

The Grange

# The Grange

## Inspection report

2 The Street  
Kennington  
Ashford  
Kent  
TN24 9EX

Tel: 01233621824






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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 18 & 19 May 2016. The Grange is a care home which provides care and support for up to 29 older people. There were 26 people living at the service at the time of our inspection. People cared for were all older people; some of whom were living with dementia. People have their own bedrooms; some have en-suites; bedrooms are located over the ground and first floors. A shaft lift provides access to the first floor.

This service was last inspected on 29 August 2014 under previous methodology and at that time the provider was found to be compliant and no breaches of regulations were identified.

There was a registered manager in post. 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.

People told us they were happy living at the service, their relatives also spoke positively about the quality and delivery of care provided to their family members. Professionals we spoke with during and after the inspection spoke positively about the good working relationships the staff fostered with professionals, and the quality of care they provided to people.

Systems that the service had in place to protect the safety and wellbeing of the service users not always being followed; this could place people at risk. The lack of a comprehensive quality monitoring system meant the provider and registered manager could not be assured that all aspects of the service were meeting people's needs..

Recruitment procedures and checks of new staff were made but this needed improvement to ensure these were carried out thoroughly and in line with regulatory requirements. The management of medicines ordering, receipt, disposal and administration was managed well and people received their medicines in a personalised manner that took account of their preferences; improvement however, was needed to the way in which medicines administration and changes to medicine records were made. Fire alarm and emergency lighting tests were not conducted in accordance with the home's fire risk assessment and although staff said they attended fire drills, there was no evidence for this to ensure they understood how to respond in the event of a fire.

The service had not consistently notified the Care Quality Commission about people who had experienced a serious injury that required hospital treatment as required by regulation. The risk assessment framework used needed expanding to ensure all potential risks people may be subject to were assessed and measures implemented to reduce risk of harm occurring.

Staff treated people respectfully, showed kindness and patience and we saw many examples of positive interactions from staff towards people. Staff placed people at the centre of the support they provided and

delivered this in a personalised way to meet individual needs.

People and their relatives told us they felt informed by the staff and that communication was good. They were asked for their views and people felt able to voice their comments openly in user meetings. People ate a varied diet, specialist diets were catered for and people were able to request alternatives to the menu if they wanted to.

The premises provided a pleasant comfortable clean and well maintained environment and people appreciated and valued the lovely grounds and the period appearance of the premises. Staff understood how to keep people safe from harm. There were enough staff to meet people's needs. New staff received appropriate induction and all staff completed a regular programme of training. Staff understood and worked to the principles of the Mental Capacity Act 2005.

People enjoyed the activities provided for them and were consulted through meetings and questionnaires about what else they might want to do. People and their relatives were consulted about their care needs and staff kept these under review. People and relatives understood the complaints procedure and felt confident any issues if they had any would be addressed immediately. Staff felt supported and listened to, the registered manager and the provider had a visible presence in the service throughout the week and there was a good sense of team work amongst them.

We have made one recommendation:

We recommend that the provider consult the Fire Service regarding personal emergency evacuation plans for people that state they can be left behind fire doors to await evacuation by the fire service to ensure these meet current fire legislation Regulatory Reform (Fire Safety) Order 2005.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

Some medicine practice was inconsistent and needed improvement. Recruitment processes did not meet the requirements of the regulation. Records of fire tests and staff drills were not well maintained. Not all risks people could experience were routinely assessed.

Accidents and incidents were reported and staff took appropriate action but we have recommended the recording system used is reviewed to make it easier for staff.

There were enough staff to meet people's needs. Staff knew how to protect people from abuse. The premises were clean and well maintained and servicing checks were in place.

### Is the service effective?

**Good** ●

The service was effective

Staff said they felt supported and received regular observational supervision of their practice. New staff were required to complete induction in line with the new Care Certificate. All staff completed training to give them the right knowledge and skills to understand people's needs and support them safely.

People ate a varied diet that took account of their preferences. Peoples health needs were monitored and they were supported to access healthcare appointments.

People were supported in accordance with the Mental Capacity Act 2005 (MCA) they were consulted about their care and support needs.

### Is the service caring?

**Good** ●

The service was caring

People were treated with kindness, patience and respect. People were given opportunities to express their views.

