

Avante Care and Support Limited

Bridge Haven

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?

Inadequate 

Summary of findings

Overall summary

The inspection was carried out on 26 and 27 September 2016 and was unannounced. Bridge Haven is a large single storey accessible service located in a residential area of the village of Bridge on the outskirts of Canterbury and close to public transport links. There are parking restrictions in the surrounding area but the service has a large car park.

The service provides accommodation and personal care for up to 53 older people with dementia; there were 42 people in residence at the time of the inspection. The accommodation is provided on one level and this is divided into two units 'Primrose' and 'Bluebell'. One unit accommodates 29 people and one unit accommodates 24 people. Separate dining and lounge areas are provided in each unit but these are visible from each unit and people can move freely between these areas.

At our previous inspection of this service in July 2015 we found the service was not meeting the required standards in respect of staffing levels and staff training knowledge and skills. We took enforcement action to require the provider to address these shortfalls quickly, there were also additional breaches in a number of regulations and we asked the provider to tell us how they were going to address these. This inspection was to assess whether the improvements they had told us about had been embedded and were now everyday practice.

We had been informed that the registered manager had recently left. Interim management was being undertaken by the two deputy managers with support from senior staff in the organisation. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us that they were satisfied with the quality and delivery of care provided in the service. Relatives did however, express concerns about recent turnover in staff, the need for agency staff to fill gaps in the rota and the impact this had on continuity of support for their own relatives. Professionals raised no particular concerns in regard to care delivery but some recognised the service needed support in some areas to up skill their staff and were now working with the service staff to improve awareness and provide training in areas such as skin integrity and end of life care.

Our inspection highlighted that whilst the provider had taken action to improve recruitment in the service this was not enough to ensure people received continuity of support from staff that understood their needs well and did not therefore meet previous enforcement action we had taken. Progress overall towards meeting previous shortfalls was disappointing with some continued breaches. We found that there was still a need to stabilise staffing and ensure the present dependency tool was suitable for the needs of the people supported. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005

and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent on a daily basis. A DoLS application had been authorised for a number of to ensure that they were not deprived of their liberty unnecessarily, however evidence of assessment of peoples capacity to make decisions was lacking within care records seen.

Risks were not always identified or measures implemented to reduce harm. Gaps in information held about people's health conditions could place them at risk of receiving inappropriate support. The absence of a hand wash sink in the laundry could compromise staff maintaining good infection control standards. Recording around the action taken to address people's minor concerns was lacking and did not meet the company policy requirements to show people were being listened to however minor their concerns. Most significantly the quality audit and monitoring processes established by the provider had failed to identify that the service was failing to deliver on its previous action plan to address shortfalls, or to monitor the manager's operational management performance or concerns within the staff team.

We acknowledge that there has been some progress but there remain other areas for further improvement that include the need to ensure in the event of fire care staff can keep people safe by receiving regular fire drill training; that evacuation plans for individuals are expanded to make clear what methods staff will use to evacuate people without reliance/or expectation this will be done for them by the fire service. This would be in accordance with provider responsibilities under the Fire safety Order (2005) Reform. The provision of activities is also an area for further improvement as this is often dependent on the availability of staff which in view of the present unsettled staffing means activities are not routinely happening on days when staff are expected to facilitate these.

In all other respects we found that the premises was kept clean and well maintained providing a pleasant environment for people to live in. Important servicing and checks were undertaken to ensure gas and electrical installations, the fire alarm and other equipment used in the support of peoples care was in safe working order. Medicines were managed appropriately. Staff recruitment procedures ensured important checks were made of staff suitability. New staff received appropriate induction and were provided with a programme of training to fulfil their role. Staff said they felt better supported and listened, although frequency of formal supervisions had drifted; staff felt able to seek out senior staff in the service at any time if they needed to talk or raise issues.

People's health needs were assessed and monitored. A health care professional said that the staff were good at seeking professional advice when it was needed. People were provided with a varied diet that reflected their personal likes and dislikes, and dietary needs.

Staff treated people well they spoke kindly to them and treated them with respect, ensuring their dignity was maintained. People were able to bring personal possessions to make their rooms more homelike and help them settle in. They were able to make decisions and choices for themselves about how they spent their time, who with and where. Care plans guided staff in how people wanted to be supported in accordance with their needs and wishes. Staff took their lead from people in how much support they needed and wanted respecting their right to continue to attend to some aspects of their own care for themselves.

The atmosphere in the home was welcoming, visiting times were flexible and visitors were made welcome. People and their relatives were consulted about their care and end of life wishes and were provided with opportunities to comment about the service. People were supported to maintain links with the important people in their lives.

