staff understood how to keep people safe and protect them from harm, they understood how to respond to emergencies that required them to evacuate the building quickly and safely. It was recognised that some restrictive practices were necessary to maintain people's safety, for example, restricted access onto the

street although there was a clear culture of least restrictive practice embedded in the service. Risks were appropriately assessed to ensure measures implemented kept people safe. Medicines were managed appropriately.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The interim manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). A DoLS application had been made on behalf of one person who lived in York House to ensure the least restrictive measures were in place to keep the person safe. People were encouraged by staff to make everyday decisions for themselves, but staff understood and were working to the principles of the Mental Capacity Act 2005 (MCA) where people could not do so. The MCA provides a framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves.

People's privacy and dignity was respected. Staff spoke to people in a dignified way and intervened discreetly if they thought people were becoming agitated and needed support to de-escalate the situation without drawing undue attention to them, this approach ensured the person's dignity was maintained.

Staff demonstrated kindness and patience in their contacts and engagement with people. They took time to listen and interact with people so that they received the support they needed. We saw many positive interactions between people and staff.

People's health needs were monitored and referrals to health professionals made where needed. People were provided with a varied nutritious diet that took account of any specialist requirements they may have.

People referred to the service had their needs assessed prior to admission to ensure these could be met. Care plans were detailed and personalised to guide and inform staff about individual needs and how these were to be supported.

Staff were enabled to spend time with people and facilitate activities to provide stimulation; external entertainers provided variety to the activities offered. People choose whether to join in with activities held at St Valery, sometimes preferring their own company with a paper or book to read. Relative's views were sought about service quality to inform improvements and service development. People and relatives felt confident of expressing any concerns they had to the interim manager and staff and thought these would be acted on. A range of audits provided assurance to the provider and interim manager that service quality was being maintained.

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

There were enough staff available to support people.

Recruitment procedures for new staff ensured they were suitable to undertake their role. People were protected from harm. Staff understood how to identify and respond to abuse. Medicines were managed appropriately.

The premises were well maintained and routine checks and tests of fire detection equipment and gas and electrical installations were undertaken. Staff understood the action to take in an emergency to protect people from harm and evacuate them safely.

People were supported to take risks and comprehensive assessments ensured this was undertaken safely to reduce the risk of harm. Accidents and incidents were monitored and actions taken to minimise the risk of recurrence.

Is the service effective?

Good

The service was effective.

Staff received an induction into their role and they received essential and specialist training to give them the right skills and they were given opportunities to meet with the interim manager on a regular basis.

People were supported in line with the principles of the Mental Capacity Act 2005; people's consent was sought by staff in respect of their care and treatment.

People ate a healthy and varied diet, and their health and wellbeing was monitored by staff.

Is the service caring?

Outstanding

Is the service caring

There was a strong, visible person-centred culture. People were given opportunities to meet children and students from visiting schools and to participate in activities provided by them. Feedback from relatives and people was positive and relationships between people and staff were affectionate, caring and supportive.

People's privacy and dignity was respected, staff were responsive and enthusiastic about people's care. Staff respected and valued people; they were attentive but discreet. They supported and guided people to make decisions about their care and support where possible.

Staff supported people to maintain links with their families and friends, who were made to feel welcome when they visited.

Is the service responsive?

Good

The service was responsive.

People were assessed before coming to live in the service to ensure their needs could be met. People and their relatives were involved and consulted about their care and treatment which was kept under review. Detailed care and support plans guided staff in ensuring care was delivered that was consistent with these.

Staff facilitated activities for people supplemented with external entertainers to provide singing and informative talks.

A complaints procedure was available. Staff knew people well and gave them time to try and understand issues that affected their mood or made them unhappy.

Is the service well-led?

Good

The service was well led.

The registered provider was unable to continue direct management of the service and had delegated the operational management of the service to an interim manager. Staff, people and relatives found the interim manager approachable and supportive. The interim manager was proactive in providing placement opportunities for students of health and social care.

Staff said they felt listened to, and able to express their views at staff meetings. Audit and systems were in place that checked service quality. Staff practice was informed by the provider's

ethos supported by policies and procedures that were kept updated.

