

Veecare Ltd

The Laleham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection was carried out on 9 August 2016.

The Laleham provides accommodation and personal care for up to 60 people. Some people may be living with dementia. Bedrooms are on three separate floors and are accessed by a passenger lift. There are various shared rooms, including lounges and dining rooms. The service faces the sea and has parking at the front. There were 48 people using the service when we inspected.

At the previous unannounced, comprehensive inspection of this service on 21 and 22 May 2015, a breach of one legal requirement was found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirement in relation to the breach. We undertook this inspection to check that they had followed their plan and to confirm that they now met the legal requirement. At the time of this inspection the provider had complied with the majority of the issues but there was still an outstanding issue with some walking aids which were stacked together in the lounge area. The walking aids were not always placed where people could reach and use them, if they choose to get up and move from their chairs.

There was a new registered manager in place since 21 January 2016. People, relatives, health care professionals and staff told us that the service had improved since the appointment of the new registered manager. A registered manager is a person who has 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.

Potential risks had been identified but the measures to reduce these risks were not detailed enough to give staff the guidance to ensure people were safe. These included the use of bed rails, behaviour risk assessments and moving and handling risk assessments.

There were sufficient staff on duty during the day and evening but at night there were not enough staff available to meet the needs of people in the service. Staff had been recruited safely and received support through one to one meetings with the registered manager and there was a yearly appraisal to discuss their training and development needs. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively, however, staff had not received further specialist training in diabetes and challenging behaviour to ensure they had a full understanding and knowledge of people's individual needs.

Medicines were not always stored within the recommended temperatures to ensure they were safe to use. People received their medicines when they needed them.

Checks and audits were in place to monitor the quality of service people received. However, the shortfalls highlighted in this report had not always been identified. Accidents and incidents were recorded and

analysed by the registered manager, but trends of the number of accidents/incidents at night had not been identified, six out of the eight accidents recorded in May 2016 had been when night staff were on duty.

Checks had been made on the premises to ensure the service was safe. Equipment to support people with their mobility, such as the hoists had been serviced to ensure that they were safe to use.

People felt safe and were supported by staff who understood how to report and recognise abuse, and systems were in place to ensure that people's finances were protected.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The registered manager had assessed people's capacity to make decisions when this was needed. People who needed to make more complex decisions had best interests meetings with people who knew them well and health care professionals.

People told us they enjoyed the food. They were supported to receive a balanced diet in line with their choices and preferences.

People's health care needs were monitored and when required health care professional were involved in their care. People living with diabetes or who needed catheter care did not always have sufficient guidelines in their care plan for staff to follow, should they require medical attention.

People received personalised care and support but further details such as the completion of body maps, people's vision and their hearing abilities had not been recorded. Staff had signed to confirm they had reviewed the care plans but when people's needs had changed, the changes had not always been updated in the individual sections of the care plan.

Staff treated people with respect and their privacy and dignity was maintained. They were encouraged to be as independent as possible. Staff were kind and caring and took time to listen to what people needed.

There was a programme of activities and people had an opportunity to take part in activities of their choice. Information about how to make a complaint was on display at the service. People and relatives were aware of the complaints procedure and were confident any concerns raised would be listened to and acted upon.

People, relatives and staff told us that the service had improved since the appointment of the new registered manager. Staff were supported by the registered manager and understood their roles and responsibilities. The quality monitoring systems in place had not identified the shortfalls highlighted at the time of the inspection. The summary of the accidents and incidents had not identified the pattern of falls occurring at night time.

The staff understood the vision and values of the service by treating people with dignity, respect and compassion.

People, relatives and staff received an annual survey to enable them to voice their opinions of the service and these were acted on.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

Potential risks had been identified but measures were not always in place to reduce the risk to keep people safe.

At night times staffing levels were insufficient to meet the needs of people. Staff had been recruited safely.

The storage of medicines was not always in line with the recommended temperatures to ensure it was safe to use. People received their medicines when they needed them.

Checks had been made on the premises to ensure the service was safe.

