Seacole's Limited

Pelham House

Inspection report

5-6 Pelham Gardens
Folkestone
Kent
CT20 2LF

Tel: 01303252145

Date of inspection visit:
14 March 2018

Date of publication:
23 April 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 14 March 2018 and was unannounced.

Pelham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 18 older people were living at the service, some of whom were living with dementia.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

The service was last inspected on 12 and 13 October 2016 and the overall rating was Requires Improvement. At that time we found two continued breaches of Regulation. These were with regards to the provider failing to: Regulation 12, safely manage people's medicines and Regulation 17, to operate effective quality auditing systems. The provider sent us an action plan on 13 February 2017 which detailed how they planned to address these breaches of Regulations.

At this inspection on 14 March 2018, we found improvements had been made and there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The management of medicines had improved. Daily audits took place of medicines administration and recording and any shortfalls had been addressed and medical advice sought. Staff received training in medicines administration, had their competency assessed and received additional training and support when this was required.

Systems were in place to assess and monitor the quality and safety of the service. This was achieved by the use of auditing and through encouraging feedback from people, relatives and staff and continuous review.

People felt safe. Staff had received training in how to recognise signs of abuse and how to report them.

Assessments had been made about physical and environmental risks to people and actions had been taken to minimise these. Accidents and incidents were recorded and monitored.

Staffing levels had been reviewed and there were enough staff on duty to support people and pre-employment checks had taken place to ensure that staff were suitable for their roles.

New staff received an induction which included shadowing existing staff and were provided with a training programme in areas essential to their role. Staff felt well supported and received supervision and appraisal

to make sure they were performing to the required standard.

Staff had received training in the Mental Capacity Act 2005 and understood its main principles. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager had submitted DoLS applications to ensure that people were not deprived of their liberty unlawfully.

People had their health needs assessed and monitored and referrals were made to health professionals to help maintain their health and well-being.

People were offered a choice of what to eat and where to sit at mealtimes and enjoyed the experience.

Staff treated people with kindness and respect for their privacy and dignity. Staff knew people well and remembered the things that were important to them so that they received person-centred care.

People had been involved in their care planning and care plans recorded the ways in which they liked their support to be given.

A part-time activities coordinator had been employed and people were offered small group and one to one activities which met their individual needs.

Staff understood the aims and values of the service and a number of staff had worked at the service for many years. They said their contributions were valued and that there was a relaxed pace at the service which benefited people.

The service was clean on the day of the inspection and equipment was routinely maintained to make sure it was in good working order.

The registered manager was supported by a deputy manager and was praised by people, relatives and a health care professional for their commitment to improving the service.

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.

Medicine's management had improved and checks were in place to make sure that people received their medicines as prescribed.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

Assessments of people's safety and welfare had been undertaken and actions taken to minimise any potential risks.

There were enough staff deployed to support people.

Is the service effective?

Good

The service was effective.

People's rights had been protected by proper use of the Mental Capacity Act.

Staff had received training and supervision to help them provide effective support.

People enjoyed nutritious and varied meals.

People were supported to maintain good health and had access to medical and health support as needed.

Is the service caring?

Good

The service was caring.

Staff delivered support with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were

able.

Is the service responsive?

Good

The service was responsive.

The service involved people and their families in planning and reviewing care.

Care plans were individual and contained people's choices and preferences.

People were offered one to one and group activities including trips out.

Information about how to make a complaint was available to people and visitors.

Is the service well-led?

Good

The service was well-led.

Quality assurance processes had improved and action was being taken to address shortfalls in the service as they were identified.

Staff felt supported and there was an open culture in the service.

People benefitted from staff who understood the values and aims of the service.

Pelham House

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 14 March 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before 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. The provider had returned a PIR, within the set time scale. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we joined some people for lunch and a group of people who were engaging in a craft activity. We spoke with 11 people who lived at the service and three relatives/visitors. We spoke with the registered manager, deputy manager, administrator, quality lead, head of care, one senior carer, two care staff, activities coordinator and cook. Positive feedback was obtained from a chiropodist and local authority commissioner.