People and/or their relatives were asked to give their views about the service and their responses were analysed and informed service development.
.

York House 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 the 17 and 18 November 2016. The inspection team consisted of one inspector because this was a small service and people were given the opportunity to share their views with the inspector over two days.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with one of the two people that lived in York House. We were unable to speak with a second person directly during the inspection to ask about their views of the service, so we used a number of different methods to help us understand their experiences including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

At the inspection we spoke with the interim manager, the deputy manager, four care staff, the cook, and the housekeeper. We also spoke with six health professionals who have regular contact with the service, three of whom we met during the inspection.

We looked at one person's care plans, their health records, individual risk assessments, and evidence of activities and stimulation and we spoke to their relative after the inspection. We also looked at medicine records, menus, and operational records for the service including: staff recruitment, training and supervision

records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance audits.

We last inspected this service in September 2015 when breaches of regulations were found.

Good

Is the service safe?

Our findings

The people who lived in the flats spent time in the communal areas of the main house and attended activities there if they wished. We met both people using the service at York House one person was happy to speak with us in their flat, the other person was not so we observed how staff supported and interacted with them in the main communal area of St Valery. The person we met in their flat said they felt safe living there, they said "I feel lucky living here I don't think I would like to live on my own in a house now". Staff knew their needs well and the person was relaxed and comfortable with staff when they popped in to see her.

A relative told us they were very happy with the support their mother received. A health professional commented, "The home is clean and odour free. Nicely decorated and accessorized with people's personal belongings adding a familiar touch."

The premises, décor and furnishings in both flats were maintained to a good standard and provided a clean, tidy, comfortable home. Repairs were reported and dealt with in a timely way. People were able to make use of the secure accessible courtyard which provided seating and umbrellas where they could sit in good weather if they wished. Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order, a check was made of hot water temperature outlets to ensure these did not exceed safe levels.

Internal checks and tests of fire safety systems and equipment were made regularly and recorded. Fire alarm systems were regularly maintained. Staff understood how to keep people safe in the event of an emergency and practiced how to evacuate people safely from the building if necessary; they told us that they participated in walk through fire drills and spot knowledge checks not only with the interim manager, but also with a senior staff member who was a fire marshal.

Personal evacuation plans took account of people's individual needs to ensure a safe evacuation. The provider took the safety of people seriously and fire risks were routinely reviewed each year. Every five years an external fire risk assessor undertook a new fire risk assessment of the service and this was being undertaken during the inspection, to make the provider aware of any potential shortfalls. Closed Circuit Television (CCTV) was in place in one flat because the entrance to the flat was out of sight of staff, this was a live feed and not recorded so staff in the kitchen or on duty could check that the person concerned was safe and well.

Out of hours on call support was available from the interim or deputy managers in the evenings and at weekends to offer support, guidance and advice to staff if there were issues they thought unable to handle. Training had been provided to staff on distinguishing what an emergency was and what were events that they were able to manage themselves as part of their role, this was to reduce the number of inappropriate calls to the on call staff.

Staff rotas showed there were sufficient staff on shift at all times during the day to meet the needs of people. Staff told us that there were always enough staff and rotas were followed. Our observations showed that

there were always staff on hand to help provide care and support to people. At times of staff shortage through sickness or annual leave, only staff that were familiar with the needs of people and their routines were used to provide cover; this helped to ensure continuity in the care and support people received. Agency staff were never used for this reason.

We had previously expressed concerns that full employment histories had not been obtained as part of recruitment shortfalls. The provider had taken action to rectify those issues and to ensure that the recruitment process was more robust. Recruitment files viewed showed that the provider operated safe recruitment procedures. Staff recruitment records were clearly set out. Staff did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check, a declaration of health fitness and a full history of employment. These processes helped the provider make safer recruitment decisions and prevents unsuitable staff from working with people.

Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. Staff understood what to look for as signs of abuse and who they would report their concerns to, including those agencies outside of the organisation, such as the local authority safeguarding team. Staff were confident of raising any concerns they might have to the interim manager including concerns about other staff practice through the whistleblowing process.

