Nicholas James Care Homes Ltd

Alexander House - Dover

Inspection report

140-142 Folkestone Road
Dover
Kent
CT17 9SP

Tel: 01304212949
Website: www.njch.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 15 May 2017 and was unannounced.

Alexander House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Alexander House accommodates up to 46 people in one adapted building. At the time of the inspection 30 people were living at the service.

The premises are two large detached properties that are connected by two conservatories. The accommodation is provided on each of the three floors and all of the bedrooms are single occupancy. There is a small enclosed garden area at the rear of the premises and a large paved courtyard between the two main buildings, which is shielded from the main road by gates.

There was a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run.

We last inspected Alexander House in April 2017 when the service was rated Requires Improvement with no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, some improvements were required in the management of medicines records and additional information was needed about how to support people living with diabetes.

We asked the provider to take action. They sent us an action plan telling us what action they would take to improve the service. The provider had taken appropriate action with regard to these issues and the majority of the improvements had been made.

People received their medicines safely but records were not always clear to confirm this. Medicines were being stored at the correct temperature to ensure they were safe to use. Some people were living with diabetes. Staff knew what action to take if people's blood sugar levels became unstable. Details in people's care plans had improved, however, although staff knew what food or drink people preferred if they might need to increase their sugar levels, this was not always recorded.

Checks on the premises were not always detailed enough to show that the water temperatures and fire testing points had been consistently checked to ensure they were in good working order. The registered manager took immediate action to rectify these issues during the inspection.

Equipment, such as hoists, were serviced and checked to ensure they were working properly. Plans were in place in case of an emergency such as a fire or flood. Accidents and incidents were recorded and analysed to

look for patterns and trends to reduce the risk of further events.

Staff had received safeguarding training and were clear on what action they should take if they suspected any abuse. People's finances were protected. Risk associated with people's care had been assessed and clear guidance was in place to make sure risks were mitigated. This included when people needed support with their behaviour or mobility needs.

There was sufficient staff on duty to ensure people received the care they needed and new staff were recruited safely. The service was clean with effective procedures in place to ensure that people were protected from the risk of infection. The premises had appropriate design and adaptation to support people living with dementia.

When people came to live at the service they had a thorough care needs assessment in line with current guidance and practice. This information formed a detailed personalised care plan which covered all aspects of their care. Staff responded to people's needs promptly. Staff continuously observed people's behaviour and found ways to reduce anxieties. People's health was monitored and people were encouraged to eat and drink to maintain a healthy diet.

Staff ensured that people were referred to specialist healthcare professionals for further advice and guidance, such as the doctor, speech and language team or optician. Staff had discussed people's wishes at the end of their life which were recorded in their care plans.

Staff received the relevant training they needed and had their performance assessed through one to one supervision and observations. Staff received a yearly appraisal to discuss their practice and development needs. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had clear systems in place to track and monitor applications and authorisations.

Staff ensured that people had as much choice and control of their lives as possible and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were passionate about providing good care and worked as a team to achieve this. People were at the heart of the service and involved in their care planning. Staff had developed good relationships with people and treated them with mutual respect.

Staff calmed people when they became anxious and ensured they were relaxed before they left them. People smiled with the staff and were comfortable in their presence. People were encouraged to remain as independent as possible and staff upheld their privacy and dignity. Staff knocked on people's bedroom doors before entering. A visitor said that staff sometimes used a screen when talking discreetly to people or when a medical professional visited.

People were treated with equality and given the time they needed to respond to questions.. Staff took time to chat and include people in conversations in topics they were interested in. Relatives and friends were made welcome and asked their views about the service. People's confidential documents and records were stored securely.

Staff found creative ways of supporting people with activities of their choice. They had links with young people who became 'pen friends' with people and talked about their specific interests such as football. One of the activities co-ordinator had won a national award for their skills in supporting people with their social activities.

Any concerns or complaints were recorded and responded to in line with the provider's policies and procedures. The complaints procedure was available in other formats so that people would understand how to complain. The service was well led. The registered manager had clear leadership skills with an oversight of the service. Effective audits had been carried on the quality of care being provided and if shortfalls were identified action plans with timescales were implemented.

The registered manager worked in partnership with other organisations and has taken part in several good practice initiatives designed to further develop the service. The registered manager was involved in a number of schemes in place to drive improvement.