People's privacy was respected. Staff promoted people's independence and ability to do more for themselves.

Staff supported people to maintain links with their relatives and representatives. Relatives felt they were kept informed and always made welcome.

### Is the service responsive?

Good ●

The service was responsive

People referred to the service were assessed to ensure these could be met. Care plans were individualised and took account of people's capacity and ability to make decisions for themselves, made clear their needs and support preferences and things that were important to them.

People had opportunities to participate in activities that they had been consulted about and in accordance with their care plan; they could choose to participate in or not.

People and relatives told us they felt comfortable raising issues with staff and were confident these would be addressed.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led

The Care Quality Commission was not consistently notified of serious injuries to people that required hospital treatment. Audits for the assessment and monitoring of service quality were limited and needed improvement.

The registered manager and provider were visible and accessible to people, staff and relatives. Staff said there was good team work. Professionals and relatives said communication was good.

People and their relatives were asked to comment about the service on a regular basis, and their comments were discussed and acted upon. Policies and procedures were kept updated to inform staff. Staff said they felt listened to and were given opportunities to express their views in regular staff meetings.

# The Grange

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 18 and 19 May 2016 and was unannounced. The inspection team comprised of two inspectors on the first day and one inspector on the second day.

Prior to the inspection we asked the provider to complete 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 looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

At inspection we met and spoke with many of the people who lived in the service and observed how they interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported. We spoke in depth with 10 people who use the service and six visiting relatives. We also observed people using the strategic 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. We also spoke with the registered provider, registered manager, a team leader and six other staff and a visiting health professional. After the inspection we spoke with a further five relatives and received feedback from 6 health and social care professionals who we contacted after the inspection.

We looked at three people's care and health plans and risk assessments, medicine records, and operational records that included three staff recruitment training and supervision records, staff rotas, menus, accident and incident reports, servicing and maintenance records, complaints information, policies and procedures and survey and quality audit information.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included "For me this is very homely and I am staying here". Asked if she was well looked after, "Yes, absolutely". She also said "I would recommend it" and "it is not pity we want it is understanding; we get it here". Another said "they have done everything to keep me happy". The staff are wonderful and kind, its home from home".

Relatives said "Its first class there, the staff and care delivered are wonderful" another said "They are spot on; there is not enough praise for it". "Knowing he is well cared for has made a massive difference for us, it's so reassuring for us".

Health professionals told us that they did not have any concerns about the level of care. One said: "staff always ring if they have a concern they never leave it, they take on board advice given to them". Another said "I've never seem them not caring, and they always err on the side of caution in regard to the wellbeing of people" A social care professional told that the service understood its limitations to provide care to people whose needs changed and was supportive of families when there was a need to source another placement. However, we found that aspects of the service people received were not always safe.

People's medicines were not always managed safely. Staff were signing medicine record charts when medicines had been popped out of their packets but before they had actually been administered. Boxed and bottled medicines outside of the medicine dosage system were not routinely dated upon opening to ensure expiry on opening dates could be monitored and amounts of medicines administered could be audited. Medicine administration record (MAR) sheets showed that handwritten changes to the dosage instructions were not always signed or dated by the person making the change. Although staff said that MAR charts were checked on shift handovers we noted some omissions in the recording of medicine administration, we tracked one of these and found that the medicines had been administered but not signed for. The failure to ensure that medicines are managed appropriately is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of medicine management were safe: The ordering, receipt, storage and disposal of medicines were well managed and staff were mindful to take account of peoples preferences, staff were seen to spend time explaining to people what medicines they were receiving, took time to ensure drinks were available or liquid oral medicines stirred properly to make them more palatable. Only medicines trained staff were able to administer medicines and their competency was routinely assessed by the manager who observed this on two occasions before signing staff off as competent.

Staff had received fire training. A fire risk assessment was in place and had been reviewed. All staff knew the evacuation procedure and assembly point. Staff confirmed that alarm points were tested regularly and fire drills for staff were carried out, a staff member was able to give us a full description of what a fire drill entailed, but was unable to confirm frequencies or when these had occurred. Testing of the emergency lighting and fire alarm system were undertaken regularly but not in keeping with the frequencies stated in the homes fire risk assessment. The registered manager told us that fire drills were held when alarm points

were tested but no record of when these had happened and which staff participated were kept. The registered manager therefore, was unable to assure herself that both day and night staff had participated in a minimum of two drills per annum as recommended by fire legislation. The failure to ensure that records of systems put in place to provide assurance that fire equipment was in working order and staff adequately trained in evacuation were maintained is a breach of Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2016.