We have made two recommendations:

We recommend that the provider arranges for a competent person to assess the safety of all portable electrical appliances used by residents at least annually.

We recommend that the provider seeks advice from a reliable source to ensure that the personal evacuation plans in place and the frequency and recording of fire drills for care staff meet the requirements of current fire legislation.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

People were at risk from ongoing instability within the staff team and maintaining staffing levels and continuity of staff. The service was clean but infection control standards were not adequate in the laundry area. Risks that may impact on people were not always assessed.

We have recommended that the frequency of fire drills for care staff and content of personal evacuation plans be reviewed with someone competent to do so.

Important servicing and checks were undertaken. Medicines were managed appropriately. Staff recruitment procedures ensured important checks were made of their suitability. Staff understood how to recognise and respond to abuse to keep people safe.

Requires Improvement 

Is the service effective?

The service was not always safe

People were at risk from ongoing instability within the staff team and maintaining staffing levels and continuity of staff. The service was clean but infection control standards were not adequate in the laundry area. Risks that may impact on people were not always assessed.

We have recommended that the frequency of fire drills for care staff and content of personal evacuation plans be reviewed with someone competent to do so.

Important servicing and checks were undertaken. Medicines were managed appropriately. Staff recruitment procedures ensured important checks were made of their suitability. Staff understood how to recognise and respond to abuse to keep people safe.

Requires Improvement 

Is the service caring?

The service was caring

Good 

People were treated with dignity, respect and kindness; they were able to bring personal possessions to make their rooms more homelike.

The atmosphere in the home was welcoming, visiting times were flexible and visitors were made welcome.

People were consulted about their care and end of life wishes and were provided with opportunities to comment about the service.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

People felt their complaints were acted upon but records of complaints management were poor. People were assessed prior to admission however there remained gaps in information gathered which could better inform staff support.

Activities took place but a structured programme had not been developed and is an area for improvement.

Care plans guided staff in how people wanted to be supported in accordance with their needs and wishes

Is the service well-led?

Inadequate ●

The service was not consistently well led

Senior management oversight had failed to ensure quality checks and actions plans were robust and progress was made towards meeting previous shortfalls.

People, relatives and staff found the staff approachable and their views were asked for through surveys and forums.

Staff said they now felt listened to and supported by the deputy managers providing cover. Staff had opportunities to express their views through staff meetings. Staff had access to updated policies and procedures and were kept informed of changes in these.

Bridge Haven

Detailed findings

Background to this inspection

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

This inspection took place over two days, on 26 and 27 September 2016 and was unannounced. The inspection was conducted by two inspectors.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

The majority of people we met were unable to talk to us in any depth about their experience of living in the service so we observed them and their interactions with their environment, each other and with staff. We observed support with meal taking and also how people spent their time in the communal areas using an observation tool called 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 spoke with 9 people and 3 relatives. We observed staff interactions with people. We visited with people's permission a number of bedrooms to assess the quality of furnishing and cleanliness, and we viewed communal areas and bathing facilities. We spoke to the two deputy managers, three team leaders, and five support workers, two agency staff, in addition to domestic, laundry and kitchen staff.

After the inspection we contacted a further ten relatives to ask for their views. We also contacted seven health and social care professionals who have contact with the service.

We looked at four people's care plans and risk assessments, medicine records, three staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance

records and quality assurance audits.

Is the service safe?

Our findings

Relatives spoke positively about the improved environment overall cleanliness and care of their relatives, they commented that although they were satisfied their relatives were safe a number commented that the recent turnover of staff and high use of agency worried them and impacted on the continuity of care for their relatives in particular. They said that regular staffing issues meant that staff were only able to offer a basic level of support on days with less staff. As a result the quality of support around activities and the availability of staff to spend time with people was reduced.

Staff said " Sometimes the rotas are not balanced correctly some days there will be loads of permanent staff and other days only a few supported with agency staff". Another said "we need more full time staff; there are too many agency staff and not enough staff on the floor".

People who could told us they felt safe and satisfied with their support. Health professionals said that generally they had no concerns about the quality of care and support people received.

Previously we had raised concerns that the staffing levels were insufficient to meet the needs of people who required higher levels of monitoring and supervision. We took enforcement action to require the provider to address this as soon as possible. Since then staffing levels had improved with a team leader and five support workers present on both Primrose and Bluebell units during the day time shifts with an additional support worker between 10 am -6pm each day to help with people who may require additional monitoring or to help if people needed to be taken to appointments; a team leader and four support workers were present across both units during the night-time shift. Staffing levels however, were based on assessed dependency of people but deputy managers providing interim cover were unfamiliar with the tool and this was in abeyance until they had received training to use it appropriately. We also queried whether the tool currently in use adequately represented the dependency levels of people with mental health and cognitive issues and this is an area that will benefit from further review.