The registered manager worked alongside staff observing their practice and carried out night checks to ensure people were receiving the care they needed. Staff told us that the registered manager was approachable and gave support and guidance when needed.

Everyone involved in the service had been asked their views on the service being provided. Feedback was positive and if any concerns had been raised these were investigated and actioned. People enjoyed a variety of innovative activities and were involved in different projects of their personal choice.

Staff were aware of the visions and values of the organisation and how important it was to provide safe consistent care. They told us they felt valued and supported by the registered manager. They said the registered manager's door was always open and they listened and acted on their ideas and suggestions.

The provider had links with other organisations to keep up to date with current practice such as Enrich-Enabling Research in Care Homes to understand and gain more knowledge of people living with dementia. The initiative involved staff, people and relatives and group conferences.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications in an appropriate and timely manner and in line with guidance.

The latest overall rating judgement of the service at the last inspection was displayed in the service and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of how to report any suspicion of abuse to the local safeguarding team.

Risks associated with people's care had been identified and measures were in place to mitigate risks.

Accidents and incidents were recorded and analysed to reduce the risk of further occurrences.

There was sufficient numbers of staff on duty. New staff had been recruited safely.

Environmental and equipment checks were regularly carried out to maintain people's safety. Recording of this information for water and fire points was an area for improvement.

Procedures were in place to reduce the risk of infection.

People were receiving their medicines safely.

Is the service effective?

Good

The service was effective.

People's needs were assessed in line with current guidelines. Staff understood the requirements of the Deprivation of Liberty Safeguards and worked within the principles of the Mental Capacity Act 2005

Staff received supervision and an annual appraisal to discuss their training and development needs. Staff were trained to meet people's needs.

People were encouraged to eat and drink enough to remain as healthy as possible.

Staff supported people to maintain good health and access health care professionals when needed.

The building had been adapted to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff were kind and caring, they treated people with mutual respect and equality.

People, and if needed relatives were involved in planning their care. Staff ensured people remained as independent as they could be.

Staff supported people in a respectful kind and compassionate manner.
People's personal information was stored securely.

Is the service responsive?

Good

The service was responsive.

All aspects of people's care was personalised, enabling them to lead their lives in the way they wished to.

Staff responded positively when people needed support with their behaviour. Care plans were regularly reviewed and updated to reflect people's current needs.

People and their relatives were able to discuss their views at regular meetings. Staff found creative ways of supporting people with activities of their choice.

The complaints procedure was in a format people could understand and any complaints or concerns were investigated in line with the provider's policy.
Details of how people would like to be cared for at the end of their life were clearly recorded in their care plan

Is the service well-led?

Good

The service was well led.

People, relatives and staff told us the service was well led.

The registered manager had clear leadership skills and led by example.
Checks and audits were in place which continuously assessed and monitored the quality of the service.

Feedback from relatives and other stakeholders was positive and complimentary about the service being provided.

Staff understood the visions and values of the service and told us they felt supported by the registered manager.

The registered manager had submitted notifications in line with guidance and the rating of the service was on display.

Alexander House - Dover

Detailed findings

Background to this inspection

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

This inspection took place on 15 May 2018 and was unannounced. The inspection was carried out by three inspectors.

We spent some time talking with people and staff; we looked at records as well as operational processes. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

We spoke with nine people, the registered manager, the deputy manager, and four members of staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

We contacted four health care professionals who had had recent contact with the service. We received feedback from two professionals and their comments have been included in this report.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. People were relaxed and happy in the company of staff. They said, "Yes I feel safe here." "We are alright here, all of us are safe." A relative said, "My relative is definitely safe here."

We last inspected Alexander House in April 2017 when the service was rated Requires Improvement. At that time, improvements were required in the management of medicines, details in the care plans such as diabetes care. At this inspection improvements had been made to ensure that people were receiving a safe service.

People received their medicines safely, however medicine records were not always clear to confirm this. Records of dispensing medicines were not always accurate, including accounting for the number of blood thinning tablets dispensed to one person. Clarity was required to show when stock had been delivered and the total stock when the person had refused their medicines. This was an area for improvement. Records showed that the person had received their medicines safely and the staff had also taken appropriate action such as contacting health care professionals who had tested the person's blood levels twice and adjusted the dosage of their medicine. They had also put successful strategies in place to support the person to take their medicines and there had been no further refusals.

