

The Abbeyfield Kent Society

Abbeyfield - Rogers House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 and 15 June 2017 and was unannounced.

Abbeyfield – Rogers House is a care home providing accommodation and personal care for up to 41 older people. Abbeyfield – Rogers House also offers a respite care service to enable people to stay in order to give their relatives and carers a break. At the time of our inspection 38 older people were living at the home, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility.

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.

At the last inspection in October 2016, we asked the provider to take action to make improvements in care planning, the management of medicines, quality assurance processes and recruitment procedures. The breaches of Regulation 12, Safe care and treatment, Regulation 17, Good governance and Regulation 19 Fit and proper persons employed were continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in December 2016 which stated that they would comply with all Health and Social Care Act 2008(Regulated Activities) Regulations 2014 by February 2017.

At this inspection on 14 and 15 June 2017, improvements had been made in all areas but there remained some concerns around people's safety. We made a recommendation with regards to reviewing current equipment checks and cleaning practices to ensure people's safety.

Staff received training in how to give medicines safely and their competency was checked. However, staff did not always accurately record when people had been given their medicines.

Assessments of individual risks to people's safety and welfare had been carried out. However, cleaning trolleys were left unattended which posed the risk of people living with dementia who may mistake cleaning fluid for a harmless drink.

Accidents and incidents were recorded and the appropriate action taken to reduce the likelihood of them happening again.

Staff knew how to follow the service's safeguarding policy in order to help people keep safe. Checks were carried out on all staff to ensure that they were fit and suitable for their role.

Staffing levels ensured that staff were available to meet people's needs.

Regular checks were made of the environment, services and equipment to make sure they were in good working order.

The service was clean and staff knew what action to take to minimise the spread of any infection.

People had their health needs assessed and monitored. They were offered a choice at mealtimes and support was provided in an individual manner when people needed it.

New staff received an induction which included shadowing existing staff. They were provided with a regular programme of training in areas essential to their role. 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 for everyone to ensure that people were not deprived of their liberty unlawfully.

Staff communicated with people in a kind manner and treated them with compassion, dignity and respect. Staff had developed positive and valued relationships with people and their family members. The service had received a number of compliments about the caring nature of the staff team.

A plan of care was developed for each person to guide staff on how to support people's individual needs. Information had been gained about people's likes, and what was important to them. We received positive feedback on how staff supported people at the end of their lives, but their specific wishes and choices at this time had not been recorded to ensure they were acted on.

People were offered a range of activities on a daily basis. Special events were celebrated which involved people, their family members, friends and staff.

There were systems in place to monitor the quality of the service, which included gaining the views of people and their relatives. People felt confident to raise a concern or complaint.

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.

Potential risks to people and staff were identified and action taken to minimise their impact. However, cleaning practices posed a potential risk which had not been minimised to ensure people's safety.

Improvements had been made to the management of medicines, but there remained some errors in recording when people had been given their medicines.

Staff knew how to recognise any potential abuse and so help keep people safe.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

The service was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good ●

The service was effective.

People's health care needs were assessed and monitored and advice sought from healthcare professionals when required.

People were given meal choices. Meal times were managed effectively to make sure that people had the support they required.

There was an on-going programme of training to ensure that staff received the training they required for their roles.

Staff understood the main principles of the Mental Capacity Act 2005 and gained people's consent before supporting them with their care or treatment.

Is the service caring?

Good ●

The service was caring.

Treating people with dignity and respect was a core value of the service.

Staff knew the people they were caring for, including their preferences, likes and dislikes.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs.

Is the service responsive?

Good ●

The service was responsive.

People's care plans had been developed to include people's life history and what was important to them.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

People and their relatives knew how to raise concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

The quality of the service was monitored through regular audits.

The management team were clear and passionate about the vision and values of the service, which they effectively communicated to the staff team.

Abbeyfield - Rogers 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 and 15 June 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 people for lunch in the dining room and a group of people who were having a pamper session, with music, singing and cake. We spoke with eight people who lived at service, three relatives and visitor. We spoke with eight staff including the registered manager, assistant manager, senior carer, two care staff, activities coordinator, cook and hairdresser. We also spoke with a district nurse and nurse case manager and obtained feedback from a commissioning officer from the local authority.