We looked at records held by the provider and care records held in the service. This included three care plans; the recruitment records of the three most recent staff employed at the service; the staff training programme; medicines management; complaints and compliments; surveys; staff meetings minutes; and health, safety and quality audits.

Good

Is the service safe?

Our findings

People and relatives said that people were safe living at the service. One person told us, "I feel safe, everyone is lovely", and another person said, "I feel very safe. Living here means at my age I don't have to worry". People said that they felt safe when they were being assisted to move by staff. Feedback was that there was enough staff available to support people when they needed it and that their call bell was answered promptly. Comments included, "I think there are enough staff"; "There are plenty of staff around"; "They come quickly when you press the bell" and, "I have a fall now and again but they answer the bell very quickly".

People said they received the assistance that they required with their medicines and some people told us they took some of their medicines independently. Comments included, "Apart from special tablets which the staff give me I manage my own inhalers and pain killers. I have signed a form"; "Since I have been here they have been putting my eye drops in regularly which has improved my sight"; and "My medicines are given to me regularly".

At the last inspection on 12 and 13 October 2016, we identified a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the proper management and recording of some medicines. Assessments of risk had not been undertaken when topical creams were kept in people's rooms when other people could access them. Guidance was not available on what topical medicines were for and when they should be applied. There were inconsistencies in recording and administrating medicines which had variable dosages. Records were not kept to make sure pain patches were rotated regularly to maintain healthy skin or in which eye drops should be administered. Medicines due to be returned to the pharmacist were not always entered in the returns medicines book.

At this inspection on 14 March 2018, we found that improvements had been made. Assessments of risk had been carried out for people who kept topical medicines in their rooms and this included keeping creams more securely. Guidance was available to staff for each topical medicine. This included what the cream was prescribed for, such as help alleviate pressure areas; and when it should be applied such as being spread thinly on the affected area once or twice a day. Guidance was in place for people who took medicines prescribed as 'when required' (PRN) so they were administered according to people's individual needs. Staff recorded the reason why the medicine had been given and the dosage given. For people who had been prescribed medicines whose dosage varied weekly, staff had given them the correct dosage of their medicine. A recording sheet had been introduced so that staff recorded where they applied people's pain patches each time they needed to be changed. For people who had been prescribed eye drops, the eye or eyes in which they should be administered was recorded and available for staff. The returns book was used to record medicines that needed to be returned to the pharmacist.

The provider had identified that there had continued to be a number of medicine errors including incorrect recording and people not being given their medicines as prescribed. As a result a new medicines system had been introduced. Daily audits took place to make sure that action was taken to seek medical advice in a timely manner to ensure people's health. An analysis of medicines management had taken place which

identified the number of errors each week and when they occurred so that appropriate interventions could be targeted. This had involved shadowing staff when giving medicines, removing staff from medicines administration so they could be retrained and giving each staff member a benchmark for improvement. The analysis showed that in 2017 medicines errors had reduced. In the week prior to this inspection people had received their medicines as prescribed. However, the service had identified that there had been some occasions when staff had not recorded that they had given one person their PRN medicines in line with written guidance. One person told us that when they went to stay with a family member, the service arranged for all them to take their medicines with them. However, on several occasions another person had not received one of two prescribed dosages of a supplement for healthy bones when they had gone out for the day. The registered manager confirmed that action had been taken to minimise this occurrence after the inspection.

All staff had received training in safeguarding. They knew what signs to look out for and felt confident the management team would listen to and act on any concerns they raised. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The service had a copy of the document 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway'. This contained guidance for staff and managers to follow so that they knew how to protect and act on any allegations of abuse. The management team had communicated appropriately with the local safeguarding team to help keep people safe.