Some people were prescribed 'as and when' medicines, such as pain relief or medicines to reduce their anxieties. People were asked if they were in pain and if needed staff offered them pain relief. Clear guidance was in place to show how people displayed pain and when and how much medicine people should receive. Staff described when people may need to have medicines to calm them and told us that these were not needed on a regular basis.

Medicines were given to people in line with their doctor's prescription. We observed the lunchtime medicines round. Staff completed records accurately including when a person refused their medicines. Staff had highlighted any allergies people may have to specific medicines. When people needed support to take their medicines with their food or drink, best interest meetings had taken place so people's loved ones were involved in the decision and clear guidance was in place to show consent and how this was to be achieved.

Medicines were stored at the correct temperatures in the fridge and the medicine room to ensure they remained effective. Checks were in place to ensure the temperatures were within the accepted range. All staff administering medicines had completed medicines training and competency observations were made by the registered manager to ensure staff gave people their medicines safely.

Some people were living with diabetes. Staff knew what action to take if people's blood sugar levels became unstable. However, further detail was required in the risk assessments to give staff clear written guidance of what drink or food people might need to increase their blood sugar levels.

Checks on the premises were completed and systems were in place to ensure water temperatures were safe

to reduce the risk of scalding. However, these temperatures were not consistently recorded. Records of the fire testing checks were also inconsistent. This was an area for improvement. The registered manager took immediate action to rectify these issues during the inspection. After the inspection the registered manager confirmed that all water temperatures had been checked and were within the safe range to reduce the risk of scalding. Fire testing of each point had been carried out and each person had a personal emergency evacuation plan in place detailing what support they needed to evacuate the building in an emergency.

Equipment, such as hoists, were serviced and checked to ensure they were working properly. Plans were in place in case of an emergency such as fire or flood. Accidents and incidents were recorded and analysed to look for patterns and trends to reduce the risk of further events. When people had fallen action had been taken to reduce the risks by additional monitoring checks or by using alarmed mats to alert staff if people needed support.

All staff had received safeguarding training and were clear on what action they should take if they suspected abuse. They told us how they would report any suspicion of abuse to the registered manager who would take action. They were aware of the local authority safeguarding team and the process of reporting incidents. They understood the importance of whistle blowing and were confident the management team would take appropriate action to resolve any issues. When necessary the registered manager had raised safeguarding alerts and worked alongside the local authority to protect people from harm.

People's finances were protected with systems in place to record and audit monies spent. Receipts and transactions were detailed for each person and records were checked to ensure people's finances were protected.

Risk associated with people's care had been assessed and clear guidance for staff was in place to make sure people were as safe as possible. This included when people needed support with their behaviour, people who were at risk of developing pressure areas and people's mobility needs. Incidents and accidents were recorded and the registered manager tracked these to look for patterns and trends to prevent further incidents.

Staff were able to tell us what they would do to reduce people's anxieties and support them with their behaviour, such as diverting their attention or by offering them a drink. Clear guidance and detailed risk assessments helped to support staff to support people consistently. This information included what action they needed to take to calm and reassure people to keep them safe. Staff were observed following these plans and supporting people calmly and talking quietly with them to reduce their anxieties.

People were supported to use special cushions and mattresses to reduce the risk of developing pressure areas. Risks of people falling were assessed and measures were in place to reduce the risks, such as regular checks or by using alarm mats to alert staff that people may need their support. There was also clear guidance for staff to follow of how to use equipment such as hoists to ensure people were moved safely.

There was sufficient numbers of staff on duty to help ensure that people received the care they needed and new staff were recruited safely. Relatives and people said staff were around when they needed them. The staff rota showed consistent numbers of staff daily, including weekends and at night times. The registered manager said there were occasions when the service needed to use agency staff and they had ensured that the same agency staff was used to maintain the consistency of care. Staff told us that in times of absence staff were always replaced and when required the registered manager would provide direct care to ensure that people received the care they needed. A relative commented, "Things have improved since the last inspection, there is enough staff."