Only medicines trained staff were able to administer medicines. There were appropriate arrangements in place for the ordering, booking in, administration, storage and disposal of medicines. People were unable to administer their own medicines or chose not to and this was made clear in their care records. No one was in receipt of covert medicines (covert means the administration of any medicine in a disguised form). Medicines including those requiring safer storage were stored appropriately and temperatures recorded. Medicine Administration Records (MAR) charts were completed properly. A returns book was used to return unwanted medicines to the pharmacy. A monthly medicines audit was conducted to ensure medicines were being managed safely.

Risk assessments were completed for each person; those viewed were individualised and took account of the person's specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that the person was protected from harm from risks within their environment, or from or to other people. For example, one person was at risk from dehydration and steps had been taken to monitor this and to make sure the person drank enough. General risk assessments of the environment were reviewed and guidance made available to inform staff of what changes had been made. Individual risk assessments were kept updated and reviewed regularly or when changes occurred.

There were a low level of accidents and incidents mostly linked to slips, trips and falls or incidents or behaviour that could be challenging to others; staff were relaxed and confident in working with people who could at times become agitated. Incidents were recorded clearly. The interim manager monitored incidents and accidents and discussed with staff if any changes were needed to the support people received to prevent similar events in future.

Good

Is the service effective?

Our findings

A relative told us that they were very happy that the staff in the service had managed to get their relatives diabetes under control. They thought that their relative was becoming settled and thought the interim manager understood the person's needs and that staff handled the person's mood swings well.

One person said that staff always monitored her health and if they were unwell the doctor was called.

Health professionals spoke positively about the service offered. They commented that the staff called them occasionally for advice, but that they were rarely called for things like pressure ulcers as the provider always had the right equipment and staff knew what to do to support people to have healthy skin. They told us that they had no concerns about the care delivered by staff; that staff always referred people appropriately and had already put in many of the measures they would suggest. They said that people's health needs were managed well, and staff were always prepared when they received professionals and provided them with updated information about the people they were there to visit. Comments included, "This is a really good service, there is a nice atmosphere, and it's like a home". "The manager has sought help in the past when she needed to plan around the choices and wishes of one of her residents and was finding it a challenge with regard to best interest and DNARCPR (a DNACPR decision is a recorded decision about whether a person is to be resuscitated or not and is based on the patient's best interests); she worked collaboratively with me, the mental health liaison nurse and the consultant Geriatrician to resolve this difficult matter."

People were supported by staff to maintain their health and wellbeing. Routine health checks for example with doctors, dentist and opticians were arranged and where necessary referrals were made to other health professionals, for example, the diabetic nursing service, community nursing service, mental health professionals. A record was kept of all health appointments and contacts; each person had a hospital passport that provided medical staff with up to date information about their current health needs and how these were being supported. During the inspection a person had collapsed and staff dealt with this discreetly and efficiently to obtain the medical intervention the person needed.

People had a dining area in their flat where they could eat their meals if they wished to; these were brought over from St Valery's. They were also included in any mid-morning and afternoon tea breaks. One person told us that they had all their meals in their flat which they preferred; on occasion they went over to St Valery's for special events like Christmas dinner. The other person in the flats had all their meals in the main dining area in St Valery. People were offered things they liked to eat for lunch and alternatives were available. Mealtimes were not rushed. People had their main meal at lunchtime; this consisted of a hot cooked meal and a dessert. People were fully involved in choosing what dishes were on the menu. There was a four week menu cycle containing a varied and balanced diet for people. Food and fluid monitoring was put in place as an interim measure only if people were not eating and drinking as per their usual routine. One person was assessed as at a risk of dehydration so their fluid intake was monitored. If there was a risk of someone not eating or drinking enough, food supplements would be offered when prescribed by the doctor. People were weighed monthly to check their weight was stable.