Potential risks to people's health and wellbeing had been assessed. They detailed what nature of the potential hazard, what could go wrong, who might get hurt and the action staff needed to take to make sure people were protected from harm. This included the risk of a person falling, developing pressure areas and the use of equipment such as bedrails. Each risk was rated with regards to if the potential risk was serious, moderate or minor. People who were at risk of developing pressure areas, guidance was in place to check them regularly to make sure they did not stay in one position for too long, any pressure relieving equipment they required and prescribed creams. Some people had their nurse call bell on a pendant which they wore, so they could summon help if they fell in their room. Where people required bed rails to keep them safe when they were in bed, potential risks had been identified and the person had been involved in the decision, when they had capacity to do so. Risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

There were systems in place to report any accidents or incidents which included details of what had occurred and the action taken in response to the situation. Records of falls included the time and date so that an analysis could be undertaken to establish any patterns or trends. Staff ensured people used walking aids as part of their falls prevention plans. The service maintained a risk register detailing all risks for the service and providing guidelines about the categorisation of risks and frequency of reviews. For example, people who spend long periods in their rooms had hourly checks to ensure their safety and well-being. Lessons had been learned about the management of medicines and as a result daily audits and monitoring had been put in place.
For example, if people had falls, this was fully recorded so that patterns and frequency could be monitored with actions taken to minimise the risks. Responses to incidents included, the provision of protective equipment, such as pressure reliving mattresses and/or referrals to specialist nurses services such as for Parkinson's to assist in people's care planning and risks management..

Regular checks of equipment and services took place so the environment was safe for the people who lived at and staff who worked at the service. This included moving and handling equipment such as hoists and the shaft lift, air mattresses, checking the water supply to prevent water-borne diseases, and safety checks

on the supply of gas and electricity and firefighting equipment. Staff had received training in fire safety and there was a programme of fire drills so that they knew what to do in the event of a fire. A grab bag was available which contained a plan of the building and information about each person's specific requirements about how they could be evacuated in the event of a fire. This identified if they could mobilise themselves, or required the assistance of staff or equipment. There were plans in place to deal with foreseeable emergencies. These provided staff with details of the action to take if the delivery of care was affected or people were put at risk.

Staffing levels were based on the number of people accommodated and their assessed needs. People's needs varied significantly. Some people were very independent and required minimal staff support but other people required two staff to use equipment to move them. Staff said there were usually enough staff available although there were busy periods. In the day time there was one senior and two care staff and overnight care and support was provided by two waking night staff. Staffing rotas reflected the accurate number of staff who were on shift on the day of our inspection. During the inspection people's needs were attended to in a timely manner, call bells were answered promptly and staff had periods where they were able to sit and spend time with people. There were plans in place to cover staff absences such as annual leave and sickness. This meant that there would be suitable numbers of staff available at all times.

Staff recruitment practices were robust which protected people from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

People said that the service was clean. One person told us, "The cleaning is excellent" and another person said, "It's a nice place. It's nice and clean and the staff are VERY nice". A cleaning schedule was in place and the service was clean on the day of our inspection and there were no unpleasant odours. Staff undertook infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. Infection control audits ensured measures were in place to monitor, maintain standards and address any shortfalls. An audit in November 2017 had identified areas of the service which were not up to the required standard and as a result deep cleans had taken place. The service had been awarded a five star food hygiene rating by the local authority environmental health officer. Maintaining hygiene, water quality and following good infection control practices reduced the risks of cross infection or exposure to waterborne illness.

Good

Is the service effective?

Our findings

People said that staff responded to their needs and their health needs were met. One person told us, "The staff escort me to my hospital appointments". People said that if they felt unwell or required medical assistance that staff contacted their GP. One person told us, "When the GP came, he came quite quickly" and another person said, "I use the chiropodist and if I need a doctor I only have to ask". Relatives said that the service kept them informed about any changes in their family member's health and well-being. One relative told us, "A couple of times she has been rushed to hospital. I have been notified immediately the ambulance was called. The communication is excellent". Relatives said that staff monitored their family member's health and that this was reassuring. One relative told us, "Mum has had several urine infections so she is on a fluid chart and checked hourly".