People felt safe and were supported by staff who understood how to recognise and report abuse.

Requires Improvement 

Is the service effective?

The service was not always effective.

There was a training programme in place but specialist training, such as diabetes and challenging behaviour, had not been provided.

People's health care needs were monitored and they were supported to access health care professionals as needed. Further details were required in the care plans to ensure that staff had guidance on how to care for people living with diabetes or who needed catheter care.

People were asked for their consent before care was given. Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in ways they understood.

People told us they enjoyed the food and were supported to have a balanced diet.

Requires Improvement 

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and understood people's preferences.

People were treated with privacy and dignity.

People were supported to maintain their independence where possible.

People were relaxed in the company of staff. Staff listened to what people had to say and acted on what they told them.

People's records were stored securely to protect their confidentiality.

Is the service responsive?

The service was not always responsive.

People received personalised care and support but further details were required in some parts of the care plan. All of the care plans had been reviewed.

People had an opportunity to take part in activities of their choice.

Information about how to make a complaint was on display at the service. People and relatives were aware of the complaints procedure and were confident any concerns raised would be listened to and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems were in place to monitor and audit the quality of service people received. However, shortfalls highlighted in this report had not been identified. Some accidents and incidents were recorded and action taken, however the pattern of falls during the night was not identified or acted on.

People, relatives and staff told us that the service had improved since the appointment of the new registered manager. Staff were supported by the registered manager and understood their roles and responsibilities.

The staff understood the vision and values of the service by treating people with dignity, respect and compassion.

Requires Improvement ●

People, relatives and staff received an annual survey to enable them to voice their opinions of the service, and their feedback was acted on.

The Laleham

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.

The inspection took place on 9 August 2016 and was unannounced. This inspection was carried out by three inspectors.

Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We gathered and reviewed information about the service before the inspection, including notifications. Notifications are information we receive from the service when significant events happen, like a serious injury.

We spoke with fourteen residents, two relatives, seven members of staff, the registered manager and one visiting professional.

We looked at how people were supported throughout the day with their daily routines and activities, and assessed if people's needs were being met. We reviewed eight care plans and associated risk assessments. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed.

We last inspected the service on 21 and 22 May 2015 when one breach of the regulations was found.

Is the service safe?

Our findings

People told us that they felt safe living at The Laleham. One person said: "I am happy and safe here". A relative said, "I really feel (my relative) is safe here. They are treated very kindly by the staff and get everything they need".

At our last inspection in May 2015 the provider had failed to make sure that premises and equipment were used in a safe way to protect people from harm and ensure their safety. The provider sent us an action plan telling us how they were going to improve. At this inspection we found that improvements had been made and action had been taken to ensure the premises were safe. However, although some action had been taken to ensure people had their individual walking frames, there was still an outstanding issue of how they were stored and used by people in the lounge.

Although the action plan stated that all walking frames had been removed from the lounge or kept in front of people this was not always the case. There were walking frames stacked together behind the chairs in the lounge/dining room; they were not suitably placed for people to use. There was still a risk that people could fall if they decided to get up and walk without their walking frames. Their choice to move was also restricted as they did not have their frames in front of them if they decided they wanted to get up from their chair. We discussed this with the registered manager who agreed to re-arrange the lounge to ensure that people could reach their aids if they wished. Staff responded to people promptly when they wanted to move and ensured they were supported to move safely, but we could not be sure they were using the right equipment for the individual person. This was an area for improvement.

People's mobility had been assessed and moving and handling risk assessments were in place, however plans did not have sufficient detailed guidance for staff to follow, the plans stated 'two carers to hoist', 'two carers to hoist this person from bed to chair'. There were no step by step guidance in place to explain to staff how to do this consistently and safely. Staff told us that they had received training and were confident they moved people safely but this information was not included in the care plans. The risk assessments did not take into account how people's medical condition, such as a stroke, which might reduce their ability to move.