To try and address staffing issues weekly recruitment interviews were held. Gaps in the rota were covered by agency staff and through permanent staff working additional shifts. Rotas viewed confirmed the service was not always able to maintain the required level of staffing. Staff were conscious of how many agency staff were providing cover and where possible preference was given to those agency staff familiar with the service but this was not always possible. Staff and relatives said that the frequent use of agency staff increased the workload for permanent staff required to supervise agency staff unfamiliar with routines or people's needs it also impacted on continuity for people in the home and may be a factor in the increase of incidents of aggression between people using the service due to staff not being sufficiently aware or knowledgeable about people's behaviours and the need to intervene early. Staffing levels remain an ongoing source of concern and this is a continued breach of Regulation 18 of the Health and Social care Act (HSCA) 2008 Regulated Activities (RA) Regulations 2014.

At the previous inspection we had highlighted that equipment was inappropriately stored in bathroom and toilet areas that were not in themselves in a good state of cleanliness and this practice compromised

infection control standards. At this inspection we noted that the storing of equipment had been minimised, domestic staff were provided with cleaning schedules and worked to these to ensure the environment was continually checked and kept clean. There was an odour in some areas but this seemed to stem from clinical waste bags in toilets and bathrooms used for soiled pads; we discussed the need for these bags to be removed in some areas of the service more frequently and this is an area for improvement. Staff received infection control training to raise their awareness of this subject and were provided with adequate supplies of personal protective clothing such as aprons and gloves.

We checked the laundry area; this was of a good size and was well equipped with washing and drying facilities. Staff were familiar with the practice of separating soiled clothing from clean and used red alginate bags for soiled articles to reduce handling by staff; however some heavily soiled or stained clothing was still hand sluiced. Staff undertaking sluicing were not provided with a separate hand wash sink where they could wash their hands; this could compromise infection control measures and is a breach of Regulation 12 (2) (h) of the HSCA 2008 (RA) Regulations 2014.

At the previous inspection we highlighted that risks were not being managed appropriately. At this inspection staff were seen to work in accordance with people's assessed risks and care records showed an improvement in the presence and content of risk information, however, this remains a work in progress as in some instances there were some risks to people that had not been assessed at all. For example one person's care records showed them to have poor mobility for which they used a Zimmer frame they also had poor skin integrity on their legs and this placed them at further risk should they fall, no assessment of risks linked to their mobility had been completed to ensure all relevant risk reduction measures were in place. The same person's behaviour had led to assaults on staff on a number of occasions and staff monitored their incidents of behaviour. There was however, no risk assessment in place linked to the person's behaviour to inform staff what the risks were, who was at risk, and the ways the risk could be reduced in the least restrictive way.

Risk assessments of the environment could not be found at inspection although the garden areas held a number of risks for people. Staff were not always alert to what constituted a risk for example when we visited one of the court yard gardens which was readily accessible by people from the lounge we found two hand held garden forks had been left out; these could have compromised the safety of other people and staff if used without appropriate supervision. The previous inspection had highlighted a similar occurrence so there is a concern that learning from the previous event had not changed staff practice.

The level of accidents and incidents rose and fell dependent on who was in residence and what measures were implemented to reduce the risk of falls or other events occurring. There was evidence that people with higher levels of incidents of behaviour or accidents through falls were appropriately referred to health professionals for advice and support and staff ensured accident and incident forms were completed appropriately. In the absence of a registered manager it was unclear who was analysing accidents and incidents to look for trends or patterns and ensure measures were implemented to reduce the risk of similar events occurring.

At the previous inspection we had highlighted that emergency planning and business continuity plans were lacking in dealing with the potential risk of events that could stop the service; these areas remain outstanding with staff not knowing what they would do if they could not return people to the service following an emergency or what plans staff would implement to continue the service in the event of a range of different events occurring. The failure to ensure risks are appropriately assessed and managed is a continued breach of Regulation 12 (2) (a) (b) of the HSCA 2008 (RA) Regulations 2014.