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

Is the service safe?

Our findings

People and relatives said that people felt safe living at the service. One person told us, "I was very nervous the other day as a very young carer said she would give me a bath, but she took me in and it was fine". A relative told us, "I know he is safe and well looked after". People were relaxed in each other's company and staff knew people well and communicated with them in an individual manner which helped to ensure people felt safe and comfortable.

At our last inspection on 11 and 12 October 2016, we identified breaches of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed safe recruitment practice as staff had been employed without exploring reasons for gaps in their employment history. The provider had not managed medicines effectively to keep people safe. Staff were administering a specialist medicine for which they were untrained, one person was taking their medicines with a drink which would reduce their effectiveness and there were inconsistencies in recording when people had received their medicines. We asked the provider to take action to make improvements. We also made three recommendations with regards to carrying out fire drills, reviewing people's falls and monitoring staffing levels. The provider sent us an action plan in December 2016 which stated that they would comply with all Health and Social Care Act 2008(Regulated Activities) Regulations 2014 by February 2017.

At this inspection we found that improvements had been made to ensure that recruitment practice was safe. Gaps in people's employment had been discussed at the interview stage if they had not been recorded on their application form. Other checks on potential employees included obtaining a person's work or character references, and Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Improvements had been made to medicines management. The district nurse was undertaking the role of administering a specialist medicine and staff were aware of the effect of alcohol on people's pain relieving medicine. However, there remained some gaps in the medicine administration record. These gaps were checked by senior staff during the inspection who found these two people had received their medicines as prescribed. Staff identified the recording errors had been made by one member of staff and put immediate action in place to monitor and assess their competency in medicines management.

The service had a medicines policy that gave guidance to staff on how to order, receive, store, administer and dispose of medicines safely. Staff who administered medicines had received training in how to do so and most had undertaken a twelve week course and competency assessment. If any medicines errors occurred medical advice had been sought as appropriate and action taken to minimise the risk of reoccurrence. Most medicines were pre-dispensed in blister packs by the pharmacist. Medicine storage was well organised to make it easier to access each person's medicines when required and those with a short shelf life were dated to ensure they were used within this period. The temperature of places where medicines were stored, including the fridge, was regularly taken to ensure they were kept at the correct temperature to ensure their effectiveness. Body charts were in place to clearly identify to which part of the

body a prescribed cream needed be applied. Medicines which were at higher risk of misuse, and therefore need closer monitoring, were stored securely.

It is important that fire drills take place on a regular basis to ensure all staff participate so they have practical experience of knowing what to do in the event of a fire. A fire drill had been carried out in December 2016. The provider sent us a record to show another fire drill had taken place after the inspection, on 16 June 2017. On the first day of the inspection one person's electronic door closing device was broken, resulting in their bedroom door being wedged open with a cushion. The device was repaired on the second day of the inspection so that their bedroom door would automatically close in the event of a fire. Staff had received training in fire safety and each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire. Visual checks and servicing was regularly undertaken of fire-fighting equipment to ensure it was fit for purpose.

Regular checks of equipment and services took place to ensure the environment was safe for the people who lived and worked at the service. This included moving and handling equipment such as hoists and wheelchairs, checking the water supply to prevent Legionella, and safety checks on the supply of gas and electricity. One person used pressure relieving equipment. Checks were not in place to ensure it was maintained at the correct setting to maintain healthy skin. The assistant manager immediately checked and adjusted the setting of this person's equipment and added checks of pressure relieving equipment to the service's regular health and safety audit.

Accidents, incidents and near misses, including falls with no injuries were recorded. The record included details of the incident, details of any marks or bruising, any action taken and any lessons that could be learned. For example, one person had been referred to the falls clinic and hip protectors were being obtained. All accidents and incidents were reviewed by the registered manager who collated the information on a spread sheet. This was so they could easily identify if there were any reoccurring patterns or trends for which further action was required to help keep people safe. The reports were also sent to head office for review.