People's day to day health needs were managed by the staff team with support from a range of health care professionals such as district nurses, GP's, optician, occupational therapist and chiropodist. A healthcare professional told us they were always welcomed, staff were professional, that any advice they gave was followed and that communication between themselves and the staff team was effective. People's health needs were recorded in their care plan and a record was made when people attended medical appointments or advice was sought from health care professionals. When people had said they were in pain or staff had a concern about their health appropriate medical advice had been sought in a timely manner.

People were complimentary about the choice and quality of food provided. They said they choice what they wanted to eat at each meal and were also offered alternatives if they wanted something that was not on the menu. People said they were able to eat their meals in the dining room or their bedroom. Comments from people included, "Food is everybody's choice. Considering the amount of people they cook for they do a good job. If you don't like what is on offer you just tell them and they find something else"; "The food is excellent. If I had money and went to the Dorchester or Ritz I wouldn't be any better off. In fact I would be worse off"; and "The food is magnificent I can't fault it". A relative told us, "She is eating better than at home". There was a relaxed and friendly atmosphere in the dining room at lunchtime.

People said they could access hot and cold drinks at any time for themselves from the resident's kitchen area. One person told us, "I use the resident's kitchen when friends come". People also said they could have a drink or snack in between set mealtimes. Another person told us, "If I'm having one of those nights and I can't sleep I come downstairs and they make me a drink and a brown bread and marmalade sandwich". Hot and cold drinks were offered to people throughout the day of our visit.

People's needs in relation to food and fluids were assessed using a specialist tool, and the support they required was detailed in their plan of care. Fluid charts were used to monitor people's daily intake when there were concerns about their health. People were weighed monthly and a graph used to record how much weight they had gained or lost together over a period of time. Using this visual format it was easy for staff to assess any significant loses or gains in weight. The cook was notified and aware of people's likes, dislikes, allergies and specialist requirements such as who required a soft or pureed diet.

Before a person moved to the service information was obtained about their social, physical and mental health needs. This included their mobility, continence, personal care, skin care, oral care and any behaviours. This assessment was used as a baseline together with other information obtained when the person first came to the service to develop a care plan.

New staff completed an induction which included understanding aspects of the running of the service, policies and procedures, mandatory training and shadowing staff members to gain more understanding and knowledge about their role. The provider's policy was that staff were required to complete a Diploma in Health and Social Care (QCF) level two. Some staff had also completed QCF level three. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

A training matrix was in place which identified when staff had received the training they required for their role and identified when it was required to be refreshed. Training was provided by e-learning and in a classroom environment and included first aid, food hygiene and equality and diversity. The service was a certified accredited training centre and a number of staff, including the registered manager, were able to train others in medication, health and safety and moving and handling. Specialist training had been provided in supporting people living with dementia and some staff were Dementia Friends. A Dementia Friend is someone who has completed training to help them understand dementia and things that could make a difference to their quality of life. In addition some staff had undertaken training in skin integrity and others in supporting people at the end of their lives.

Staff said they felt well supported by colleagues and the management team. All staff had received an annual appraisal. The provider's supervision policy was that staff receive supervision twice a year. This consisted of 'coffee chats' to observe and discuss staff performance and formal supervision sessions. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff said they could speak to a senior staff or a member of the management team at any time if they required additional support. They said communication was effective in ensuring staff knew about changes in people's care needs. Handovers took place between each shift to give staff a review of each person's needs and communicate important information to ensure consistency in peoples care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in the best interests and as least restrictive as possible. Staff understood that it should be assumed people had capacity to make their own decisions and that sometimes people made unwise decisions. They gained consent from people before supporting them with any tasks such as supporting them to mobilise and giving them their medicines. Staff understood that the mental capacity of people living with dementia may fluctuate. They demonstrated how they knew peoples likes and dislikes and acted in their best interests on occasions when a person was not able to make a day to day decision that they usually had the capacity to make. For example, staff explained that they usually gave a person a choice of what to wear, but sometimes they were unable to make this decision. They said that in these situations they chose the clothes that they knew the person liked best.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications to restrict people's freedom had been submitted to the local authority. Receipt of the applications had been acknowledged and the service maintained regular contact with the local authorities pending their decision making processes. Where DoLS

authorisations had been made, a system had been put in place to identify when they were due to expire and needed to be reapplied for, to ensure people were not unlawfully deprived of their liberty.