We had previously expressed concern that the provider was not updating staff mandatory training. Since the last inspection the interim manager and her deputy had made a concerted effort to ensure all care staff were completing the online refresher training to update their mandatory training in respect of fire, infection control, safeguarding, food hygiene, first aid, and safe moving and handling of people. Training in relevant specialist areas was also provided, for example, the PIR informed us that 21 out of 25 staff had received and completed dementia training through distance learning and through care certificate induction standards. The care certificate is an identified set of standards that care staff can work towards. A training room had been developed in the grounds of the property adjoining York House and provided not only opportunities for staff meetings, but also for informal training to take place delivered by the interim manager who was a trained trainer for subjects including moving and handling. The provider valued the need to embed good practice and ensured staff received support to acquire the right skills and knowledge; much of this was through informal training provided by the interim manager in house. Observations of staff practice conducted by the interim manager and deputy manager enabled them to recognise good staff practice, but also areas where this could be improved upon. The PIR told us that 22 out of 25 staff had completed training to National Vocational Qualification (NVQ) level 2 or had a diploma in Health and Social Care which replaced the NVQ.

Newly appointed staff in addition to initially working shadow shifts as an extra on the rota were required to complete an induction programme that included a completion over a three month probationary period of the 15 standards that make up the Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care, an agency supported by the government. These are an identified set of 15 standards that social care workers can complete and adhere to in their daily working life. The interim manager expected staff to complete five standards during each month of their probation; we noted that action was taken in regard to staff who were not meeting this timescale including extending probationary periods or if not complied with more serious disciplinary action.

Improvements had been made to the frequency and recording of formal one to one supervision sessions. Staff said because the service was small there were always opportunities in addition to their formal supervisions to ask questions, seek advice or have a private conversation if necessary. Staff found senior staff approachable at any time. The interim manager and deputy manager were very hands on; the interim manager worked occasional shifts, but was always available throughout the week, the deputy manager worked on shift five days per week with alternate shifts at weekends. In this way the interim manager and the deputy manager were able to remain in touch with people's individual care and also monitor how this was delivered by staff on a daily basis. Staff felt that the handovers they received each day between shifts were comprehensive and these provided them with the information they needed about how people were and who needed closer monitoring during their shift because they may be unwell.

The interim manager promoted an ethos of providing care and support to people that they would want for their own relatives and their care and attention to people showed in the relaxed happy atmosphere that prevailed in spite of some people having behaviour that could be challenging for staff and others at times. Strategies were in place to manage any escalation in behaviour, and appropriate advice and support was sought from relevant health professionals around this. Staff put into practice the distraction strategies recorded in some people's files, for example, staff gave time and space for one person who was not in a good mood, they were alert to any possible escalation in the person's behaviour and used distractions to help alleviate their mood. The number of incidents of behaviour were small and the infrequency of such events gave the interim manager and staff confidence that the support they provided to people at times of high anxiety was effective in reducing incidents of aggression.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. Some people did not have the capacity to leave the premises unaccompanied and the interim manager was aware of their responsibilities to apply for a DoLS if one was needed. A mental capacity assessment had been completed for one person and a referral to DoLS made which was waiting processing to authorise the least restrictive measures that had to be implemented to keep the person safe. Staff supported people when making everyday decisions about what they wore, where they ate, what they ate, what they wanted to do. Where people lacked the capacity to make some more important decisions for themselves around their care and treatment the staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests, and by people who knew them well, at the time of inspection no one had required a best interest decisions to be made for them.

Outstanding ☆

Is the service caring?

Our findings

Health professionals commented generally about the care people received, they told us "On my visits I have usually found the home to be 'buzzing' with an air of well-being; it is homely, with each individual being attended to in a kind and respectful manner."

The service was highly regarded by health professionals, they praised the standard of care received at the home; several had chosen this as a service to place their own relative.

A relative told us that they found staff "A very caring, cheerful bunch" and "We visit at all different times, but we are never made to feel in the way, staff are always welcoming."

One person told us that they always found staff kind and helpful and that they received visits from the registered provider from time to time who they knew well, they said they liked to receive visitors and had several friends who came regularly.

All the staff had an excellent knowledge of people and were able to tell us about people and their life history. Staff could tell us people's likes dislikes and preferences, and understood people's individual styles of communicating their emotions either verbally or through body language. Staff provided the appropriate responses that calmed people or elicited a laugh or a joke. People were provided with information in a suitable format to tell them what the service offered them, these 'service user guides' were given to each person.

People were given opportunities to express their own views through service user meetings which were held on occasion and through surveys, a relative told us that they had commented previously in a survey that more activities were needed; the interim manager had listened and there was more for people to do now. People enjoyed sitting out in the garden in good weather listening to music, socialising with others, the provider has allocated an area in the garden as a beach hut with a mural painted on the wall. The outside buildings had all been painted with different colours, with camouflage netting hung up for shade.