Recruitment processes did not provide assurance that checks to eliminate unsuitable staff were rigorous. New staff completed application forms and interviews were held but not recorded. Reference requests were made and criminal record checks undertaken. Personal identity information including a photograph of the applicant was in place as was a health statement by each new staff member. We noted however, that gaps in employment histories were not explained and there was a lack of confirmation of reasons for leaving previous caring roles. Two out of three recruitment files had only one reference each, a third had two references obtained from the same provider. The failure to ensure that recruitment was completed in accordance with the requirements of legislation is a breach of Regulation 19 and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2016.

Some risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed; but people's wellbeing could be undermined through some areas of risk not being assessed, for example there was an absence of moving and handling assessments; this had not been seen as an issue as people were mobile and no equipment was not used to lift or transfer people; staff however, were providing minimal support to people to get in and out of baths or showers; this was not assessed to ensure the right risk measures were in place to protect people and staff. People were not assessed in regard to nutritional or skin integrity risks. A health professional said they thought the development of a baseline nutritional assessment which was not currently in place would give staff a better understanding of those at potential risk and those who were not. Risk information that was in place was kept updated but the failure to expand the assessment of risks people could experience is a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual personal evacuations plans (PEEPS) were in place for people; these took account of their specific needs and identified that some people may need to be left behind fire doors for 30 minutes if they could not be evacuated. We recommend that these plans be discussed with the fire service to ensure the existing arrangements meet current fire legislation requirements.

Cleaners worked each day to regular cleaning schedules and had daily weekly and monthly tasks to complete to ensure that a good standard of cleanliness was maintained throughout the service. The home was clean and odour free. Staff were provided with protective clothing for when supporting people with personal care. There was a sluice which was clean and tidy and staff used this to manage commodes hygienically.

Staff reported accidents appropriately and took actions to ensure that people received the appropriate support and treatment, the current accident reporting format was causing some recording errors because of the way it was designed, this sometimes caused gaps in the flow of the accident reporting as pages could be accidentally missed and the report could become disjointed. In discussion the registered manager agreed to source another format to help improve recording.

There were enough staff on duty to meet the needs of people in the service. Staff, people and relatives told us that there were always enough care staff available to provide people with the support they needed. The registered manager did not use a dependency tool but always considered the dependencies of the existing



group of people and the limitations of the service to support new people with higher needs. The registered manager said they never used agency staff and always covered gaps in shift from within the existing staff team; additional hours would be provided to support a person experiencing short term deterioration in their care and support needs.

Staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

The environment was safe for people to live in. The premises were well maintained, and all necessary checks and servicing of equipment and electrical and gas installations were undertaken. Staff reported that repairs were undertaken quickly. As a period residence there was an ongoing programme of upgrading that had to been conducted in a sympathetic manner to meet the requirements laid down for listed buildings.

We recommend that the registered manager consult with the Fire Service regarding current personal evacuation plans for people to ensure these meet the requirements of current fire legislation Regulatory Reform (Fire Safety) Order 2005.

## Is the service effective?

### Our findings

People told us that they got enough to eat and could choose where they sat in the dining room. Comments included "I think food is very good", "There is plenty and you can have more if you want". "I have never been so spoilt in my life". Relatives told us that they were kept informed about the health and wellbeing of their family member and made aware of any arising concerns. Health professionals said about the service "Very good, no concerns". 'One of the best!' 'Clean, smells lovely. Patients are happy. Staff very pleasant and approachable'. They commented that the registered manager was "very proactive in seeking support for people's health needs early on rather than leaving it".

