

Cameron Lodge Limited

Cameron Lodge

Inspection report

142 Church Path
Middle Deal Road
Deal
Kent
CT14 9TU

Tel: 01304373650
Website: www.alliedcare.co.uk

Date of inspection visit:
01 December 2016

Date of publication:
01 February 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Cameron Lodge is a privately owned care home, in Deal, for people needing residential care. It provides care for up to 12 people with learning disabilities. The accommodation is in a house and two bungalows next door. At the time of the inspection there were ten people living at the service. (Four people were living in the house and three people were living in each bungalow).

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

The culture in the main house was old fashioned and did not support people's individual development and preferred lifestyles. In the bungalows the culture was more family orientated with people having more of a say and more meaningful occupation and time with staff.

Staff did not consistently speak with people in a professional, respectful, sensitive and appropriate way. Staff did not have the skills to communicate effectively with everyone placing people at risk of not being heard. People were not consistently supported to express themselves and were not able to raise concerns or complaints. There was a complaints process that was accessible to staff, families and visiting professionals.

Staff knew people's life histories, likes and dislikes and any preferred routines. Some people were encouraged to maintain their independence but not everyone was supported to be as independent as they could be. In the main house there was less opportunity for people to engage in tasks and routines.

People were not consistently encouraged and supported to keep occupied. People living in the bungalows were occupied throughout the inspection. However, people living in the main house were not always offered the choice of activities.

The registered manager encouraged people to feedback on the quality of the service and to share their experiences. Quality questionnaires were sent to families, health professionals and staff each year but people were not included since group meetings had been unsuccessful. Regular audits of records were recorded and included what action was needed, who would take the action and by when. However, shortfalls identified during the inspection of the quality of the support had not been picked up by the provider's audits.

People were protected from the risks of abuse, including financial abuse. Staff knew how to respond to abuse and how to keep people safe. Risks to people, including any accidents or incidents, were assessed, monitored and reviewed.

There were enough staff to meet people's needs. There were contingency plans for emergencies, such as

staff sickness. The registered manager followed the provider's recruitment process to make sure staff employed were of good character and safe to work with people.

People received their medicines safely and on time from staff trained to administer medicines. Medicines were stored, disposed of and managed safely.

Staff completed training to meet people's basic needs but knowledge and awareness of best practice was limited. Staff had one to one meetings and an appraisal to discuss their personal development. Staff communicated effectively with each other to meet people's needs.

People made some day to day choices in their daily life, for example, what to wear and what meals to have. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) but did not always put these into practice. Applications for DoLS had been made in line with guidance.

People enjoyed a choice of healthy food and drinks. Staff knew what foods and drinks people preferred and supported them to maintain a healthy diet. People's health was assessed, monitored and reviewed. People had access to health care professionals when they needed them, such as speech and language therapists and community nurses.

The atmosphere at Cameron Lodge was relaxed and calm. People appeared content in the company of each other and staff. Staff promoted people's privacy and dignity. People's confidentiality was respected and their records were stored securely.

People's choices and preferences for their end of life care were recorded and kept under review. Care plans showed what people's different beliefs were and how to support them.

The registered manager completed a pre-assessment when people were thinking of moving to the service to check they could meet their needs. People and their relatives were involved in planning and reviewing their care and support. Each person had a care plan which centred on them and their preferences and these were regularly reviewed.

There was an open communication between staff and the management team. Staff told us they were able to give honest views and had regular staff meetings to discuss any concerns.

Notifications had been submitted to CQC in line with guidance.

We last inspected Cameron Lodge in October 2013 when no concerns were identified. At this inspection breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified

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 consistently safe.

Staff knew how to respond to abuse and how to keep people safe. Risks to people were assessed, monitored and reviewed.

People lacked the opportunity to express themselves if they felt at risk or unhappy.

There were enough staff to meet people's needs. The registered manager followed the provider's recruitment process to make sure staff employed were of good character and safe to work with people.

People were not given the opportunity to have a say about new staff.

People received their medicines safely and on time from staff trained to administer medicines.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Staff completed training to meet people's basic needs but were not up to date with best practice. Staff had one to one meetings and an appraisal to discuss their personal development.

There was inconsistency in the staff team in giving people choices and gaining people's consent.

Staff did not always put the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards into practice.

People enjoyed a choice of healthy food and drinks.

People's health was assessed, monitored and reviewed. Staff worked with health professionals to make sure people's health needs were met.

Requires Improvement 

Is the service caring?

The service was not consistently caring.

Staff did not consistently speak with people in a way they could understand or help people express themselves.