One person had bed rails to reduce the risk of them falling out of bed. These had been assessed by the registered manager and the family had agreed that this would be in the person's best interest. However, no health care professional had been involved in this assessment or a best interest meeting had not taken place to confirm that this decision had been made to safeguard this person in the least restrictive way.

Some people had behaviours which may challenge others. Charts were completed when people needed further support with their behaviour. These had basic information, such as what they had said if they were verbally aggressive. Clear guidance to help staff consistently manage these events was missing. For example, one person's chart stated that they had been shouting in an aggressive manner, the response from staff was to tell the person they would not be spoken to in that way and they left the room. There were no details to guide staff how or what may trigger the person's behaviour or how they could positively support

them.

One person used specialist equipment to help them to breathe, this required the filters to be washed, staff were aware that this needed to be done but no-one knew who was responsible to do this or to record when this had been done, to ensure the machine was clean and working properly.

Some people had catheters (a catheter is a tube that goes into the bladder to drain urine) and required catheter care. Full guidelines were not in place in the care plans for staff to follow, for example, one catheter care plan stated that the bag needed to be changed weekly on a Wednesday but the record did not show that this was happening. Another person's care plan did not have a catheter care plan in place, although it was stated that the catheter was changed regularly by the community nurse. Staff told us how they cared for people with catheters and they contacted health care professionals when they needed to and no one had developed any infections.

Some people were living with diabetes. Although there was evidence that the staff were liaising with health care professionals when people's blood sugar were unstable there were no personalised diabetes guidelines in the care plans. There was no information on the signs and symptoms people may present should their blood sugar levels rise or fall, or show what action staff needed to take if people became unwell.

The registered provider had not made sure care and treatment was provided in a safe way. There was a lack of detail in the risk assessments to guide staff how to move people safely and support them with their behaviour. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels were not always sufficient to make sure people were safe. One person told us that sometimes they had to wait a while for staff to come when they rang their call bell. Another person said, "It often takes time for my bell to be answered". They said that that when this happened they became very anxious.

During the day there were enough staff on duty to meet people's needs safely. At night time there were three staff on duty. Two of the staff were awake all night and the other was a sleep-in member of staff. The service was spread across four different levels and seven people required two members of staff to support them with the care that they needed. The accident record indicated that people were falling more between the hours of 8pm to 8 am and most falls were un-witnessed. This indicated there was not enough staff available during this period to make sure people were as safe as possible. There was a risk that if the two staff were with a person there would be no other staff readily available to respond to other people if they needed support and help during the night. The registered manager told us that staffing levels would be reviewed to address this shortfall.

The provider had failed to ensure there were enough staff on duty at all times to meet people's needs. This is a breach of Regulation 18 of the HSCA 2008 (RA) Regulations 2014.

There were eight care staff, including two senior staff during the morning shifts and seven staff in the evening. The registered manager was in the process of recruiting new staff and positions had been advertised. There were arrangements in place to make sure there were extra staff available in an emergency, and to cover for any unexpected shortfalls, such as staff sickness. When there was not enough permanent staff to cover shifts the registered manager identified this in advance and agency staff were requested to cover the staffing shortfalls. Staff told us that the agency staff were always used for cover for sickness and annual leave. They said they used the same agency staff, if possible, so that the agency staff were familiar with the people. One person said, "The permanent staff were very good and they know me well, but there

has been a lot of agency staff especially at the weekends and they don't know me so well".

New staff had been recruited safely. The registered manager followed safe recruitment practices to make sure staff were of good character and suitable for their role. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Any gaps in employment were explored during the interview and noted. Relevant checks had been completed before staff worked unsupervised at the service, which included records of police checks, proof of identity, and health declarations. There were policies and procedures in place regarding staff practice. If staff practice fell below the required standard the registered manager said they would follow clear staff disciplinary procedures.

Systems were in place to make sure people received their medicines on time. One person used to become very anxious while waiting for their medicines as they were worried they would not get them at a certain time. This issue was raised with the registered manager and they now received their medicines when they were expecting them. This had reduced their anxieties and they felt much calmer.