New staff underwent a period of induction and were initially supernumerary on shifts for the first two weeks of their employment, this was so that they could familiarise themselves with the routines and people's individual support needs. Competency assessments and a plan to complete all essential training including safeguarding and moving and handling were in place. The new starter induction was linked to the nationally recognised Skills for Care network and the introduction of the new Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff had completed all their essential training updates in for example, food hygiene, fire safety, infection control, moving and handling, safeguarding, mental capacity, health and safety and Medicines management for those staff that administered medicines. Eight of the 30 staff in post had care qualifications at NVQ2 or above. All staff completed their mandatory training and any other training relevant to their role and as new staff entered employment at the service they were encouraged to undertake formal qualifications.

Staff told us that they felt well supported, valued and listened to, they felt able to influence changes in the service and their practice was monitored by the registered manager through regular supervisions, these were recorded and focused on aspects of the way in which staff carried out their role. Shortfalls in staff performance were identified and addressed with the staff member concerned immediately with measures put in place to improve practice; However, this was not recorded. This is an area requiring improvement. Staff received an annual appraisal of their work performance. These meetings provided opportunities for staff to discuss their performance, development and training needs for the coming year. The registered manager or other team leader staff were always available, and staff felt able to approach them at any time if there were issues they wished to discuss.

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. People had capacity to make everyday decisions for themselves and staff sought consent from people for their everyday care and support needs. Staff understood that when more complex decisions needed to be made that people lacked capacity to decide for themselves, relatives, representatives and staff would help make this decision for them in their best interest. The registered manager was aware of actions to take when best interest meetings needed to be held for example, necessary health interventions.

Staff supported people with their health appointments. People were referred to health care professionals based on individual needs. Staff were vigilant in checking people's wellbeing and whether there was an emerging health related need and referred people appropriately where necessary. People's weights were taken on a regular basis and any weight loss was alerted to senior staff and referred to dieticians for advice and support.

The cook had an understanding of people's individual dietary preferences and any specialist diets that needed to be catered for. People who were highlighted by the registered manager and staff as needing a little help to increase their weight were appropriately referred for dietary advice where necessary and the cook reinforced their food with extra cream and milk.

Menus were developed from an understanding of people's likes and dislikes gathered when they were admitted to the service and also from changes requested by them at resident meetings. People were given the choice of cooked breakfast twice each week, with a range of cereals, porridge, prunes and toast on other days. People knew they could request an alternative to the main meal of the day, and could also request something hot or cold for supper that was different to the choices offered. A weekly written menu was on display near to the dining room. Health professionals commented that the food they saw offered was of good quality and looked appetising.

## Is the service caring?

### Our findings

Relatives said "staff friendliness shows the way they talk to people" "They can't love him enough or do enough for him" "he is encouraged to do as much as possible for himself", "he wouldn't be here today if not for the care they have given to him" Another said "Whenever he visits us he always says I want to go home now, by home he means the Grange that's how he feels about it". Another told us "She always looks good when we visit". Relatives told us they were always made welcome by staff and offered refreshments.

People told us that there were resident meetings held where they could express their views and opinions; they felt that when they made suggestions about food or entertainment these were mostly taken up and they felt listened to. They told us 'it's a lovely place to be staying' It's the people. I like company. I enjoy sitting at table with them" another said "The staff are helpful' They have done everything to keep me happy'. 'The staff are wonderful and kind' 'its home from home'.

We observed many examples of staff providing discreet support to people or prompting in relation to personal care, staff kept an eye on whether people had drinks available to them, or needed encouragement to go to the toilet, staff showed they understood peoples characters, and mannerisms and when this might signal they were becoming agitated. Observations showed that interactions between staff and people were without exception friendly, patient and kind as assistance was offered. Staff showed they had a good rapport with people and we saw many examples of spontaneous affectionate interaction from staff towards people, for example engaging in jokey banter with some people, offering a gentle pat on the shoulder, a smile or a brief chit chat in passing. Staff were thoughtful and observed to check on people in the lounge as to whether they were warm enough and putting a fire on for them. There was a relaxed calm atmosphere with an easy companionship between people.

At lunch we noted that dining tables were laid with table cloths, cruets and flowers. A choice of fruit squashes and water in jugs was available. Two staff supported people in the dining room during over the lunch period, providing assistance where needed and topping up people's drinks during their meal. The dining experience was pleasant for people with a friendly and chatty atmosphere, people said they could sit wherever they wanted, and some people ate in their rooms by choice.

People felt their privacy and dignity was respected by staff and they felt confident in the responses of staff. One person told us their dignity had been preserved 'beautifully' by staff, and how assuring this had been.