There was inconsistent support for people's dignity and not everyone was encouraged to maintain their independence.

Staff respected people's privacy.

People's confidentiality was respected and their records were stored securely.

People's choices and preferences for their end of life care were recorded and kept under review.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive

People were not consistently encouraged and supported to keep occupied.

People and their relatives were involved in planning and reviewing their care and support.

There was a complaints procedure but further work was needed to enable people with communication difficulties to express concerns effectively.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

Not all people were empowered and supported to have more autonomy and control over their lives. There was an open communication between staff and the management team. Staff told us they were able to give honest views and had regular staff meetings to discuss any concerns

Regular audits of records were recorded and included what action was needed, who would take the action and by when. However, shortfalls in the quality of the support identified during the inspection had not been recognised by the provider.

Surveys for relatives, health professionals and staff were used as

Requires Improvement ●

an opportunity to improve the service.

Notifications had been submitted to CQC in line with guidance.

Cameron Lodge

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 1 December 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the provider completed 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service. We met with people living at the service. Some people were not able to talk with us because of their health conditions so 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. Some people used their own form of sign language to express themselves. During our inspection we observed how staff spoke with and engaged with people. We spoke with seven staff and the registered manager.

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

We last inspected Cameron Lodge in October 2013 when no concerns were identified.

Is the service safe?

Our findings

People were calm and looked comfortable in the company of each other and staff. People were protected from the risks of abuse. Staff knew about the different types of abuse and what to do if they suspected any incidents of abuse. The provider had a policy and procedure for them to refer to which was displayed in the office.

The provider had a whistle-blowing policy. Staff told us they would take concerns to agencies outside of the service if they felt they were not being dealt with correctly. Staff were confident the management team would take the right action if they reported any concerns. The registered manager knew what should be reported in line with guidance. When there had been notifiable incidents these had been consistently reported to the Care Quality Commission and / or the Kent local authority.

Although staff and the registered manager had been trained in recognising and responding to abuse, they had not recognised that some of the practice in the main house may be institutional and not best practice. People did not all have the support they needed to communicate if they felt at risk or were unhappy, which could lead to staff not responding appropriately.

We recommend that the registered person seek advice, from a reputable source, to support staff to implement best practice for people with learning disabilities.

People were protected from financial abuse. Each person had their own personal monies book and a finance folder stored securely in the office. The provider kept clear accounts of all money received and spent on behalf of people. Money was kept safely and was accessed by senior staff only. People's money was held in individual wallets and checked each day.

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but had as much freedom as possible regardless of the support they needed. For example, some people had an alarm on their bedroom door so that staff would be alerted that the person may need some assistance at night. When people had been assessed as at risk of choking staff had guidelines to follow to reduce this risk, for example, cutting food into small pieces. Guidelines also noted how to manage the risks if the person started to choke.

Some people were at risk of developing pressure areas. Staff knew how to prevent pressure sores developing and supported people to keep their skin healthy. Action was taken to reduce this risk by using barrier creams and providing people with special equipment, such as air mattresses and profiling beds. Equipment was checked regularly to make sure it was working correctly. Staff knew how to recognise changes in people's skin and took appropriate action when they noticed any deterioration. For example, records showed staff had made prompt referrals to tissue viability nurses and GPs to make sure people received the right treatment in good time.

The registered manager monitored and reviewed accidents and incidents and checked to see if there were

any patterns. When a theme had been identified action had been taken to involve other health professionals and minimise the risks of further incidents and keep people safe. Staff followed advice and guidance from health professionals.

Staffing levels were monitored by the registered manager to make sure there were enough staff, with the right skills, on each shift to keep people safe. There were contingency plans for emergencies, such as staff sickness. The registered manager told us, "We offer shifts to staff as overtime first and if we are not able to cover that way then we will use agency staff". The duty rotas showed there were consistent numbers of staff throughout the day and night. The registered manager and deputy manager were available outside office hours to make sure staff had a management contact in the case of an emergency.

The provider had recruitment and disciplinary policies and procedures which were followed by the registered manager. Checks were completed to make sure staff were trustworthy to work with people. Staff completed an application form and were requested to provide a full employment history. The registered manager conducted a formal interview. A record of the interview was kept and included any discussion about gaps in employment history. Written references were obtained, including the most recent employer. Disclosure and Barring Service (DBS) criminal record checks were done before staff began to work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. The registered manager renewed staff DBS checks every three years. The registered manager followed the provider's disciplinary policies and procedures when they identified staff were providing unsafe or inappropriate care and support. People were not involved in the recruitment process or given the opportunity to express their views of potential new staff so they did not have a say about who might be supporting them.