We observed staff giving people their medicine safely and routinely offering people pain relief. Each person had a medicine care plan with a photograph and medicine administration records (MAR) charts which were signed and dated when people had their medicines. When people did not receive their medicines reasons for non-administration was recorded. An audit of the medicine trolleys showed that the medication stock balanced, and all boxes and bottles of medicines with a shorter shelf life than other medicines, had been dated when opened to ensure staff were able to check when these were going out of date. Arrangements were in place for the safe disposal of medicines which had been refused or no longer required.

The medicine trolleys for the people living on the upper floors were stored on the second and fourth floors, and these were secured to the walls but there was no record of the storage temperature. The storage room for other medicines on the ground floor had become too hot with temperatures exceeding the recommended 25 degrees. The highest temperature recorded was 29 degrees. This heat could affect the effectiveness of the medicine. Records showed that this had been the case for two weeks. This was discussed with the registered manager who made arrangements for a window blind to be fitted and air conditioner unit to be supplied. Some medicines required storage in a cupboard which met legal requirements. The total of these medicines was correct, however the record book was not easy to follow as it was not clear between what medicines had been received or administered. This was an area for improvement.

There was written guidance for each person who needed 'when required' medicines, such as pain relief, which were kept in a separate folder in the medicines room. These guidelines were not routinely taken with the medicine records when staff administer the medicine to ensure that the protocols were followed.

People were relaxed and comfortable, chatting to staff and each other in a homely atmosphere. Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and body language, if people were upset or unhappy.

People were supported by staff that understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training, which included information on how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the registered manager if they had any concerns about anyone's safety. One staff member said, "If there was an issue I would report it straight away to the manager. I know they would look into things. If I was still concerned I know how to raise this myself or escalate any issues to other senior managers." Since the last inspection the

provider had not raised any safeguarding alerts. Staff understood the whistleblowing policy, whereby staff should be able to feel supported to report concerns about other staff members in a way that did not cause them discrimination. Staff were confident to whistle-blow to the registered manager or the local authority safeguarding team, and felt their concerns would be investigated to make sure people were safe.

Staff regularly checked the safety of the premises and equipment, such as the gas and electrical appliances to make sure it was safe to use. The fire alarm system was checked and fire points tests were recorded. Fire extinguishers and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had practiced fire drills and received fire awareness training. Bedroom furniture had been removed to ensure that all fire exits were free from any hazards, which may restrict people from exiting the premises.

People had a personal emergency evacuation plan (PEEP) for when they were in the communal areas and for when they were in their bedrooms. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in the event of an emergency. Water temperatures were checked to make sure they were within the required safe temperatures, to prevent people from being scalded. Checks were also made on the water to make sure it was free from Legionella.

Environmental risk assessments were in place which covered all areas of the premises. There was information and guidance for staff to respond in the event of an emergency, who to contact and how to protect people.

Staff told us that there was on-going maintenance and a plan to re-decorate the premises. They said, and we noted, the garden had improved with new paths and places to sit. This was work in progress with a new patio and new pathways, and new fencing. People had grown sunflowers and other raised flower beds were planned. There was a plan of refurbishment and redecoration in place, some bedrooms had new furniture, new carpets and some rooms had been painted. Staff also told us that new curtains and carpets had been ordered throughout the service.

Is the service effective?

Our findings

People said that the staff looked after them well. One person said, "When I am not well, the staff always look after me and get the doctor if I need them". Staff said, "It's lovely working here. There is a nice atmosphere. The whole staff team get on well" and "We are not seen as the cleaners, the care staff or the kitchen staff, we work as a team to look after the people who live here. We all have a role to play. Everyone is respected for what they do".

The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. Regular training updates were provided in subjects, such as, moving and handling, first aid, infection control and fire safety. Staff had also received training in areas like dementia, safeguarding and mental capacity and deprivation of liberties (DoLs).