A fire risk assessment had been updated in the last 12 months. Regular servicing of fire equipment and

weekly and monthly visual checks and tests of equipment were undertaken to ensure it was in good working order to alert people in the event of a fire. An evacuation plan was in place and staff knew the assembly point should a fire occur. Nightly hourly checks were made around the service by staff to ensure nothing had occurred that could place people at risk. Individualised evacuation plans had been developed, these should help inform staff how to help people leave the building quickly and safely but we have highlighted the need for these to be expanded as there is a reliance on people being left in situ for the fire service to evacuate. The plans do not make clear the method to be used for evacuation and staff have not been trained to use any specific equipment to help evacuate people quicker. Fire drills were held but only one had been held in the last 12 months. The provider is therefore unable to assure themselves that all staff are familiar with their responsibilities should a fire occur.

We recommend that the provider seeks advice from a reliable source to ensure that the personal evacuation plans in place and the frequency and recording of fire drills for care staff meet the requirements of current fire legislation.

The premises were well maintained, much of the service had been refurbished and some works were ongoing. All electrical, gas installations were serviced by external contractors every year. Individual items of electrical equipment in the service environment and in people's bedrooms had not been checked for more than one year and was overdue; we recommend that in view of the likely wear and tear on personal electrical items by people in the service this is undertaken promptly.

We recommend that the provider arranges for a competent person to assess the safety of all portable electrical appliances used by residents at least annually.

At the previous inspection we had identified that improvements were needed to medicine management. At this inspection we reviewed the systems for medicine ordering, receipt, storage, administration recording and disposal and were satisfied that these arrangements were working well. Only medicines trained staff administered medicines, medicine records were completed appropriately and medicines were stored and disposed of in accordance with medicine policy. Medicines that required safer storage were kept secure and a separate register used to record their administration. Medicines requiring colder storage were kept in a locked drugs fridge and temperatures for this were recorded daily.

At the previous inspection we had found that not all staff we had spoken with understood their safeguarding responsibilities to protect people from abuse. At this inspection staff showed themselves to be more familiar and confident of their understanding of safeguarding and their own responsibilities within this. They were better able to protect people because they had received and understood the safeguarding training provided to them which helped them understand, recognise and respond to abuse. Staff spoken with were confident of raising concerns either through the whistleblowing process, or by escalating concerns to deputy managers, senior managers in the organisation or to outside agencies where necessary.

People were protected against the risks of receiving support from unsuitable staff, because recruitment checks undertaken ensured staff selected were safe and had suitable qualities and experience to support people safely. Application and interview processes and documentation gathered about each applicant met the requirements of legislation. These processes helped the provider make safe recruitment decisions and helped prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

Relatives told us they felt informed and involved in decisions about their relatives health and wellbeing. Other comments included "10 out of 10 it's a lovely home, so welcoming and friendly its decorated nicely, it's the best home I've been to". "He has not been well and they were very quick to get the doctor".

Two health professional told us that they had no concerns about the service which sought advice and interventions appropriately, another professional said the only concern was the over referral from staff regarding any issues with skin integrity but they were working with the service to develop staff and make them more confident of when it was not necessary to refer to the community nursing team.

People told us they liked the food they received comments included: " My breakfast was good, I had cereal, toast a cup of coffee and now I have juice": Another said the foods nice, there is plenty to eat three courses if I don't like something I leave it"

About the cleanliness of the service a member of the domestic staff told us: "I leave rooms like I would leave my own room", around support and supervision a staff member said "I think this company is good – they listen if you have suggestions, they're open minded, we get one to one time to have discussions". A team leader told us "I haven't supervised other staff yet but I am going on training to enable me to do so", another said "I think everyone does their best when they are here but sometimes staff get their priorities wrong".

Previously we found the service had needed to make improvements to the information it maintained about people's health care needs due to some important omissions noted in their records. The personalisation and content of people's care records had improved but important gaps about how specific health issues impacted on people could place them at risk. For example, daily reports indicated a person experienced on-going pain on a daily basis as a result of a health condition. Staff provided pain relief 'as required' however there was no separate plan of care for managing the persons pain consistently rather than on 'as required' basis. The person was recorded as having a pace maker fitted; the care plan made no reference to what this meant for the person and whether it needed to be checked, by whom and how often.

Another person was recorded as having a hernia but their care record made no reference to how this impacted on them if at all to inform staff should complications arise.

A third person was recorded as having seizures and took medicine to control these; staff maintained a seizure record to show to the GP. Staff understood the signs and symptoms of an imminent seizure although not all the signs staff were aware of were recorded in the care plan. The seizure record showed that some seizures could last up to 10 minutes and yet there was no guidance to staff in relation to how long the person should be left, whether staff should call emergency services after a set time or whether rescue medicines were to be used. In this instance the management of the seizures needed further clarification with the GP or other relevant health professionals to ensure the person was not being placed at risk.

These omissions in understanding of how people's health conditions impacted on them could place them

at risk of not receiving the support they need and are a breach of regulation 12 (2) (a) of the HSCA 2008 (RA) Regulations 2014.