The interim manager and the deputy manager recognised that for some people organised activities did not always meet their specific needs and preferences, they respected people's decisions to pick and choose when they wished to visit and be part of the life at the home next door, St Valery and when they wished to spend time alone in their own flat. Staff ensured people did not become isolated however and made regular checks on people if they were spending time in their flat alone, spent time chatting with them and encouraged them to come into the main home next door for social activities.

The interim manager was actively supportive of people visiting their family and friends or other things that were important for them to do in the community. The interim manager was able to describe how they supported one person to regularly visit the local cemetery to tend to their late spouses grave as this was of significant and emotional importance to that person. The interim manager made sure they were available to support the person to do this.

The interim manager was very excited about Christmas and what was happening for people, she explained how she liked to make this special for people, for example putting up the Christmas tree and turning on the lights was a special event. To mark this she had purchased everyone a special gift to open at this time, this was in addition to the gift everyone usually received on Christmas day.

Sometimes people needed to move on to other care settings for example, if their needs increased. The interim manager explained that when this happened she liked to keep in touch initially to ensure herself that people were well and settled, on some occasions this had involved driving to other counties nearby. These visits continued for as long as the person wanted them to where possible and for one person who had moved away the interim manager was still visiting them every two weeks.

The interim manager explained that they had developed good links with the local primary and secondary school and college providing work placement for secondary school and college students; this had proved very successful and participating students had responded well to this practical experience expressing their appreciation for this opportunity. People enjoyed having the primary school children in to sing for them for special events such as Harvest Festival or Christmas Carols; they were very receptive to joining in and clapping along with the singing. The interim manager said that people always liked having children in the home and recently a staff member had brought in their new baby and people had been excited by this. Older students spent one to one time with people giving them hand massages or undertaking craft activities with them, people enjoyed this and on one day they had set up a 3 hour craft event on two tables in the dining area and this had been well attended and occupied people's attention even for those people whose attention spans were usually much shorter.

One person said they preferred to stay at home in their own flat as they found they were unable to have a conversation with most people when they visited the communal lounge in the main home. As a consequence they only liked to attend activities like Bingo or when external entertainers were booked. Another person visited and spent most of their day in St Valery's and liked to sit watching others. They had developed particular friendships with several other ladies at St Valery's, sitting and spending time in their company or interacting with staff which they said they enjoyed. Occasionally people might refuse support; staff accepted this decision, but spent time offering gentle and patient persuasion, prompting to encourage the person to accept, for example, personal care at a later time in the day. Staff understood people's moods well and provided distraction to alleviate their mood swings.

Staff respected people's choices and understood that the nature of people's dementia may mean their choice could change several times; this was not viewed negatively or as bothersome to staff. Staff were discreet in protecting people's confidentiality and privacy in the way they carried out personal care support with quiet encouragement and prompting; this was undertaken by staff so efficiently that it was barely noticeable that it was happening.

Staff demonstrated in their practice that they understood peoples individual needs, character and style of communication well enough to know their preferences and wishes. For example, a staff member reminded a person that the entertainment was about to start and they knew this was something they were interested in.

Relatives told us that communication from the interim manager, deputy manager and other staff was good and they were always contacted about matters relating to the health and wellbeing of their family member, they said that the interim manager was alert to any changes in need of their relative and had discussed the situation with them and any changes in care and treatment before these were implemented.

Relatives said and records showed that they had helped with information for staff to build a profile of their

relative's likes and dislikes and personal history. People were supported to maintain the relationships that had been important to them and a record of communication with relatives was particularly well documented showing visits from relatives and telephone communication from and to relatives.

People were able to choose where they spent their time, for example, in their flat or at St Valery. People's flats had been personalised with their own possessions, family photos, pictures or other items of importance to people that reflected their previous interests.

People were supported at the end of their life.

Good

Is the service responsive?

Our findings

Relatives told us they had been asked to comment on their relative's care and had no concerns, but if they had any they felt confident about complaining, but had not had cause to do so.