Good

Is the service caring?

Our findings

People, relatives and professionals said the staff team were kind and caring. Comments from people included, "When I came here everyone was so friendly, I'm so happy here"; "The staff are all so nice and friendly we often have a little natter and a laugh"; and "I would obviously prefer to be in my own home but I know it isn't possible. Everybody here is nice and the company is good". A relative told us, "The staff are extremely caring. The first night mum was here she was very unsettled and the staff sat up with her until 3.00am in the morning". A health care professional told us, "All staff are very caring".

People said they were treated with dignity and their privacy was respected. Comments included, "I am treated with dignity and respect"; "Staff always knock on the door before coming in"; and "I have a weekly shower. The staff are very discreet". People said they were able to make their own choices such as what time they liked to get up or go to bed. One person told us, "I please myself in what I do and when I get up and go to bed". The independence of people was promoted by staff. One person told us, "I do things myself. If I want any help they give it to me". Another person said, "I shower independently. I can have one whenever I like as long as I tell the staff I am going to use the bathroom".

The service had received a number of compliments about the caring nature of the staff team. These included, "Staff show great sympathy to resolve any issues that occur. My dad's privacy is respected but he is also encouraged to mix. The atmosphere at Pelham House and the facilities on offer, for example, the much improved garden facilities, make this a very happy 'home from home' for him"; and, "Thank you for all you are and support. We really appreciate it and all you did for him".

A kindness tree was displayed at the service and words that people associated with this theme had been hung on the branches. Staff demonstrated that they treated people with kindness in their day to day interactions with people. Staff were cheerful and friendly when providing care and this helped to create a relaxed and positive atmosphere which benefitted people. Staff used kindness and consideration and patience when communicating with people. For example, one person's glasses kept fell down their nose and a staff member kindly and discretely adjusted them for them so they could see well. Another person was reluctant to take one of their medicines. The staff member used a gentle manner to encourage them to take all their medicines without pressuring or rushing them to do so. At meal times people on one table were serviced their meals at the same time so they could all eat together. Staff clearly told people what the choices on the menu were and what they were being serviced so they could change their minds if they wanted to.

Staff had built positive relationships with people. One person told us, "We all know each other pretty well. It feels like home here". Care plans included information about people's life history such as their previous occupation and where they were born and staff were aware of these details about people's lives. A pen picture had been developed for most people which gave staff an overview of each person's character, likes and dislikes. For example, for one person it had been recorded that a specific soft toy made them feel secure and that looking smart was important to them.

People said they were supported to keep in touch with their relatives and relatives and visitors said that they were able to visit their family members at any reasonable time. They said that when they visited they were always made to feel welcome. An area was available for relatives and visitors to make their own drinks when they visited. However, they told us they were always offered a drink on arrival.

Bedrooms that had been provided for people had been personalised with their own belongings. One person told us, "All the furniture is mine: I even brought my bed". Another person told us, "They encouraged me to personalise my room". One person was unable to move out of bed. This person liked butterflies and their room had been redecorated in a butterfly theme with brightly coloured wall paper with butterflies on it.

Good

Is the service responsive?

Our findings

People, their relatives and professionals said the service was responsive to people's needs. People said there were a range of activities on offer which they could get involved in. Comments about these activities included, "I am joining in more with the entertainment"; "Staff paint my nails"; and "We have a pet rabbit named Riley who I like to watch in his run in the garden. He comes into the home sometimes". Other people said they chose to spend time in their room and their wishes were respected. Comments included, "I have a paper delivered daily and I read a lot"; "I read, do word searches and I have talking books"; "I always take a walk in the garden every morning" ; and "I am very independent. I go out on my own two or three times a week for a coffee or to the bank".