Staff sought consent, from people in a variety of ways that best suited each person's ability to absorb and handle the information presented but there was an absence of mental capacity assessments in respect of people's day to day living support needs to support staff practice.

Staff understood that when more complex decisions needed to be made that people might need help from relatives and representatives and staff would help make this decision with or for them in their best interest. Staff also understood that only relatives with appropriate legal authority could give consent in respect of care and treatment, but their authority to do so was not always recorded in people's care plans.

The failure to make clear how people's capacity in regard to aspects of their support has been assessed and documented or the authority of others to make decisions on their behalf is a continued breach of Regulation 11(1) (3) of the HSCA 2008 (RA) Regulations 2014.

People were not subject to restrictions but a Deprivations of Liberty Safeguards (DoLS) authorisation had been authorised for a number of people to ensure they were protected in the least restricted way, and to keep them safe. Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves.

Staff had a good understanding of what worked well with specific people and completed behaviour monitoring sheets when incidents occurred. An admiral nurse (Admiral Nurses are specialist dementia nurses) employed by the organisation analysed information about behaviour to inform strategies for staff to use in supporting people when they were anxious so they did not harm themselves or others with their behaviour. These strategies were reviewed if they became less effective.

Staff and relatives told us that staff supported people with their health appointments where relatives were unavailable to take them. People and their relatives felt staff responded quickly to any health concerns and sought appropriate medical attention based on individual needs. Records showed good evidence of a range of professionals being contacted in relation to individual's health and nutritional needs; health professionals spoken with confirmed they had no concerns and thought staff were in the main proactive in alerting them to possible emerging health concerns. Although some concern was expressed that training delivered previously to staff by health professionals for example in regard to skin integrity would need refreshing in view of the high staff turnover.

At our last inspection we raised concerns that staff were not receiving the training they required. Since then action had been taken to address this and training records showed and staff confirmed that the mandatory training they were required to complete and update regularly was up to date and they were reminded when this was due. New staff received comprehensive and intensive induction training over a four day period during which their competency was assessed, the induction was a version of the care certificate (The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life) they also completed a period of shadowing where they were initially supernumerary on the rota. The systems in place to monitor staff competency during their induction and probationary period had not been implemented, in that induction was not conducted in accordance with the timescales set by the Care Certificate to enable staff to pace their learning and for their supervisor to assess this or that probationary performance monitoring was evidenced to support decisions around staff completion of probation. We discussed this

with deputy managers and a provider representative as an area for improvement.

Staff received individual supervision and a system of appraisal was in place for staff employed for more than 12 months. Staff said they felt well supported and listened to by their own supervisors and felt able to approach them or the deputy managers at any time if they needed to, the recent departure of the registered manager and the on-going difficulties in staffing had meant supervision and appraisal timescales were currently outside their usual frequencies and were an area for improvement once management and staffing changes had settled down.

Menus were developed from an understanding of people's food likes and dislikes and this information was gathered from them and their relatives upon admission to the service. The menu was developed on a four week cycle. A menu board was located on the wall in large writing with accompanying pictures of each meal. Our observations showed that in general meal time was unrushed and better organised than previously, music played softly in the background and people chose where they wanted to eat their meals. Specialist diets were catered. People who were assessed as nutritionally at risk had food and fluid intake charts in place to monitor this. People's weights were monitored monthly and any significant loss of weight was reported to health professionals for guidance and advice.

Is the service caring?

Our findings

People told us that staff were kind and they liked living at Bridge Haven. People were seen to be relaxed and comfortable and staff were quick to intervene where individuals became irritated by each other before such incidents escalated further. People felt able to use their time how they wanted and moved freely about the home choosing where they wanted to spend their time and with whom and where they wanted to eat their meals. Comments included: "Not everyone wants to talk to you; I don't want to argue with other people, my daughter visits me". Another said about staff "I am sorry to have to tell you that they are all good".

On the whole relatives felt staff did their best to maintain people's dignity regarding their appearance but acknowledged that this was difficult especially with some people who were prone to refusing personal care. Relatives described staff as being, lovely, patient, kind, friendly and approachable one commented "I always ask my mother about her care here and I have never had a negative response from her" and about staff "They are really kind and very tactile with her, I took her back from a trip out and a staff member came and hugged her on arrival back". A relative praised staff for providing all day support to their relative so they could attend a family event.

A staff member commented "I think there is more interaction now, I know sometimes it doesn't look like it but there is, you get a chance to talk to people and understand them".