People were encouraged to bring in items of furniture and small possessions, books and pictures and photographs to personalise their bedrooms. Bedrooms were of various sizes some with ensembles. Those seen were decorated and furnished to a good standard. Not all bedrooms had televisions but this was personal choice.

People were supported to remain as independent as they wanted to be, several people undertook much of their own personal care and preferred this; they knew that staff support was available if and when they needed it.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about. Staff were familiar with their life stories and had built up relationships with them.

Relatives said they were always made to feel welcome whenever they visited. We observed staff taking care of relatives by offering the refreshment.

No one at the service was considered to be in need of end of life care at the time of our inspection, but the registered manager had ensured that end of life wishes were discussed with people and/or their relatives and recorded in their plan of care to ensure that these would be fully respected when needed.

## Is the service responsive?

### Our findings

People knew about the activities on offer and chose what they wanted to do; We observed people preparing themselves for an activity: they were happy, chatting and lively, they knew each other well. They told us that the ladies who provide the quiz were volunteers and came in each week. People said they sometimes had music events, music for health' once a week, reminiscence, bingo and they told us that birthdays were celebrated with birthday parties held for people living in the home with birthday cake and special sandwiches, we met the 'Pat dog' who visits regularly with its owner and is very popular with people. Overall people thought there were enough activities, although some people we spoke with avoided activities by their own choice and spent time in their rooms, they were content with visitors, staff popping in to see them and undertaking their own personal interests.

Information about peoples likes and dislikes and activities that interested them were recorded in their care plans. Resident meetings provided people with opportunities to discuss the activities available and whether they wanted to change these or do additional activities. A record of the most recent meetings showed that many of the suggestions for activities had already been provided showing that staff were listening and acting upon what people said they wanted.

Professionals told us Care plans and risk assessments were updated regularly and people were supported to maintain and optimise their skill levels. One described how the staff had supported a person to improve continence management and risks to skin integrity for the person, this had worked really well. Relatives said that they were consulted about care plans and were asked to check the care plans intermittently.

Several people we spoke with and their relatives told us about how they had come to choose the home as a place to live; they confirmed it was their choice. The registered manager told us that people were assessed prior to admission and that they were selective about who they accepted because of the possible impact on staffing and on other people in the service, she felt they had a good understanding of the limitations of the service in not being able to support people with more complex needs. Prospective residents were provided with opportunities to visit the home prior to making a decision. Pre admission assessments were kept on peoples records and those seen were well completed with information gathered from the person their relatives and professionals, this information provided an insight into each person's needs and how they preferred these to be supported.

A care plan was developed from this that provided guidance to staff about people's daily routines; a personal profile gave staff a potted social history of the person and important events and work life that could be discussed with them. The care plan provided staff with an understanding of the person's communication style, any sensory impairments, their mental capacity and emotional wellbeing, personal care and health care needs and activities they enjoyed. This was kept under review and added to as staff became more familiar with them and their needs. Care plans were personalised and looked at what people needed and wanted in the way of support to live their daily lives. They addressed the individual support people needed around maintaining their personal care, social interaction, leisure interests, and night time support including continence management, what people thought they could do for themselves and what

they needed assistance with.

Staff were allocated one or two people as a named worker; their role was to spend time each month with people they were allocated to and ask them about any problems they were experiencing, to observe changes in the person's health over the course of the month and to complete a monthly report sheet. This was in addition to the daily reports that staff completed for everyone. Workers were rotated so that they eventually got to know everyone well, staff told us that they talked with people on a one to one basis read their care plan to them and the 'This is me' booklet in their records. We observed a staff member bringing in care information for a person to sign once they had read it; staff were heard to remind the person 'never sign anything without reading it'. Because the person could not remember what was in the care plan this was brought out again and the staff member sat alongside the person gently explaining bits of the care plan. This helped the person understand and they were supported to sign their agreement to it.,

A complaints procedure was displayed for people to view. People and relatives said they felt confident to raise concerns with the registered manager or other staff if they had them and said they found staff approachable and open. A complaints log was maintained by the registered manager for recording of formal complaints received. The PIR informed us and the registered manager confirmed that seven compliments had been received in the last 12 months and no complaints. People were also provided with opportunities through resident meetings and one to one meetings with their allocated worker to express any matters of concern which would be reported to the registered manager. A review of some of these meetings showed no issues of concern arising.