Staff had not received all the training they needed to make sure they had the skills, knowledge and competencies to meet all people's needs. The training offered to staff did not cover areas like diabetes or behaviours that might be challenging. There were eleven people who needed care and support with their diabetes and some people needed support with their behaviour. There was a risk that staff would not know how to care for some people in line with their specialised needs. Staff were able to explain what sign and symptoms they would look for if people's conditions did become unstable, however these were not recorded fully in the care plans. Some staff found it difficult to deal with certain behaviours as they were unsure what action to take and how to respond. The registered manager said that these issues would be addressed and they would source training for staff.

The provider had failed to provide additional specialist training for staff to ensure they had the skills and competencies to fulfil their role. This is a breach of Regulation 18 of the HSCA 2008 (RA) Regulations 2014.

New members of staff completed a full induction programme which included shadowing more experienced members of staff to get to know people and their routines. Staff told us that they completed an induction and they felt very well supported by the registered manager and staff. Staff received regular one to one meetings and a yearly appraisal from the registered manager. This gave them the opportunity to discuss their roles and responsibilities, and to highlight any further support, training and development they required. Staff told us the registered manager was always available for guidance and support to enable them to carry out their role effectively.

When people were able they gave written consent and agreement with their care planning. Peoples consent agreement was asked for when administering medicines and having vaccinations, like the flu vaccine.

Care staff told us they had received training in the MCA and DoLS and explained the principles associated with the Act. Care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

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 their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and staff had knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed with people's involvement.

The registered manager and staff knew people well and had a good awareness of people's levels of capacity. When people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When people were unable to make a decision about medical treatment, or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions, were made in the person's best interest. Everyone got together with people to help them decide if some treatment was necessary and in the person's best interest. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. Other applications were still under consideration by the local authority DoLS office.

The registered manager said they always used the least restrictive ways to support people. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

People told us the food was very good. They said, "The food is excellent, there is always a choice" "If I don't want something on the menu the staff get me something else. I didn't like the choices for lunch so they made me cheese on toast". A relative said, "The food always looks very good".

The cook had worked at the service for eleven years and knew people well. The cook asked people every day what they would like to eat and there was always a choice. There was a picture board in the dining room that showed people what was on the menu for the day. People could choose where they wanted to eat their meals. Some people preferred to eat in their bedrooms. The provider had purchased a trolley to keep all the food hot while it was transported to the different areas of the service. People were served and supported with their meals. When people needed specialist diets like soft diets or pureed diets the cook kept a list in the kitchen so everyone was clear about the diets people were receiving. People received diets that met their needs.

We observed the lunch time meal and people told us they enjoyed their lunch. The food looked appetising with ample portions. People who needed support were helped by attentive staff who sat with them. People were encouraged to eat at their own pace and take time to enjoy their food. Staff asked people if they were enjoying their meal or needed further support. Whilst people were still eating their main course, staff served

their pudding. This resulted in some people deciding to leave their main meal and eat their pudding. This was an area for improvement.

New menus were being introduced and needed to be finalised to ensure that choices were available and the meals were varied. People's likes and dislikes were recorded and staff ensured they received their preferences. People were weighed regularly and referrals were made to the doctor if they had lost weight. Food and fluid charts were used to monitor if people were eating and drinking enough and this information was used to assess if people needed further nutrition, such as food supplement drinks.

People's health care needs were being monitored. A visiting professional who came to the service regularly said, "There have been good improvements here. The staff are dedicated and they care. If they are concerned about anyone they ask us to check them and the staff always act on the advice we give them".

A relative said, "If I see my relative is not themselves I mention this to staff to see what they have done. Nine times out of ten they have already noticed and taken action like contacting the doctor".

People were being supported by health care professionals, including the doctor, chiropodist, dentist, dietician and community nursing team. Outcomes of visits were recorded in the care plans so that staff had the appropriate updated guidelines to follow.

One person told us they had regular visit from the community nurses. They said that staff were aware of their condition and took appropriate action to ensure their skin remained healthy. People at risk of developing pressure sores had re positioning charts in their care plans to confirm that people had been moved regularly and body maps showed which areas were at high risk. There was also information and direction to confirm what creams should be applied. Equipment such as special mattresses and cushions were used to ensure people were comfortable and protected from the risk of developing pressure sores. The settings of the mattresses were recorded and checked to ensure they were at the correct setting for each person.