We saw that staff took time to listen and interact with people and staff felt that despite the staffing difficulties staff spent time with people when they could. On the majority of occasions we observed staff spoke to and of people in a caring and meaningful way. We saw that people were consulted about their care and support needs and felt able to make decisions around this with support from staff, staff respected people's refusals for support but records showed they did re-offer support at different times and by different staff. Staff were observed and overheard chatting with people, re-offering personal care, or a meal or encouraging and assisting someone to go to another area where there was a music activity. We saw a number of examples of good kind interaction between staff and people they were supporting, for example a staff member topping up someone's cup of tea with cold water so it would not burn their mouth, staff sitting and encouraging people to eat or asking if they wanted something else. People were seen making requests of staff and staff responding to these. Other staff were seen spontaneously approaching people and talking with them not just because they were undertaking a task.

Most people had relatives or representatives who advocated on their behalf and the PIR told us that forty two people had relatives or representatives with active lasting power of attorney (LPA) powers to help make decisions on their behalf. One person had an advocate to ensure their needs and wishes were appropriately represented by someone independent from the service.

A notice board in the main lounge provided people with information about the day and date and what they were eating for lunch or for tea. People had access to papers, and the television to orientate them to the time and day and events that occurred.

We observed that people were in relaxed or passive moods taking note of their surroundings and reacting sometimes to other people's behaviour where this upset them. Whilst people did not tend to chatter amongst themselves they did sit companionably with people they liked to sit with and watched the television, or observed staff, visitors or other people.

Delivery of personal care was discreet. People had their own space and could be private when they wished, staff undertook regular checks of people during the day and at night and measures were in place to alert staff of those people who may leave their rooms at night, this assured staff that they knew when someone was up and out of their room and they could either support them back to their room or bring them to a communal area for a cup of tea if they were unsettled this helped to keep people safe from harm or from harming others.

People and their relatives had been asked to help complete glass fronted memory boxes containing items that were relevant to the persons social history; these were located outside of bedroom doors and helped people recognise their own rooms. People's bedrooms had been personalised to reflect their individual tastes and preferences and were full of possessions, photographs and important memorabilia.

People's care plans contained information about the important people and events in their lives that they needed to be reminded about. Key worker (these are staff whose role is to understand the needs and personality of the person they are allocated to a greater degree than other staff and to ensure they have everything they need) staff helped to ensure people were supported to send cards or celebrate birthdays and anniversaries. The cook made birthday cakes and birthday teas to mark people's birthdays.

People and relatives told us about visiting arrangements and relatives said they were made to feel welcome. Some people went out with their relatives or spent time with them in communal areas of the service such as Gordon's cabin: a tea room set in the grounds. The cabin was full of memorabilia from the 1950's onwards and this is a source of interest and discussion for people and their families. There was also the Haven snug: a lifelike representation of a small public house bar where people sometimes liked to go with their families and to have a drink or to have lunch. The gardens were well equipped with seating and the addition of chickens had provided an additional source of interest to people. There was also a cat that lived in the service and was a source of comfort for some people.

At the time of inspection there was no one in need of end of life support but the PIR informed us that a number of people had active Do Not Resuscitate (DNAR) authorisations in place and these were completed appropriately. People's records showed that end of life discussions had been held with them or their relatives upon admission. Some records showed that relatives found this a difficult subject that they often wanted to put off for another time. Care professionals were satisfied with the palliative and end of life care delivered by staff; they agreed the development of an end of life care plan would focus staff support better on the most important aspects of care for people approaching the end of their life. To help progress this further training was being arranged for staff with involvement from the Lead Clinical Nurse Specialist for Older People from Kent Community Health NHS Foundation Trust.

Is the service responsive?

Our findings

Relatives said they thought their family members were appropriately cared for their comments included: "Monday to Friday there was usually something going on for example, reading or cookery, but I have not been there for a while at those times". "I don't see much going on I don't think there is enough to do". "Perhaps they don't have enough to do they could probably be otherwise engaged". "In the summer they (staff) had a paddling pool out for them, and also they have taken her out a few times. "Sometimes they have activities but not all the time". "On an ad-hoc basis I have raised a few issues with them but these are always dealt with quickly

Staff told us, "We have a handover at the start and end of a shift so we can pass on information about what has happened, how people are feeling and other important information. We also record things on people's daily logs".