New staff were recruited safely with all the necessary checks being carried out to make sure they were suitable to work in the service. These checks included satisfactory references, photo identification, full employment history and Disclosure and Barring Service (DBS) criminal records checks were completed before staff began work at the service.

Effective procedures were in place to ensure that people were protected from the risk of infection. One person said, "The staff are nice and it's clean and tidy." Policies and procedures were in place to reduce the risk of infection. The service was clean and tidy and staff wore protective clothing such as gloves and aprons to minimise the risk of cross infection. However, relatives had in the past, raised the issue of unpleasant smells in the service. There was, at times, an unpleasant odour in the conservatory. We discussed this with the registered manager who told us a chair was in the process of being removed and in addition action had been taken to address this issue by replacing carpets with non-slip flooring.

Good

Is the service effective?

Our findings

People and their relatives told us they were receiving the care they needed. They said their health care needs were monitored and they had good support from health care professionals.

People told us the food was good. They said, "The food is very nice, really enjoyable, I can't complain." "Most people have two or three choices but I have more because I have a special diet." "The food is very nice and well presented."

The needs and choices of people were delivered in line with current legislation, standards and evidence-based guidance. A relative told us they had been involved in a thorough assessment of their relative's needs when they moved into the service. They said staff always telephoned them when their loved one was not well and needed medical attention. The assessment process identified people's risk of falling and the measures in place to reduce the risks of further falls. A relative commented, "When my relative first came to live here, they suffered falls, but here the staff have time to care for them and they have not fallen since."

The assessments included best-practice tools such as; need dependency tools, Malnutrition Universal Screening Tool (MUST), Pressure Area Risk Assessment Chart's (Waterlow scores), continence assessments, body-maps, communication profiles and fluid and dietary intake plans. One visitor told us that the staff were monitoring their relative's fluid intake and were asked to tell the staff if and when their relative drank and how much.

Staff had regular training in all aspects of their role and this was monitored by the registered manager and administration team to ensure staff were up-to-date according to the provider's policy. A member of staff told us, "The registered manager and deputy manager were helpful with the training." Another member of staff recounted the difference recent manual handling training had when supporting people to use stand aids which resulted in people being moved safely and in line with current practice.

New staff completed a 12 week induction training programme and were assessed as competent by senior staff using observations and a workbook to show they understood what they had learnt. This helped to ensure that new staff had the knowledge and skills to meet people's needs. Staff had regular supervision with their line managers and a yearly appraisal. Staff said that they felt able to talk openly and honestly in these meetings and were asked about further training and development opportunities; one member of staff had been promoted through the supervision process since our last inspection.

People told us they enjoyed the food and we observed lunch being served. The meals were well presented, people said that their meals were 'very, very nice' and suitably seasoned. A visitor said that "My relative loves the food, they have special dietary requirements and they get lots of choice, the staff know what my relative can and cannot have." A person also told us that "We have lots of choices, it is very much thought about, they find it hard presenting it to how everyone would like it, but it is very good to pick and choose what we want, we are very happy with what they have supplied."

Staff had a clear understanding of people's dietary needs; they could describe who needed a soft diet. We heard one member of staff saying, 'We have got some bananas for [person]'. Staff clarified this by saying that the person needed a soft food diet.

People were supported to choose their own meals by using a pictorial menu with Velcro pictures that people could attach to choose their meals for that week. This was then on display so people knew what the options were for that day. Staff told us how some people chose not to wear protective clothing when eating and although they had tried different aprons they respected people's decisions if they did not wish to wear one.

The registered manager had introduced a 'protected meal time'. Staff had noticed that visits from family and friends during meal times often led to people being distracted and not eating their dinners. Therefore, it was agreed that relatives would try to visit at other times of the day to allow people to focus on their meals. The registered manager told us that this protected time had improved people's food consumption.

Staff worked with other health professionals to ensure people were given effective care, support and treatment. A visitor told us that on the day before the inspection staff had identified that a person was unwell, called the doctor and they set aside a member of staff to sit with him until a doctor came. If people transfer to other services a document containing important information about the person was used along with a rucksack containing personal items and further information so that people received the care they needed.

People were supported to see a range of health care professionals including speech and language therapy (SALT), and district nurses. Staff promoted independence as far as possible and attended medical appointments with people. On the day of the inspection, we heard a carer reminding a person about a doctor's appointment that afternoon and then saw the carer escorted the person to the doctors – the registered manager then told us about the person's treatment in depth.