The position of part-time activity co-ordinator had been introduced to help stimulate and engage people. They had been in post a few weeks and were enthusiastic about their role. They had had a meeting with a health care professional in January 2018 who had given guidance on suggestions of activities for each person living with dementia. They had started to put this guidance into practice through one to one sessions with people and specific activities that had been identified as important to an individual person. For example, they had undertaken research with one person about their favourite author. They had read to a person living with dementia who had greatly enjoyed the experience. For another person who did not always respond positively to interactions they had discovered their love of classical music and began listened to the music together.

The activities programme was displayed in the corridor on a whiteboard. One to one activities usually took place in the morning and group activities in the afternoon. The activity for the afternoon of our visit was arts and crafts making tissue paper shamrocks in preparation for St Patricks Day. A celebration of St Patricks Day was planned for the weekend which included Irish pork sausages and apple cake served with Guinness. The service subscribed to a newspaper which contained past news stories which people could read independently or be used as topics for reminiscence. A 'Chit Chat' club ran regularly on a Friday where people met to talk over a drink and twice a month they were supported by an additional member of staff to take people out for afternoon tea. A visit to go out to eat fish and chips had also been planned. Some people had become involved in the 'Blue Bear Project' which was organised by staff from another care agency owned by the provider. This involved following a blue teddy bear in his adventures by taking photographs of him in various situations which prompted conversation. At the time of our visit the bear was learning to ride a motorbike. People were keen to know of the bear's next adventure.

Care plans contained basic guidance for staff about the support people required in relation to all daily living needs. This included how people communicated, their mental and emotional health, sexuality and faith. People's religious needs were met. Members of a local Christian church visited regularly, people told us they had visits from members of their own particular church and one person attended a religious service independently.

Guidance for staff about how to support people included people's choices and preferences. For example, one person's care plan stated that they could move themselves in bed and liked to lie on their right hand

side. With regards to another person staff were guided that they sometimes found it difficult to sleep and this could raise their anxiety and make them irritable. As a result they took medicine to help them sleep. This person's daily notes recorded that when they had shouted at staff, the staff member had left the room to allow them to calm down and went back to see them later on. People said that they had been given a choice of who could assist them with their personal care. Most people had a 'This is me' profile which had been completed which included what the person would like to be called and their past interests and jobs, routines, things that upset them and people who were important to them. Care plans were reviewed on a monthly basis to ensure the information they contained was up to date.

The provider had requested a visit from an occupational therapist in November 2017 to look at any changes to the environment, or the introduction of equipment and activities that would benefit people at the service. Plans were in place for the occupational therapist to return to the service to check on how the recommendations had been implemented. There was clear signage around the service for people to identify where there room was and facilities such as the toilet. For people who had limited vision equipment was available to them to help with their day to day lives such as talking books and a talking watch. One person's first language was not English and prompt cards were available to help communication.

People and their relatives told us they knew who to complain to if they needed to. However, they said they were happy with the care they had received and had no complaints. One person told us, "If there were any problems I'd be happy to tell the manager. He is always around". Information about how to complaint was clearly displayed at the service and included the contact details of relevant external agencies, such as the Local Government Ombudsman and the local authority.

The provider has set out their commitment for the service to undertake the National Gold Standard Framework for End of Life Care (GSF) in 2017. The GSF End of Life Care is intended to enable those providing end of life care to ensure better lives for people by providing recognised standards of care identifying levels of need and bespoke care for people nearing the end of their lives. People were asked about for their decisions in advance about how they would like to be cared for if they experienced deteriorating health. This included where people who like to be cared for, what was important to them and what like to make sure happens and anything they would definitely like not to happen. Part of the garden had been designated as a memorial garden for people who had lived at the service. The service had received compliments about the way in which it cared for people at the end of their lives. "I appreciated your kindness during mums last weeks and so pleased that the end of her life was calm and peaceful".