At a previous inspection we had raised concerns that the complaints procedure was not effective. At this inspection we noted the complaints procedure was displayed prominently and detailed how people could make their complaint. The Provider Information Return (PIR) told us that in the last 12 months the service had received 12 compliments but no complaints. Relatives told us that they felt confident of raising issues and several had expressed 'grumbles' to staff around different issues related to the care of their relatives and these had been addressed immediately. A survey of residents in 2015 indicated that only 80% at that time thought their concerns were dealt with. As a result of the previous inspection and survey results action was taken and deputy managers informed us that even minor 'grumbles' were to be recorded as complaints so this and the action taken to address the concerns could be monitored by staff at Head office. Bearing in mind our conversations with relatives post inspection it would seem that at least some had raised minor concerns in the last six months, these had been received and acted upon to their satisfaction but had not been recorded as per company policy. The failure to maintain accurate operational records including records of complaints dealt with is breach of Regulation 17 (2) (d) (ii) of the HSCA 2008 (RA) Regulations 2014.

At the previous inspection we had raised concerns that activities were not happening at the service, since then a range of initiatives had been undertaken to provide people with stimulation during the day time and at weekends both in the service in the gardens and on occasion on outings. Two co-ordinators had been appointed to facilitate activities on two days per week and also at weekends. People were usually told on the day about activities unless it involved an outside entertainer who had been booked as their details were usually posted on a notice board. For most people this worked well, but there was little structure or plan to the provision of activities which was very dependent on the availability of care staff to fill in on the days when the activity co-ordinators were not available. Relatives spoken with gave mixed feedback as to whether they thought activities were happening often enough.

The range of communal spaces had been improved to include opportunities for people to receive support or meet relatives in different settings for example 'Gordon's tea cabin' which is set in the grounds, the 'Haven snug' a small 'pub' like environment and also a small cinema for people to go to shows of favourite films,

deputy managers were keen to make this an experience and were looking into providing an usherette type service with popcorn and ice-creams provided that people would remember from their past. Staff said they played games with people and had music sessions with them, a piano and drums was set up for people to play; on one day of inspection we observed a staff member playing the drums to music people were listening to. A large number of people were sitting around relaxed and engaged in listening and watching the staff member. Some people were fond of gardening and did this type of activity with family members, other people were engaged in art and craft activities, and for example decorated their own memory boxes. There was a pet cat and a number of chickens to occupy people's attention, a small shop had been introduced in the reception area of the service where people could buy toiletries and sweets.

When care staff were meant to facilitate an activity they knew that they could choose from a selection of activity sheets kept in the reception area of the service; the previous manager had very much encouraged staff to promote activities over completion of any documentation but with staffing issues this was not always achievable. Within the present system there was a risk that staff could choose preferred activities rather than providing a range, also not everyone wanted to participate in activities with some people preferring their own company. A system had been put in place for recording peoples individual activities but the present staffing difficulties within the service meant that the frequency and range of activities had faltered and is an area for improvement.

People referred were assessed prior to admission by the deputy managers; information was gathered from the person and their relatives, representatives and more recently other stakeholders who might have important information about the person their needs and preferences prior to a decision being made about admission. People had opportunities to visit before moving in but most relatives spoken with had done this for their relative. Pre-admission information viewed was more in depth and informative than previously; we highlighted some areas where we thought the information captured could have been expanded upon to give staff a clearer understanding around individual needs for example one person had their communication described as 'good' but information then went on to say 'not in a meaningful way'; this was contradictory and did not make clear to staff whether the person was able to communicate their needs and wishes or not. This remains an area for improvement.

The content of care plans was an improving picture they now gave a more personalised view of what people needed and wanted in the way of support to live their daily lives. The accuracy of the records fell down in regard to some of the health and capacity issues people had and we have addressed these elsewhere in the report. Care plans contained initial consents to photographs and sharing information where necessary, personal details, details of people who were important to them or represented them. The care plans detailed people's needs and the support they required from staff to maintain their physical and mental wellbeing on a daily basis; how care and support was to be delivered in accordance with their needs and wishes.

In practice staff demonstrated they understood and knew people well for example in response to a query from us regarding a person eating a meal on a plate on their lap staff commented that this was usual practice for the person and a preferred way of eating their meals, for another person they commented how the person never liked the first medicine they were given each time. Health professionals also commented positively that when they visited senior staff within the service understood the needs of all the people they supported. A handover at each shift change ensured that any change in care or support needs were brought to the attention of staff. Care plans were reviewed by team leaders each month. A six monthly review was also held to which relatives were invited although this was not recorded and relatives gave us mixed responses as to their level of involvement if at all.

People had opportunities to discuss their experience of care with their key worker. A relative's forum was in place and meetings were held several times each year where relatives discussed improvements and developments within the service and any issues they wished to raise. A review of minutes from the forum meetings highlighted no individual concerns or wider concerns relating to practices within the service.

Is the service well-led?