Healthcare professionals told us that "The staff have had a good understanding of my client's needs and have presented as competent during my visits." They also told us how the registered manager and staff responded well to advice and instructions and "Staff have fed back the outcome of the interventions."

Alexander House had a homely feel with lots of ornaments and reminiscence items which people used with throughout the day. There was bird song playing in the conservatory and a piano for people to use with sheets of music that people told us about.

The flooring was in the process of being changed to non-slip laminate flooring throughout the premises. The registered manager explained how this was proving beneficial to people as it removed the thresholds between rooms which were often confusing for people living with dementia. They had also added a wet-room with blue seat and hand rails, which the registered manager explained was because it was the last colour that people living with dementia could see, therefore helping to reduce falls and encouraging independence. The registered manager went on to tell us that they hoped to change all toilet seats, grab rails and handrails throughout the service so that people could see them better.

There were signs throughout the premises enabling those living with dementia to navigate the building; these were also translated into another language for a person whose first language was not English. There was a range of room options for people to sit in; some quieter spaces and some louder areas for watching television and socialising and a large dining room for activities and events.

Some areas of the home such as the skirting boards and door frames downstairs needed attention as the paint was flaking and worn away. The registered manager told us that the painting had started and the handyperson was in the process of repainting these areas. They were in the process of improving the garden. The small garden at the back of the premises was overgrown and the chickens had temporarily been removed as volunteers from the Kent Wildlife Trust were coming to Alexander House soon to create a 'peace garden' for people and their families and friends. Once this had been finished the chickens would return.

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 were asked for their consent before staff supported them. Staff explained what they needed to do before taking action. For example, they asked if people wanted to move or go to the bathroom. If people choose not to do things such as joining in with activities, this was recorded and their wishes were respected.

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 had applied for Deprivation of Liberty Safeguards (DoLS) for many people and followed the principles of the Mental Capacity Act. Staff knew of and adhered to any DoLS conditions, such as; keeping the case manager informed of changes to the person's capacity or ensuring that people had a range of activities to take part in.

People had capacity assessments in place for particular decisions such as; the use of bed rails and medication and there was evidence of best interest meetings with friends, family or representatives that person had chosen to support them to make decisions or to make decisions in their best interest if they are unable to do so. Information about attorneys was in people's care plans.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. People said, "The staff are very helpful and kind." A healthcare professional commented, "The staff have always been caring and supportive to the residents." A relative said, "The other day a person was feeling unwell and a member of staff sat with them until a doctor came. I was very impressed by their kindness and compassion."

Relatives told us how they were involved in their loved one's care, they said, "We have a really good working relationship with all the staff. We come in everyday, so they pull us aside if they need to talk to us about anything."

Staff knew people well and people's personal histories were recorded in their care plans. Staff were observed calming people, chatting about people's family and interests. Staff were able to calm and reassure people when they needed support with their behaviour or anxiety. They asked people if they wanted a drink or to sit in another room, until they were less anxious.

Staff discreetly asked and supported people to go to the bathroom in a kind and caring manner. They spoke quietly, treating people with respect and supported them to move in their own time. One person was anxious and staff smiled and asked them if they were alright. The person smiled back and calmed for a moment.

People's life histories were in a format that people could relate to with accessible information to help them have a discussion with staff about their past. These included their hobbies, likes and dislikes, and family. There was a large notice board entitled 'What's your story' with photos of people during their lives. People smiled with staff as they remembered their past and enjoyed looking at their photographs.

Staff respected people's diversity and treated people equally. One person, whose first language was not English, had a laminated pictorial book attached to their mobility frame showing pictures and words of emotions, food, drink and places within the service. This helped everyone to communicate with the person in their own language. When staff and visitors did this, the person smiled and corrected the pronunciation. It was clear they enjoyed the discussions and the effort to communicate. Signs were also laminated to support the person to evacuate the building in an emergency, such as fire exit signs and signs indicating where the lounge and dining room were.