Staff supported people to attend out patients appointments. We overheard staff arranging to take a person for an x-ray to the local hospital and contacting the doctor to review one person's records.

Is the service caring?

Our findings

People told us the staff were kind and caring. They said staff were really helpful. People said: "The care staff are lovely, absolutely marvellous". "It's good here. I like it a lot". "If I have to not be at home this is as good as it gets. I have a lovely comfortable room". "The staff are very kind and always willing to help. This is as happy as I get".

A comment from a health care professional stated "Staff are always helpful".

People told us staff respected their privacy and dignity. Staff knocked on doors and paused before entering to ensure people had agreed to let them into their room. Staff made sure people were taken to the bathroom discreetly. They knelt down and spoke with people at the right level so that they had eye contact with them.

People were encouraged to make decisions about their care; this included being supported by their relatives. There was detailed information in care plans about people's lives, their family and what social activities they enjoyed. Staff knew people well and were able to speak with people about what was important in their lives.

There was a relaxed atmosphere and staff greeted people as they went about their duties, such as "How are you, can I get you anything and how are you feeling". People responded positively and if they became anxious staff stopped and chatted to them until they became calm.

Staff supported people with their mobility in a kind and gentle way. They were encouraging and reassuring. People responded to this by being more independent and confident when they were moving from one area to another. Staff stood back and gave people a chance to do things for themselves, such as walking behind them but keeping a watchful eye on their mobility. Staff frequently asked people if they needed anything.

People told us they had choices about all sorts of things, such as when they wanted to go to bed, what they wanted to drink and what they wanted for lunch. One person told us how that staff made sure they had their bath when they wanted it. People's preferred name was recorded in their care plan and they were asked if they preferred to be supported by a male or female member of staff. Care staff were attentive, when a person was struggling to get their cardigan on, staff noticed and asked if they needed help. The person smiled and agreed and thanked the member of staff for their help.

People were encouraged to keep in touch with their families by email or telephone calls and visitors were welcome at any time. Some relatives visited the service on a daily basis and people were also supported to go out with their relatives to lunch or other outings.

Regular church services were held to ensure that people could follow their chosen beliefs.

People's bedrooms reflected personalities, preferences and choices. People who chose to remain in their

bedrooms were checked by staff to ensure they were alright and had what they needed. People could choose where they wanted to be. One person was sitting enjoying the sunshine in the garden and being supported by staff to have sun cream applied. The person said how much they enjoyed sitting out there in the garden sunbathing.

Most people were supported by their family members when they needed to make decisions, and advocacy services were being used to support some people in the service. An advocate is someone who supports a person to make sure their views are heard and their rights upheld to ensure that people had the support they needed.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office.

Is the service responsive?

Our findings

People told us that most of the time staff responded to their calls bells quite quickly. One person said, "On some occasions they take a while as they have other jobs to do". When one person needed a bigger room for all their personal belongings, their request was responded to quickly. They were moved to a larger room which they said 'was lovely'.

Relatives said, "If I ask staff to do anything, it's always done" and "Staff know (my relative) very well, they have been here a long time. Staff know what it is important to my relative and make sure their choices are respected".

Care needs assessment were completed when people decided to come and live at the service. From this information an individual care plan was developed to give staff the guidance they needed and to ensure they could meet the person's needs. People were given information about the service so they or their family knew what to expect from the service. People and relatives were also invited to visit the service to speak with people and staff or have a meal.

Each person had a care plan detailing their personal care needs, including mobility, mental health, communication, nutrition, medicines and health care needs. They contained details of people's individual choices and preferences, such as going to bed, their social activities and what they liked to wear. The care plans also included how people were able to communicate. One person's plan stated, 'They may communicate with facial expressions and body language and speak with limited words. If they do not respond ask them if they were in pain, hungry or thirsty'.