Our findings

Relatives said communication from staff in the service was good but expressed concerns to us and at a recent relative's forum that there was yet another change of management. Relatives felt reassured that the two deputy managers who they knew well had stepped into the gap left by the previous manager and were doing a good job in covering. They told us that they were asked for their views about the service.

Professionals expressed no concerns in regard to the care delivered but were concerned at the turnover of staff and the lack of management direction and overview.

Staff gave mixed views about how the service had been managed some felt this had been a contributory factor in staff leaving. Staff told us that morale had been at low ebb and that staff had lost confidence but this was now improving with the support of the deputy managers.

The previous inspection had concluded that people were at risk because monitoring systems that assured the provider that people were receiving a safe quality of service were in fact not effective. At this inspection a number of audits had been conducted focusing on different aspects of service delivery for example the management of finances, care plan content, completion of MCA and DoLS, and audit of policy and systems and a supervision audit, but it is unclear whether together these provided an adequate reflection of day to day practice in the service. For example, many of the concerns staff had were not picked up even when a supervision audit was conducted by a representative from head office, the findings from that audit made no reference to how many staff were spoken with and what they were asked to comment on. The audit failed to pick up the deep unhappiness within the staff team at all levels and the provider must consider what the purpose of such an audit has if it was not checking on aspects of staff management.

Since the last inspection there had been an absence of oversight at service level to ensure the promised progress was implemented and sustained so there remain some continued breaches and new breaches where shortfalls have not either been identified or addressed. We consider that the provider had not taken all reasonable steps to assess monitor and implement improvements in service quality and this is a continued breach of Regulation 17 (1) (2) (a-b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The sudden departure of the registered manager has meant that the two deputy managers were providing day to day operational management with oversight from a director within the organisation. Staff said they now felt supported and found both deputy managers approachable and easy to talk with.

In the absence of the regional care director responsible for the operation of this and other services there had not been a consistent visible presence by provider representatives to provide oversight. There was evidence at inspection that there had been no proper handover from the previous manager, and several issues had arisen as a result including inability to access some computer files and excessive granting of annual leave to staff causing additional problems with covering the staff rota.

Staff had received staff meetings and minutes from these showed that concerns raised by us within the previous inspection report were not given due credence to staff to ensure there was a proactive approach to improvement. For example Staff meeting minutes 20/10/2015 point 2 on agenda referred to the then recent CQC report as "Not accurate but interesting to read". Despite enforcement action having been taken and a significant number of regulation breaches the only comment drawn from the report was "The report was critical on mealtimes". As a result progress towards meeting previously identified shortfalls detailed in an action plan produced by the provider was not prioritised. For example one action the providers confirmed they would take in their action plan was to provide monthly updates to the Care Quality Commission (CQC) of progress made. This was never implemented.

The atmosphere within the service on the days of our inspection was relaxed, open and inclusive. Staff were seen to work in accordance to people's routines and support needs. Staff felt more comfortable with the new management arrangements and confident that they could now raise issues at any time and that confidentiality would be maintained. Staff spoke positively about team work and good communication they felt that even with the present staffing issues everyone was working hard to keep things going.

The views of people and their relatives were sought through surveys every year and through relative forums and external market research company was used for this purpose and analysed feedback. Findings from the survey were made known to the service that were required to develop an action plan to address any outstanding concerns.

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

Staff had access to policies and procedures, these were reviewed regularly and memorandums kept on file and staff meeting minutes showed that staff were made aware of any changes in practice, or guidance and were reminded to read these or discussed some policies within staff meetings to refresh their understanding.

The Care Quality Commission was notified appropriately of events that occurred in the service.

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 11 HSCA RA Regulations 2014 Need for consent There was a failure to make clear how people's capacity in regard to aspects of their support has been assessed and documented.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Omissions in understanding of how people's health conditions impacted on them could place them at risk of not receiving the support they need and are a breach of regulation 12 (2) (a) The failure to ensure risks are appropriately assessed and managed is a continued breach of Regulation 12 (2) (a) (b) Staff undertaking sluicing were not provided with a separate hand wash sink to maintain good infection control standards. Regulation 12 (2) (h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints There was a failure to maintain a record of minor concerns acted upon in keeping with company policy and is a continued breach of Regulation 16 (2)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not taken all reasonable steps to assess monitor and ensure the implementation of improvements had taken place and this is a continued breach of Regulation 17 (1) (2) (a-b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken all reasonable steps to assess monitor and ensure the implementation of improvements had taken place and this is a continued breach of Regulation 17 (1) (2) (a-b)</p>

The enforcement action we took:

Issue warning notice to provider