People were moving around the service as and when they wanted to. Two people were chatting about the upcoming Royal wedding as they were looking at the notice board poster telling everyone about the party. They said were looking forward to the wedding and were laughing and smiling.
People's independence was promoted and staff supported people to do what they wanted. Staff encouraged people to do as much as they could for themselves, for example, some people were able to wash their hands and face but needed support with other areas. This information was detailed in people's care plans to ensure that staff had a consistent approach to each person. Staff monitored people closely and gave people the opportunity to help themselves while being discreet in the background ready to help

when needed. We heard staff speaking with people whilst supporting them to walk, they said," Let (the person) walk as far as they can, just have the wheelchair behind them, just in case."

A staff member reminded one person that they had an appointment with their doctor that afternoon and asked if they would like to walk to the surgery. They were kind and compassionate, and they let the person decide.

Staff were observant and noticed little things as they went about their duties. One member of staff was walking though the lounge and noticed a person was unable to reach their drink; they spoke with the person whilst gently moving their table towards them so they could reach their drink. The person smiled at the member of staff and then carried on drinking. Every member of staff greeted people as they went by and the atmosphere in the service was inclusive and homely.

People walked about the service, chatting to each other, stayed in their rooms or sat in different lounges. People's rooms were personalised to their own taste. Displays and projects made with people, about people were also displayed around the premises including; 'We are One' wall display which linked people by common connections and a person's curriculum vitae which they had made on the computer and was proudly displayed exactly where that person wanted it, in the conservatory.

Relatives told us that the staff were respectful and treated people equally with dignity and respect. They said staff knew their relatives well and this was a comfort to them. One staff member commented, "We cover people discreetly when supporting them with personal care, we take our time and do it at their pace, with a lot of smiles and encouragement."

Staff told us how they would sing with some people to calm them and how they enjoyed singing along. They said how singing their favourite songs brought back memories and they became less anxious. We could hear people laughing and singing with staff during the inspection. When people needed additional support to make decisions about their care advocacy services were available. An advocate is an independent person who can help people express their needs and wishes, and to make decisions about their care.

Visitors were welcome in the home and relatives told us they visited when they wished and had the opportunity of speaking to their loved ones in private. They said they were made welcome by staff and offered refreshments. People who wished to, were encouraged to follow their beliefs. They had the opportunity to attend church or to join in such events when the local church visited the service. Information of when the visits were arranged was on the notice board.

People's personal information was protected. Records were stored securely and electronic records were password protected.

Good

Is the service responsive?

Our findings

Staff responded to people promptly when they needed support. People were receiving personalised care and encouraged to be involved as much as possible in planning their care.

Everyone spoke positively about the activity programme in the service. There was a community atmosphere within the service and everyone was included in accessing and using community facilities. Staff responded to people's personal choices of how they wished to spend their time. Staff were proactive and innovative to enhance people's daily lives and had tried lots of different activities. As well as daily activities they researched other areas of interests and evaluated activity sessions to asses if people enjoyed themselves and how they could be improved.

The activities co-ordinator who had implemented the activities programme held a level 2 NAPA (National Activity Providers Association) qualification in providing activities to older people. They had also won the NAPA national award for their skills in supporting people with their social activities. At the time of the inspection this member of staff was on a leave of absence and was being covered by another co-ordinator.

The registered manager told us that NAPA were requesting nominations for people living in care homes for the category of 'growing old disgracefully' and one person living at the service had been nominated. This award promotes that every care setting should support people with activities to live life to their full potential.

The programme of activities was displayed in pictorial form in an obvious place. People told us about what activity was on that day and that they enjoyed it. A visitor said, "The activities coordinator was fantastic." People were asked about their interests, likes and dislikes and this was paired to activities. Staff had identified that many people enjoyed ballroom dancing and attended many dances in the past, so this was introduced as a regular activity which was well attended. The registered manager told us that people "loved it".

The registered manager had made links with students from a local school. Some of the students had become 'pen pals' with people. One student shared a favourite football team with one person. They regularly wrote letters, discussing how their team was currently doing in the football league. The registered manager was organising a memory walk in aid of the Alzheimer's society including people, relatives and health care professionals who have indicated they would like to join in the event. The registered manager hoped that this would promote a feeling of togetherness and team spirit within the home and local community.

Staff had a good understanding of people's needs and worked together to give people the right support. We observed two members of staff concerned by a person's lack of appetite. They talked between them and offered assistance, asked the person what they wanted, brought another meal and when this still was not eaten raised their concerns with the registered manager as it was out of the ordinary for that person.