However, another plan stated, 'If I am not able to verbally inform you of my level of pain then refer me to the pain assessment tool', but this tool had not been completed. The care plan had been reviewed on 1 August 2016 but this had not been identified as a shortfall. Staff told us they knew people well and could tell when something was wrong or if they were in pain, but this information was not always reflected in people's care plans.

Some care plans had not been completed with full details of people's care, such as the completion of body maps, the recording of people's vision and their hearing abilities. Staff had signed to confirm they had reviewed the care plans but when people's needs had changed, the changes had not always been updated in the individual sections of the care plan. There was a risk that without detailed completed care plans people's needs would not be met. Staff told us that they kept up to date with people's changing needs as there were detailed handovers between shifts.

Staff were aware of what made people anxious or upset and avoided these situations. If people did become upset or anxious staff responded quickly to reassure people and remained with them until they were calm. However, this information was not detailed in the care plan to ensure that all staff including agency staff had full guidance of how to support people positively with their behaviour.

The provider had failed to make sure care plans were person centred. The plans did not contain sufficient guidance and information to ensure people's care needs were met. This is a breach of Regulation 9 of the HSCA 2008 (RA) Regulations 2014. This is a breach of Regulation 9 of the HSCA 2008 (RA) Regulations 2014.

A new call bell system had been fitted to all areas of the service. Staff told us how they could respond quicker to people and talk to them when they pressed the bell so they would know they would be coming. When people choose to stay in their rooms, staff made sure that the call bell was handy for them to push if they needed support. During the inspection the call bells were answered promptly.

The service had an activities co-ordinator who arranged for group and individual activities. At the time of the inspection people were enjoying a quiz in the lounge. The staff member ensured that everyone was included in the quiz and encouraged people to answer the questions. People were enjoying the quiz and there was laughter and good banter between the people and staff.

One person told us how they were supported to go for a walk each day as part of their activities. They told us how they liked walking along the pier and enjoyed going out.

There was a planned programme of activities, such as exercises, games and puzzles, reminiscence, arts and craft and musical bingo. There were also pamper days, such as manicures, nail painting and music for health. Everyone was encouraged to join in the activities but some people preferred to remain in their rooms. One person said, "I enjoy staying in my room".

The service is on the sea front at Herne Bay and people told us they were looking forward the carnival as it went straight passed their windows. Family and friends were invited to visit their relatives at any time and enjoy the activities.

A system to receive, record and investigate complaints was in place so that it was easy to track complaints and resolutions. The complaints procedure was displayed in the hall way of the service. There was a copy of the complaints procedure in the 'service user's guide' which everyone received a copy of when they moved to the service. There were also two suggestions and comments boxes available where people, relatives and staff could post any comments, concerns or compliments they had about the service. One person told us they knew how to complain and mentioned there was also a suggestion box in the hall way. They told us they were happy with the service and did not have any cause to complain.

There had been two complaints made since the last inspection to the service in May 2015. The registered manager kept a log of any complaints that had been made. They had recorded what action had been taken, what the outcome of the complaint was, and if any changes had been proposed in light of the concerns so that the provider could learn from complaints and continually improve the quality of the service. Complaints made had been investigated and responded to in a timely way. The registered manager met and discussed complaints with complainants and acted to resolve issues.

People said they knew how to complain if they had any concerns. One person told us, "The staff listen to what I have to say. I would go to the registered manager if I was worried about anything, they would sort things out".

Relatives said they had no complaints about the service at the present time. They said if they did have any concerns they would discuss them with the registered manager and they felt confident they would be listened to and action would be taken to resolve the issues. One relative said that they had complained in the past and the registered manager resolved the issue to everyone's satisfaction.

Is the service well-led?

Our findings

Relatives said that there had been improvements at the service. One relative said, "It feels like there is someone in charge now who knows what's going on". Another relative said that they came to the service every day and since the new manager was appointed everything 'has improved and continues to improve'.