One person told us that they had lived in the service for many years, they were very satisfied with the support they received, and they were free to do what they wanted for the rest of the day including visiting St Valery if they chose to take part in the activities that were on offer there. They said they preferred the external entertainment that was brought in to provide musical entertainment and informative talks which they enjoyed.

Health professionals who commented generally about the service told us: "I have looked at care plans and have found them to be person centred". About the interim manager one commented "It was very clear that she knows her residents extremely well, advocating for them for the best outcome."

A mental health professional told us that they were very happy with the way the service had improved, developed and grown and had no concerns that people did not receive the very best care.

Staff deployment was good which meant that there were always staff available to see to the needs of people. One person regularly spent time at St Valery where staff facilitated activities that they enjoyed, such as singing, puzzles, games and craft and staff prompted and encouraged them to get involved. One person chose not to visit St Valery very often, they had books, papers and their television and radio to occupy them, they also received visits from friends; they were very happy with this arrangement. Staff were proactive in finding other activities to distract and engage with people, they were alert to when people may have finished something and provided them with something else to do.

There was no formal activity planner but every week a professional entertainer came to the main home St Valery, and people from York house could attend these entertainments. Each of the entertainers provided a different experience for people. For example, one might provide a solely singing entertainment; others provided informative talks with interactive participation from people in the service that may also include some music and singing. On one day of the inspection people attended an informative talk about the 1960's the speaker played excerpts of popular music of the time coupled with picture prompts and questions about the sixties. Some people called out answers or responded by singing along to songs, this was a very interactive session that people clearly enjoyed.

The interim manager had purchased activity products specifically designed for people living with dementia including empathy dolls and activities requiring dexterity and memory. She had also developed good links with a local primary and secondary school and a local college; as a result of these links people had been invited to attend a Christmas dinner at the secondary school cooked by catering students and staff supported people to attend this. The provider had recently purchased a 12 seater minibus with the intention of taking people out and trips to a local garden centre for cream tea had already taken place, with further outings planned.

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was usually undertaken at a pace to suit the person. For most people this meant either a visit to the service where they could be observed interacting with other people and staff and where information could be gathered from their relatives or representatives, or they were visited at home or in hospital. Further reports were requested from other professionals who may be involved in the person's care to inform the decision as to whether their needs could be met. Staff were proud that the reputation of the service amongst community professionals was very good and there was always a waiting list for people wishing to come into the service.

Following initial assessment people's everyday care and support was designed around their specific individual assessed needs. This included an understanding of their background history, interests, and preferences around daily routines which relatives helped to compile. Information about their style of communication, personal care needs, social and leisure interests and level of interaction and the support they may require at night and with any continence management during the day or night. The care plan also reflected any issues there might be regarding the person's emotional state and whether this could at times be challenging. Where needed strategies guided staff in managing and de-escalating incidents of behaviour. All of this information provided staff with a clear picture of the person as a whole and guided them in delivering support consistent with what the person needed and wanted. There was also recognition of what people could do for themselves and people were encouraged to maintain independence however small. Reviews of people's needs with family members was ever mindful of changing needs and whether the environment remained suitable for the person.

There was a complaints procedure in place. The Provider Information Return informed us that no complaints had been received and when we checked the complaints log this was still the case. A relative felt very confident of raising issues with the interim manager or deputy manager if they needed to and found all the staff approachable. The interim manager had also implemented a comments box in St Valery where forms could be completed by relatives or visitors of those people living in York House too.

Good

Is the service well-led?

Our findings

Relatives said they found the interim manager and the deputy manager easy to talk to and approachable at any time.

Health professionals commented they had never had any concerns about the service and found staff very proactive. Comments included "I feel that since the interim manager has taken over the whole atmosphere in the service has changed, there are more activities, and more enabling of people to do normal things like going out, going home with staff with relevant approval. They always refer people appropriately to us and implement the advice and guidance we have provided, feeding back to us how effective this has been, we have no concerns."

Another professional said of the interim manager "She is an active participant in the care home forum and has been involved with a recent workshop about 'behaviours that challenge'. Other professionals made similar comments about how they found the interim manager to be responsive and open to advice and suggestions.
A student on a secondary school work placement from the local school had commented about their time at the service "Tremendous thank you for all my time here. It was a wonderful experience; I have gained new communication skills and now have a further understanding of service users."