Good

Is the service well-led?

Our findings

People and their relatives knew who the management team were and were confident to approach them with any problems or concerns. Everyone said that the service was well run. Comments included, "The managers are very approachable"; "The registered manager who is also the owner, and the deputy manager come around and visit us in our rooms"; "The registered manager knows everyone. He puts in a great deal of effort"; and "I think this is the best home in Folkestone. It's just like home". A health care professional told us that the service passed the 'Mums Test'. "There is a positive atmosphere at Pelham House and the morale amongst staff is good. I would be happy for my parents to be here and would have complete peace of mind".

At the last inspection on 12 and 13 October 2016, we identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure appropriate systems or processes were in place to effectively assess, monitor and improve the quality and safety of the service.

At this inspection on 14 March 2018, we found that improvements had been made. Quality monitoring systems were more effective in identifying shortfalls in service delivery so that action could be taken to address them. A programme of audits was in place such as care planning, maintenance, medicines and infection control. When any shortfalls were identified, action was taken to remedy them and lessons were learned. For example, a maintenance audit had highlighted the need for new carpeting and an infection control audit had resulted in a new cleaning schedule being introduced. Audits ensured time frames were set against identified concerns and staff were appointed to make sure identified requirements were completed.

The provider worked in partnership with other organisations and had sought advice from occupational therapists and health care professionals about the environment and how to better engage people living with dementia. The service demonstrated it had a commitment to continuously improve and were members of social care organisations including Dementia Action Alliance, National Skills Academy, National Care Homes Association and were signed up to the Social Care Commitment.

The provider had an on-going programme of maintenance and improvement which included decoration of the premises, the refurbishment of shower rooms and continued upkeep of the garden. People told us how much they appreciated the garden and the changes that the provider had made to it. One person told us, "The owner has made amazing improvements in the garden" and another person said, "There has been a lot of work done in the garden. It is lovely". "There were areas to walk and sit, features such as a bicycle whose baskets were filled with flowers and raised flower beds that people could tend. One person was walking around the garden on the morning we visited the service. The garden was used for summer events and last year a dog show had been held where people's relatives brought their dogs to be judged by a celebrity.

People told us they felt listened to and that their views and suggestions were acted on. Each person had a keyworker who was assigned to take a particular interest in their well-being. One person told us "I have a key

worker. She is very, very good. I can ask her to do anything. If I ask her to sort my wardrobe out she will willingly do it". There was a programme of family meetings and resident meetings throughout the year. The last resident meeting had taken place in January 2018 and people had been asked about their food preferences and activities. The last family and friends meeting had taken place in October 2017 and two were booked for 2018. Gardening meetings were also held and one was booked for later in the month. At these meetings people were asked for their views about what they would like planted in the garden. People had completed a survey about their experience at the service. They were asked about a number of topics including if they felt safe, food and drink, their care and treatment and care staff. The results overall were that 87% of people were happy with the service received. It was noted that one person who was living with dementia answered 'no' to all questions and therefore the overall results may not reflect their views. One person said that things went missing from their room and the registered manager had investigated. Comments from people included, "I feel very comfortable talking to everyone"; "This is a lovely place"; and I am very happy with the food. I love custard and peaches".

Staff understood the aims and values of the service and how to put them into practice. These were 'Equality, respect, compassion and improvement'. Meetings were held with all staff, the management team, senior care staff, night staff and auxiliary staff. These meetings were used as a forum to discuss issues that arose and how they could be resolved and to disseminate information such as a planned new electronic care planning system. Staff felt valued and in a survey in 2017 agreed that the training they had received had helped their learning and development. The registered manager had implemented an award for 'Carer of the month' and planned to introduce a new incentive scheme at a team away day in May as a way of supporting staff in their overall performance. In addition they had provided training in how to relieve stress to a group of staff and there was a sign- up sheet at the service for staff to take part in a different session with a similar theme.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating at the service and that it was displayed on their website.