## Is the service well-led?

### Our findings

Staff were proud of the service they offered and said the service was well thought of. One said "People outside and families of residents say good things about us, we have a good reputation. Another said "Problems are easily resolved and one of the owners comes in frequently and is very hands on." Health professionals commented positively about the good relationships the registered manager had developed with them, and always appropriately sought advice or made referrals for people. One said "The manager has always seemed to be very responsive and if there has been any changes in need will contact me to advise, she is always happy to accept feedback." Another said they found communication from the service good and that they were proactive in involving people and staff in medicine reviews and saw this as a learning opportunity for staff, they thought the service receptive to advice.

Care homes are required by law to notify the Commission of certain events that occur in the service. The registered manager had not ensured that the Care Quality Commission (CQC) was always notified appropriately and in a timely manner when notifiable events occurred, and we found two recent events involving a service users expected death and in another instance a serious injury sustained by a service user following a fall that CQC had not been made aware of to inform our understanding of what was happening in the service. The failure to notify is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

There were a limited range of audits conducted by the service; those in place covered some aspects of medicine management, a food audit, and an annual health and safety check. The audits that were in place were not sufficiently effective or wide ranging to highlight the shortfalls we have identified at this inspection in regard to medicines, staff recruitment, risks management and notifications so the provider can assure themselves that people's care and support is managed safely; this is a breach of Regulation 17 (2) (a) of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they thought communication was good and they were kept informed of their relative's wellbeing by staff. Staff said they found the registered manager approachable and spoke positively about her leadership style. The registered manager showed that she was familiar with individual people and their support needs, she chatted comfortably with them and people seemed pleased to speak with her. Staff said they felt confident that if they had any concerns these would be addressed. Relatives were happy with the service their family member received. The atmosphere within the service on the days of our inspection was relaxed, open and inclusive, staff were seen to work in accordance to people's preferences and needs and their support was discreet and unobtrusive.

The provider was a visible presence in the service with much of his time taken up with the on going maintenance of a period building. The provider sat in on staff meetings and occasionally attended a residents meeting. The provider was a known and familiar figure and people and staff were comfortable to stop and chat. Staff thought communication was good; they said they were kept informed about important changes to operational policy or the support of individuals usually through handovers, formal staff meetings were held but these were not more than once or twice per year. Staff thought they worked closely as a team



and anything they needed to be made aware would be brought to their attention. Staff had access to policies and procedures, which were reviewed regularly by the registered manager, they had purchased through a company off the shelf policy and procedures which were adapted to the service the company which produced these ensured that the service was kept updated with any changes in practice, guidance or legislation and staff were made aware of such policy updates and reminded to read them.

People and their relatives told us that their views were sought and they were asked to complete questionnaires which were sent out annually, these were collated and analysed by the provider and a final analysis was posted on the information board for people to see. This did not make clear what actions were taken to address any comments made for improvement or to explore reasons why people gave lower ratings in some areas and we discussed this with the provider as an area for improvement.

Information about individual people was clear, person specific and readily available. Guidance was in place to direct staff where needed. The language used within records reflected a positive and professional attitude towards the people supported.

The registered manager kept her own knowledge and skills updated through attending meetings and workshops as and when provided. The providers were members of KICA (Kent Integrated Care Alliance), (previous Kent Care homes association) which updates providers and registered managers of important changes.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager had not ensured that the Care Quality Commission (CQC) was always notified appropriately and in a timely manner when notifiable events occurred Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to ensure that medicines administration and recording was managed appropriately Regulation 12 (2) (g)  There was a failure to fully assess the range of risks people could experience as a result of their care, and support needs and this could place them at risk of harm. Regulation 12 (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a failure to provide an effective system for the assessment and monitoring of service quality. Regulation 17 (2) (a)  There was a failure to ensure that records were maintained of the systems put in place to provide assurance that fire equipment was in working order and staff adequately trained in evacuation. Regulation 17 (2) (d) (ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>There was a failure to ensure that staff recruitment checks were completed in accordance with the requirements of legislation. Regulation 19 (3) (a)</p>