Night staff had noticed that one person became agitated at night, so they used their knowledge of that person and introduced items of clothing and objects to link the person with their past which was then introduced overnight. This had led to a reduction in the person's agitation, they were now sleeping better and were visibly more refreshed during the day. Staff had built on this and introduced signage and objects relating to people's life history to make people feel comfortable and improve general mood. It has also prompted conversations between staff and people which has led to staff having a greater understanding of people.

The registered manager and staff noticed that a person, who had their room on the second floor, did not want to go downstairs. They investigated and analysed possible reasons for this and realised it was due to fear of the lift. They discussed it with the person and jointly decided to move the person to a room downstairs where the person was now much happier and more interactive with others.

Staff knew people very well and this translated in people being treated in a way that was extremely responsive to their needs. Individual care plans were detailed with information about people's mobility, behaviours, how people preferred to receive their personal care, a history of falls, nutritional needs, skin care, communication, oral hygiene, and medical history. The plans gave staff the guidance they needed to ensure people were cared for in line with their wishes. The plans were updated and reviewed regularly. The registered manager was in the process of transferring the care plans to a computerised system and staff were being provided with hand held electronic equipment to record the care being provided. The registered manager talked about records being more accurate, care staff being more accountable and the data highlighting when people's needs had changed. This information would result in risk assessments and plans being amended promptly.

People who needed support to communicate had personalised plans and equipment in place such as the use of technology and aids; a person whose first language was not English had common words and phrases translated in to English on a laminated document which was kept with them to promote choice, independence and capacity. Staff told us that this had a real impact on the person's understanding and confidence to interact with people and staff.

People were supported through meetings, communication aids and care reviews to voice their opinions or concerns. People said they did not have any complaints, one person said, "I have no complaints at all." Another person said, "If I have any concerns we would go straight to the registered manager, they are pretty good now."

Policies and procedures were in place for people and visitors to make complaints and compliments. These were written in a way that people would understand, and translated for those whose first language was not English. People, staff and visitors knew how to and who to raise concerns to and had done so. A person stated that "If there was a problem, we would go straight to staff or the registered manager." A member of staff stated ''I feel 100% that if I have an issue I can go to the registered manager." Relatives commented, "We've had problems in the past, we called in head office last summer as it got out of hand, but it has improved since and is better now, we still have some complaints but vastly improved."

The registered manager discussed the importance of the complaints procedure to service improvement with passion. The registered manager explained how they had worked with staff in the last year to encourage feedback, concerns and complaints through meetings and training and had made improvements based on this feedback. Changes had been made recently following complaints in relation to lost laundry. Personal inventories were updated in much greater detail and reviewed regularly, a visitor stated that 'nothing had gone missing since.'

People were given the opportunity and supported to discuss their end of life care wishes. People had detailed end of life care plans, these were reviewed regularly and their wishes were respected during the end of life period and in death. We saw that one person had requested to be cremated under the direction of a particular funeral director, and determined who they wanted to be notified if their health declined. Do not attempt resuscitation (DNAR) forms were completed accurately and placed at the front of people's files.

The registered manager was in the process of implementing 'Butterfly Boxes' for people at the end of lives and for their loved ones. These boxes would be tailored to the individual and their condition and the relatives box would include tailored guidance and other items such as crosswords in case relatives who were staying needed something to do. The registered manager said that they had thought of introducing this concept as a result of experiencing a relative's grief and search for information in the final stages of a person's life.

The registered manager has also implemented an end of life care document to further educate staff and after discussing end of life issues at a team meeting. The registered manager was also in the process of implementing the Gold Standards Framework which is a framework for palliative care enabling the person to have the right care in the right place. The service had two palliative care champions, a member of the day and night staff team, who completed long distance learning and offered support to people, staff and visitors during end of life care.

Good

Is the service well-led?

Our findings

People and their relatives were satisfied with the service. The registered manager worked alongside staff to ensure people received the care they needed. We received lots of positive feedback about the registered manager and the staff team. People, their relatives and visiting professionals told us how much the service had improved since the last inspection under the leadership of the registered manager. One person told us "The manager is a very nice person indeed."