People's dependency assessments, used to determine how much staff support a person required, had been reviewed and reflected their current needs. Staffing levels were reviewed and taken into consideration when assessing the needs of people before they moved to the service. There were six care staff in the morning, five in the afternoon and four at night time. Staff were allocated to specific areas of the service to ensure staff were available to give people the support they needed. Staffing rotas reflected the accurate number of staff who were on shift on the days of our inspection. Staff said there were enough of them on duty to meet people's needs and during the inspection staff were available to support people when they required it. Staff vacancies were covered by flexi staff and agency staff from one agency to aid consistency of care.

There were a number of people living with dementia at the service. On the first day of the inspection two members of cleaning staff left their trolleys containing cleaning products in the corridor where they were accessible to people at the service, when they cleaned people's rooms. There is a risk that people living with dementia may mistake cleaning liquids for a harmless drink and this was explained to these staff members. On the second day of the inspection a cleaning member of staff left their trolley containing cleaning liquids in the corridor when they answered the front door.

We recommend the provider and registered manager review current cleaning practices to ensure people are not placed at risk.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk of a person falling, of malnutrition, developing pressure areas and of deterioration in their health or medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment they required when moving around the service, transferring and when moving in bed. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

The service had a safeguarding policy which set out the definition of different types of abuse, staff's responsibilities and the contact details of the local authority safeguarding team, to whom any concerns should be reported. Staff received training in safeguarding and felt confident the management team would listen to and act on any concerns they raised. The management team understood when to report safeguarding concerns. 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.

People and relatives said the service was clean and it was clean on both days of our inspection. Cleaning schedules were in place and the team worked hard to ensure that any odours were dealt with promptly. All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. A sluice room was available for soiled laundry and washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic.

Is the service effective?

Our findings

People said that staff helped them in the way that they wanted them to. They said they were offered food and drink at regular intervals throughout the day. One person told us, "The food is excellent and there is choice so I get the food I like to eat. Staff keep telling me to keep on drinking in this hot weather. They are always coming around with tea and fresh water". People and their relative said their health needs were met. A relative told us, "There is turn chart in my family member's room and staff move him regularly to make sure he is comfortable".

At our last inspection on 11 and 12 October 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure that people's nutritional and hydration needs had been met. One person had lost a significant amount of weight before medical advice had been sought and one person's specific nutritional needs had not been communicated to kitchen staff. We asked the provider to take action to make improvements. We made two recommendations with regards to staff training to supporting people with behaviours that challenged and understanding around the Deprivation of Liberty Safeguards. The provider sent us an action plan in December 2016 which stated that they would comply with all Health and Social Care Act 2008(Regulated Activities) Regulations 2014 by February 2017.

At this inspection we found that improvements had been made on to ensure people's nutrition and hydration needs were met. People were weighed monthly and a record kept of how much weight they had gained or lost. There was a protocol in place so that a person's GP was contacted and a referral made to the nutritionist, if they gained or lost a significant amount of weight. People's dietary requirements including if they had any allergies, were diabetic, required their food pureed or liquidised, and their dislikes were on display so they could be clearly seen by kitchen staff.

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. Food and fluid charts were used to monitor people's daily intake when there were concerns about their health. A health care professional told us that there were always drinks and fluids on offer for people so they did not become dehydrated. Kitchenettes were cited on each floor so it was easy for staff to access snacks and drinks for people. People were given choices at each meal time: They could have cooked items for breakfast, which was served in people's rooms. At lunchtime there were two options or people could choose an alternative. There was a hot or cold option at tea time. The menu contained pictures of food items to assist people living with dementia understand what food was available. At lunchtime people could sit in the dining room or conservatory or eat in their own room. The dining room was well presented, with fresh flowers on each table. For people who required assistance, staff sat next to them and encouraged them to eat whilst explaining what was on their plates. A drinks trolley was available which included soft and alcoholic drinks.