Staff told us that the registered manager was very supportive. They said that she supported them at work and also was very supportive and understanding when they had issues outside the work place. Staff said the registered manager was involved in the day to day running of the service and had a good relationship with the staff team. One staff member said, "The registered manager bends over backwards to make sure everything is in place". "This service has improved one hundred per cent since this manager has been in post". The house keeper told us the carpet cleaner had broken and the registered manager immediately bought a new one, which was top of the range.

The provider and registered manager used the Care Quality Commission methodology as a guideline for the audits and checks to ensure compliance with legislation. The registered manager audited aspects of care monthly, such as medicines, care plans, health and safety, infection control, and fire safety. However, the shortfalls identified in the medicines, care plans and risk assessments at this inspection had not been identified.

Accidents and incidents within the service were recorded by staff, and action was taken to ensure the wellbeing of each person. Each accident and incident was recorded. The registered manager had systems in place to audit incidents and accidents, which enabled them to identify trends, patterns or concerns across the service to reduce the risk of further re-occurrence. However, at this inspection it was identified that there was increased amount of falls at night time, which had not been identified, and action had not been taken to reduce the risks of further events.

Not all records were accurate or completed to ensure that people received the care and support they needed. Pain assessment tools, hearing and vision information had not been completed in some care plans and there was a lack of written guidance in the risk assessments to show staff how risks were managed.

The provider did not have effective systems in place to monitor and mitigate the risks relating to the health, safety and welfare of people. Accurate and complete records in respect of each person were not always maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008.

Audits and checks were routinely completed on the cleanliness of the environment and the equipment used within the service. The providers representatives visited at least every three months checked that all audits had been carried out. They supported the registered manager and the staff team.

During their visit they looked at records, talked to people and staff and observed the care practice at the service. They completed an action plan which set out any shortfalls that they had identified on their visit. The registered manager then addressed the shortfalls and made improvements to the service. This was

reviewed at each visit to ensure that appropriate action had been taken. The provider always audited and checked the 'well led' domain. The last visit had been in June 2016. If any shortfalls were identified they were added to the services action plan.

The registered manager monitored and challenged staff practice to make sure people received a good standard of care. Staff were clear about what was expected of them and their roles and responsibilities. Staff told us that there was good communication between the team and they worked closely together to make sure people received the support they wanted and needed. Staff were friendly and helpful and responded quickly to people's individual needs.

One relative said, "We had a good look around lots of different homes before we choose this one. The minute we walked in the door we knew this was it. We liked the feel of the place and the registered manager and staff were polite and friendly. I can't speak highly enough of the staff and the care they give (my relative)".

People and relatives told that the service was continuously improving. They said since the appointment of the new registered manager everything within the service had got better. People said that the laundry service had improved and they were getting their own clothes back and they had been well laundered.

Staff understood the visions and values of the service. They said, "We give people the highest standard of care, we make a difference to their lives, this is their home". "We treat people with respect and encourage their independence".

The staff kept up with good practice by reading the newsletters from the Alzheimer's society. The provider had other services and managers met regularly for peer support and to discuss issues such as changes to legislation and best practice.

The registered manager ensured that people, relatives and staff were involved in the day to day running of the service. Systems were in place to obtain their views, including residents' meetings and quality assurance surveys. Staff had opportunities to share their views through staff meetings and supervision to make suggestions about changes and developments. Surveys were sent to relatives and health care professionals to ask their opinion about the service and how it could be improved. The registered manager took immediate action when a comment was made by a person who said the registered manager was not visible in the service. The registered manager responded by ensuring they visited this person in their room to discuss if they had any concerns.

The registered manager had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in line with guidance.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to make sure care plans were person centred. The plans did not contain sufficient guidance and information to ensure people's care needs were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not made sure care and treatment was provided in a safe way. There was a lack of detail in the risk assessments to guide staff how to move people safely and support them with their behaviour.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor and mitigate the risks relating to the health, safety and welfare of people. Accurate and complete records in respect of each person were not always maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were enough staff on duty at all times to meet people's needs.