The registered provider was unable to continue with the direct management of the service and had in recent times delegated this task to an interim manager who had worked at the service for 25 years and was appropriately qualified skilled and knowledgeable to undertake this role. At the time of inspection an application to formalise the present management arrangements and for the interim manager to become the registered manager for York House was being processed by the Care Quality Commission and she would be responsible for managing both York House and the adjoining service St Valery.

The interim manager demonstrated commitment to providing a small personalised and homelike service to people living with dementia, professionals said the service had gone from strength to strength. The interim manager and her staff had developed an expertise in working with people living with dementia. The reputation of the service had grown steadily amongst professionals and the general public through word of mouth and there was always a substantial waiting list for places. The interim manager had begun to develop the service and take on the mantle of manager, professionals felt that the service had become more person centred and delivered good individualised quality care and support.

There was a clear management structure with team leaders in charge of each shift. Staff said the interim manager was a good manager, they said both the interim manager and deputy manager had an open door policy and were available for staff to talk to at any time. They said they felt listened to and that their views and opinions were valued. Staff meetings were held with groups of staff for example, night carers. The interim manager promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views. Communication was good between the service and others and between staff.

The directors of this family run service were accessible, visible and hands on; from undertaking maintenance and repairs, housekeeping services to keeping an informal oversight of how care was being delivered.

The interim manager delivered training to staff in addition to the on line training courses they were required to do, this interactive training with the interim manager re-enforced knowledge and understanding of aspects of people's care and support needs. For example, how diabetes impacted on their wellbeing and staff responsibilities around this, or how staff were to work with a specific person whose behaviour could be challenging. The interim manager undertook with the deputy manager unannounced pop-ins where they checked that staff were completing night or day time tasks, and people were being supported appropriately.

The interim manager gave direct supervision to the deputy manager. The interim manager had responded to previous inspection comments and had implemented an increased and more structured range of audits to provide better assurance that all aspects of the service were working well. Among some of the audits undertaken were checks of window and door security, that servicing of equipment and installations were being met, first aid box contents were checked, health and safety checks undertaken, and staff made aware of any safety alerts. Internal medicine audits supplemented by pharmacy audits every six months, audits of administrative documentation including people's fee accounts, complaints recording, daily communications, staff meeting records, and petty cash audits were also in place. People's care plans and risk assessments were checked monthly for updates and audited to ensure this was happening; checks of bed rail safety and pressure mattress settings were also undertaken.

The interim manager reviewed the audits undertaken to highlight those areas where improvement was needed and the actions to be taken. A service development plan was in place to show where service improvements had been identified and were scheduled to be addressed. The PIR told us about actions taken by the provider to improve the service and further planned improvements and these were included in the service development plan, for example, planned improvements to increase the lounge size. We noted on some audits where actions were identified it was unclear if these had been addressed as timescales for completion were not recorded and this is an area for improvement.

The system was already in place whereby people's relatives were routinely asked in a variety of ways for their views about the service; this could be through phone contact, informal meetings and events where family and friends were invited, and through surveys. Analysis of survey feedback provided a positive picture from relatives.

There were a range of policies and procedures governing how the service needed to be run. The provider subscribed to an on line service that ensured these were kept updated of changes to good practice guidance or legislation that impacted on their service. Staff were made aware of important changes to operational policies or to the support of individuals through handovers; any emerging concerns or issues discussed at handovers were relayed to the interim or deputy manager who also worked alongside staff on some shifts.

The provider had membership of organisations that promote good practice in delivery of services to older people. This included the local Clinical Commissioning Group forums and meetings held by the Kent Integrated Care Association (KICA) that provides support to care home providers in Kent. The provider was also a member of Skills for Care-and had implemented the new Care Certificate to ensure a consistency in the induction of care workers to ensure standardised skills, knowledge and behaviours and attitudes development of care staff to help provide compassionate safe and high quality care and support. The interim manager had established good links with the local secondary school and offered ongoing placements for students studying health and social care who helped with activities and social interaction with people.

The provider notified the Care Quality Commission appropriately of any notifiable events.