Staff had completed a twelve week course on supporting people living with dementia, which included those who displayed behaviours that may challenge themselves or others. The course included a presentation by a person living with dementia, which staff said gave them a practical insight into the condition. The

registered manager was a Dementia Champion. Dementia friend champions complete further training in understanding dementia and things that could make a difference to people. Staff said they had received all the training they needed for their roles. A trainer visited the service to facilitate training for staff in small groups which included fire awareness, safeguarding, food safety and health and safety. A training matrix was in place which identified when staff had received the training they required for their role. This helped to ensure that staff training was refreshed on a regular basis. Specialist training had been provided in end of life care, continence care and diabetes care.

New staff completed an induction which included reading the service's policies and shadowing a senior staff member to gain more understanding and knowledge about their role. Staff then started to work through the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Staff were encouraged to complete a Diploma/Qualification and Credit Framework (QCF). All senior staff had completed level 3 and some care staff level 2 or 3. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

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. Improvements had been made so that a system was in place to identify when people's DoLS authorisations were due to expire and needed to be reapplied for, to ensure people were not unlawfully deprived of their liberty.

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 people with capacity could make unwise decisions. Staff gained consent from people before supporting them with any tasks such as supporting them to mobilise. Best interest meetings had been held with a person's family members and representatives, in order to make a decision for someone, who had been assessed as not having the capacity to make a specific decision.

Staff were knowledgeable about people's health needs and medical history, which were recorded in people's plans of care. People's day to day health needs were managed by the staff team with support from a range of health care professionals. Health care professionals told us they had a good working relationship and effective communication with staff at the service. They said staff contacted them for advice and to talk through any concerns they may have about a person. Professionals said that when they gave guidance about a person's health care, staff always put it into practice. For example, one health care professional told us they had requested a turn chart be put in place for a person to maintain their skin integrity and that staff had done this straight away. Soon after a person had been admitted for respite care, they appeared seriously unwell. An ambulance was called resulting in a short hospital admission. This demonstrated that staff knew the appropriate action to take to promote people's health and well-being.

Staff described the staff team as effective and supportive. Handovers took place between each shift to give staff a review each person's needs and communicate important information to ensure consistency in people's care. Staff were given a summary sheet of each person's main care needs and were allocated to support people in a specific area of the service. However, they kept in contact with all staff to ensure they supported people when they were required. The service's supervision policy was that staff received formal

supervision every six weeks and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. However, the service acknowledged staff who had had worked at the service for a number of years had not received supervision for many months due to the absence of one members of the management team. Staff said they could speak to a senior staff or a member of the management team at any time if they required this support.

Is the service caring?

Our findings

People were very positive about the support they received from the staff team. A visitor described the service as having, "A lovely atmosphere and everyone is so friendly". People said staff were kind, caring and considerate and knew them well. Comments included, "Staff here know who likes a joke and who likes to be serious"; "If I want anything done, staff will do it for me"; and "Staff do odds and ends for me if I want them to". People said they were able to make their own decisions such as when to get up and when to go to bed

The service had received a number of compliments about the kind and caring nature of the service. Relatives commented on the positive relationships between people and staff. Comments included, "A huge thank you to all mums carers as although I knew mum is being very well cared for, I hadn't actually appreciated how well they get to understand residents as individuals. Staff now know my mum better than I do"; and "She was a much loved and well cared for resident of Rogers House for many years". A member of the ambulance crew had praised the service for the quality of care that staff provided.

People said staff treated them with dignity and their privacy was respected. They said that staff did not shout at them, called them by their preferred name and knocked before entering their room. Ensuring people were treated with dignity was one of the values of the service. A coffee morning had been held to raise money for Dignity in Care. One person had painted a 'Dignity Tree' on the wall in the dining room and made leaves for people to write what was important to them. For example, one person had written, "To give respect to each member of the Rogers House family". Each year the dignity tree was transformed into a 'Wishing Tree'. People were invited to write their wishes and last year most had been granted through fundraising. For example, one person went to Gillingham for an ice cream and a group of people went to the pantomime. Plans were still being investigated for another person who wanted to go to a hotel in London for afternoon tea.