Comments included "This home in excellent in all areas…a credit to the management and staff" and "Food is excellent…spotlessly clean, staff are respectful and treat everyone with kindness, it has greatly improved."

Relatives told us that the registered manager's door was always open. They said they were open and transparent and had ideas regarding how to improve the service. They said, "This is a well led home, there is a nice atmosphere, cheerful and happy. I come here at different times of the day and everything is alright." "I would recommend the service; my relative has everything they need here."

Staff told us that that the service was 'definitely' well led, they said the registered manager did their best to solve any problems or issues, one member of staff said, "You can go to the registered manager and talk about anything and they will provide support and guidance." We have regular supervision and support from the registered manager, the service is really well led." "We have a good team here; the management team are very approachable." "We all get on well, we can trust her judgement."

The registered manager was experienced and qualified in supporting older people and people living with dementia. They and the staff team had worked hard to improve the service and to improve the experiences and the quality of life for people. We observed that the registered manager was available and approachable to staff, people knew the registered manager and approached them with smiles and warmth, the registered manager responded to people in the same way.

The registered manager was passionate about the service and supporting people living with dementia. In their own time they were part of a team of six people who recently climbed Ben Nevis in aid of the Alzheimer's society. They raised a substantial amount of money for the organisation to help fund their ongoing research.

In 2016 the registered manager won two awards, the Kent Award for dementia care and the regional dementia carer award at the great British Care awards. In 2017 the registered manager also won the great British care awards dementia carer sponsored by the Alzheimer's society. In addition, four the of the care staff were nominated and reached the final in the Kent Awards for the category of Kent home worker', 'dementia carer', putting people first' and 'care innovator'.

The registered manager acted promptly when we raised issues about the medicines and safety of the premises. By the end of the inspection action had been taken to address the issues and staff had received individual supervision to ensure they were aware of the shortfalls.

The provider's vision was a 'commitment to creating a vibrant, stimulating and meaningful community. To encourage people to be engage and participate in all aspects of an activity based lifestyle enabling and supporting them to feel they can by contributing members of a community.' The registered manager had taken this vision forward and had developed links with community groups including the Royal British Legion whose members had visited the home. The registered manager had attended and given presentations to local groups about Dementia and supporting people living with Dementia to try to help the local community be more Dementia friendly.

Staff had arranged visits by local school children and a gardening group from the Kent Wildlife Trust who were working to develop the garden at the service. We saw photographs of people enjoying numerous events that had been held to which family and friends were invited. The registered manager was arranging a party to celebrate the forthcoming Royal wedding.

The registered manager was looking at ways to continuously improve the service. They had signed up for initiatives such as Enrich-Enabling Research in Care Homes to understand and gain more knowledge of people living with dementia. The initiative involved staff, people and relatives and group conferences.

The registered manager worked alongside staff to observe them, give feedback and coach and mentor them to ensure they continued to provide good care and support. The provider told us "I carry out 'sit and see,' I hear and watch and give staff feedback." This had led to additional training and or supervision for some staff as part of continuous improvement. There was a sense of team work and staff told us they felt involved and listened to.

People's views were sought about the service. Surveys were sent out to people, relatives and other stakeholders including staff. People were also invited to share their views by using an independent website. Comments were all positive and included "Nothing is too much trouble. The staff are caring and professional" and "I cannot praise the staff enough."

The registered manager acted on people's views, for example there had been a concern raised about the laundry. In response the registered manager increased the housekeeping staff and the laundry service had improved as a result. Blinds for the conservatory had been provided based on feedback from staff.

The registered manager carried out a wide range of audits and checks. There were action plans if any issues were identified with the person responsible and timescales attached. The registered manager has oversight of the action plans so they knew what was complete and what was outstanding. They had good oversight of all areas of the service and they involved staff giving them different responsibilities so they could develop and learn including 'champion' roles for Dementia, infection control, dignity and others. The registered manager tracked incidents and accidents including a 'falls tracker' and looked for patterns and trends to prevent further incidents. Based on the action taken the registered manager could show that incidents and accidents were reducing.

Records were well organised and to hand when needed. Records were held securely and were up to date. Staff had access to the policies and procedures they needed to give them guidance should they need it. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

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 judgments. We found the provider had displayed their rating in the entrance hall in the service and on their website.