Staff had built positive relationships with people and their family members. A relative told us, "The staff have been a tower of strength. I would not have been able to get through this without them. The manager has made me realise I need a break from caring for dad. My dad was diagnosed with dementia and they helped me understand what this meant. Staff are kind and make a fuss of him". When one person became anxious a member of staff sat next to them and reassured them with appropriate physical touch, by stroking their hand until they settled. On the first day of the inspection one person sat in a communal area and had little interaction with staff. Staff explained that their needs fluctuated so that some days they engaged in activities and other days they were less able to do so. On the second day this person sat in the lounge, listened to music and observed what was going on around them and clearly enjoyed the interaction.

Staff valued people and their contributions. Some people were knitting poppies for a local charity. The service had received a thank you card when staff attended the funeral of a person which took place outside the county. "Thanks for attending mums funeral. Your reflections on mums life were so sincere and much appreciated".

People were involved in making decisions. They had been consulted about the décor of the service. One

lounge contained pictures of flowers on the wall, crafted by people who used the service. One person liked a particular football club and had requested their room be painted red. Another person liked green and had a green room. When they moved to a new room, this was also painted green at their request. Two people had decided to re-start the 'shop trolley' which had previously been operated by volunteers. This involved offering people a range of goods to buy such as sweets, toiletries and snacks.

People said staff supported them to be as independent as possible. "Staff always come in ask if I want help", one person told us. Another person said, "I ask staff to give me my nightie and cardigan as I can do that myself".

Treatment and support plans were in place for people receiving end of life care and staff had received training in palliative care. Although people's choices and preferences had been sought, they were not specific about people's wishes and choices in their last days. However, a relative gave very positive feedback about how the service supported people at the end of their lives. They described how the chef responded to their relative's lack of motivation to eat in an individual and caring manner. For people at the end of their lives how much or little people eat is not essential, but it is important they can choose when and what to eat and remain comfortable. This relative told us, "My family member is not eating well and the chef and I have regular chats to see if there is anything they would like. They asked my relative if they liked lemon and when they said they did, they made them a lemon mouse as they said it was easy to eat and refreshing". Anticipatory medicine was in place which meant that medicine was available to manage the person's symptoms and pain at the time it was needed.

Is the service responsive?

Our findings

People and their relatives said staff were responsive to people's needs. A relative told us, "If my family member needs something I ask staff and they come straight away". The service had received a compliment from a person who had been unwell whilst using the service. "I was aware of the spirit of concern and understanding. Every member of staff was attentive to my needs and quick in response, and ready to help me in whatever need I had". There were mixed comments from people and relatives about how quickly staff responded when they called them for assistance. Some people commented that staff always came quickly and others that there were often delays.

At our last inspection on 11 and 12 October 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide care for people in a responsive or person centred as care plans did not consistently contain information about people's choices and preferences nor had all plans been amended when people's needs had changed. The provider sent us an action plan in December 2016 which stated that they would comply with all Health and Social Care Act 2008(Regulated Activities) Regulations 2014 by February 2017.

At this inspection we found that improvements had been made. One page profiles had been developed in consultation with people and their family members which included people's likes and dislikes, what was important to them, what people liked about them and how they wanted to be supported. These were placed in people's rooms so they were available to staff when providing them with care and support. For example, one person's profile stated they had a dry sense of humour and liked to know what day of the week it was. Staff joked with this person and clocks around the service displayed the date as well as the time. Care plans had regularly been reviewed to ensure they contained up to date information about people's care needs.

Before people came to live or stay at the service, the registered manager visited the person and/or their relatives, to make a joint assessment as to whether the service could meet their needs. Assessments included information about people's health, social and personal care and this information was developed into a written plan of care. Care plans contained basic guidance for staff about the support people required in relation to all daily living, including mobility, nutrition, continence, skin care and social and faith needs. For example, for people who used a catheter detailed information was available about when to change the bag, how to care for the person's skin and to check for any sign of infection.

People were offered a range of activities based on their individual preferences. There were two activities coordinators employed who arranged and developed activities for people during the week as well as at weekends. They were assisted at times by a number of volunteers. Activities were planned for the month ahead and advertised on the communal notice boards in pictorial format. This included art and craft, sewing, bingo, music for health, knitting, seated dance, quiz, and cooking. People had made Eton Mess the day before the inspection. Activities took place in one in the lounge that was most suited for the activity. For example, during the inspection a card game took place upstairs where there was a large table to sit around. A nail session took place in the downstairs lounge next to the nail bar. A tea, cake and chat session took

place in the flower lounge where people could sit outside in the garden. At this session there was a relaxed atmosphere and people who were and were not living with dementia came together to eat, sing, chat and enjoy one another's company. Days out were also arranged with a mini bus so people who used a wheelchair could be accommodated. Trips had included to Herne Bay, Minster and a picnic.

People were supported to follow their faith. Communion was held each month and some people attended a local church service. The service had linked with the local church that provided a dementia friendly service each month which involved a short service with discussion, worship, tea and cake.

Important and special events, such as people's birthdays were celebrated with a homemade cake. A garden party was held each summer for people and their families which included music, stalls, a marquee and a range of food provided by kitchen staff. The company celebrated 50 years in May with a party for people and their families, the family members of people who had previously used the service and the trustees. This had involved an Abba tribute band, Pearly King and Queen, British Royal Legion and a visit from the Member of Parliament. The service was celebrating 25 years in October so another celebration was being planned.

People and relatives said they felt confident to raise a concern or complaint with a member of staff or the registered manager. The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaint procedure was displayed in the communal areas. Complaints had been acknowledged, investigated and the outcome of complaint communicated.

Is the service well-led?

Our findings

People and their relatives knew the management team and said they were approachable. A visitor told us, "The manager has gone out of their way to welcome me and my relative". The majority of feedback was that the service was well managed. Comments included, "Excellent"; and "I think It's managed well. All staff seem quite happy with what they are doing and if they weren't they wouldn't treat us well". People said their views were sought and they were listened to.

At our last inspection on 11 and 12 October 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective systems of processes to monitor and improve the quality and safety of services and to maintain accurate records. The provider sent us an action plan in December 2016 which stated that they would comply with all Health and Social Care Act 2008(Regulated Activities) Regulations 2014 by February 2017.

At this inspection we found that there was a structured approach to monitoring the quality of the service and care plans had been reviewed to reflect people's current care needs. There were a range of internal audits including medicines, care plans, record keeping, wound care, infection control, catering and health and safety. Medication audits had identified a number of shortfalls, such as people's medicines records did not contain allergy information and that there were no body maps in place for people prescribed topical medicines and these had been addressed. The catering audit had identified that more pictures and photographs would benefit people when choosing their meal and this was being sourced.

The registered manager and assistant manager had managed the service for many years and remained enthusiastic and passionate about providing care and support for people. The registered manager worked alternate weekends and arrived at the service early in the morning so they were accessible to relatives, people and night and day staff. The managers offices were situation near the dining room and their doors were open, so people or visitors could 'pop in' to see them and this occurred on the days of the inspection. The management team regularly walked around the service to talk to people and staff and they were known to people. For example, when showing the inspector around the service, the assistant manager asked after one person's nutritional needs and the discussion resulted in the person's doctor being contacted at their request.

Staff understood the values of the service and how to put them into practice. 'Our core values of care, compassion and companionship are reflected in all that we do'. Staff felt well supported, that there was effective communication in the staff team and that the management team were approachable. Meetings were held with all staff, the management team, senior care staff and auxiliary staff. These meetings were used as a forum to discuss issues such as the management of workload, areas identified for improvement and to disseminate information.

People and their family members were asked for their views about the service in a variety of ways. Resident and relative meetings were held where people were able to voice their views and relevant information was given to people. At the last meeting in June 2017, there were reflections on the 50th anniversary party and

discussions about the forthcoming 25th anniversary part for the service and summer garden party. Relatives were asked if they wanted to attend staff training on dementia and people were informed that the number of agency staff was decreasing due to additional staff recruitment. The minutes of the meeting were posted on the noticeboard for everyone to view. A suggestion box was situated in the dining room that people could utilise. An annual survey had been carried out to gain the views of people, their relatives and friends in 2016 and another was planned for 2018.

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 in the reception area and on their website.