Staff were trained in medicines management and supported people to have their medicines on time. Medicines were stored and disposed of in line with guidance. Medicines were supplied by the pharmacy using a medicines dispensing system tailored to each individual person. People's medicines were reviewed by their GP to make sure they were still suitable. Staff checked the temperatures of the medicines storage area to make sure medicines worked as they were meant to. Some people had medicines on an 'as and when' basis and there was guidance for staff for this. There were no assessments to see if people could take some control or learn about their medicines.

The provider had emergency plans for responding to any emergencies or untoward events, such as a power failure, gas leak or water leak. Staff knew how to support people to leave the building safely in the case of an emergency. Each person had a personal emergency evacuation plan which set out their specific physical and communication needs to ensure they could be safely evacuated from the service in an emergency. A box containing essential things, such as torches and silver blankets was easily accessible in an emergency. Fire exits were clearly marked and regular fire drills were completed and recorded. A folder containing essential information about people's individual needs, including health conditions and medicines, was easily accessible for staff to pass to other health professionals in an emergency.

Regular health and safety checks were carried out on the environment. Electrical and gas appliances were checked to make sure they were safe and water temperatures were checked to make sure they did not exceed the recommended temperature.

Is the service effective?

Our findings

The staff team's working practice was variable and inconsistent across the different parts of the service. Staff received essential training for safe working practices and some specialist training for people with learning disabilities and Autism. There were elements of good practice where people's lifestyle choices were supported but not all staff were using best practice to support people.

Staff were positive about the training received. Staff said, "The training is good", "Refresher training is good for getting you to check you are doing things right or remind you and you work better" and "It is better to go to face to face training – it helps you remember things a bit more". A record of the training completed was kept up to date by the registered manager and refresher training was booked as needed. Further training and support was needed to make sure staff knew how to put what they had learnt into practice.

When staff began working at the service they completed an induction. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff got to know people's routines and preferences by shadowing experienced colleagues. The registered manager monitored staff throughout the six month probationary period.

Staff were encouraged and supported to complete additional training for their personal development. For example, staff completed or were working on, adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard. One member of staff commented, "I am looking forward to starting my vocational qualification training".

Although staff had completed this training we observed some out of date and at times, institutional practice. One member of staff told us that a person was 'non-verbal' when we started talking with them, and did not assist or offer a communication aid to help the person express themselves. Staff were doing things for people rather than with them and in the main house there was a feeling of containing and looking after people rather than enabling and involving them.

Staff said they felt supported by the management team. Staff had regular one to one supervision meetings to discuss their performance, training and development needs and any support they required. The registered manager also carried out annual appraisals with staff. During the inspection the staff and management team communicated effectively with each other. Staff used a communications book and a handover book to make sure information and important issues were passed effectively between staff.

Some people displayed behaviours that may challenge others. Sometimes people had high levels of anxiety that could detrimentally affect them and others around them. Staff had some guidance about how people displayed their behaviours and what strategies should be used to reduce people's agitation. Staff did not demonstrate how they promoted positive behaviour support with people.

We recommend that the registered person seek advice, from a reputable source, to develop best practice in supporting people with learning disabilities.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments for some areas were in people's care plan folders, for example, people had a mental capacity assessment about voting in elections. Some people were offered choices and could make day to day decision like what to eat and what to wear but staff were not always working within the principles of MCA. Some people needed more support to make day to day decisions and were not always given the opportunity to maximise this, instead the staff did things for people. This is an area for improvement.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities in relation to DoLS and had completed applications in line with guidance. At the time of the inspection some people had an authorised DoLS and others had applications in process. The registered manager showed us an easy to read description of DoLS which they used to explain the process with people.

People enjoyed a choice of healthy food and drinks. The food was well presented and a person expressed that they had enjoyed their lunch. Some people needed assistance to make sure they were well nourished and hydrated and this was done with care and at the person's pace. A rolling four week menu offering a good variety of healthy foods was displayed in the service. The cook showed us a folder of pictures and told us these were used to support people to choose their meals. They told us about people's favourite foods and were aware of people's dislikes and any food intolerances. When people were on 'soft diets' they were well presented with each food item pureed separately so that people could see and taste the individual foods. Nutrition assessments were in place to give staff the guidance they needed to provide people with the right support.

People had access to health care professionals when they needed them, such as speech and language therapists and community nurses. Staff supported people to attend medical appointments. People's care records showed relevant health professionals were involved with their care. For example, when a person had a fear of injections the relevant health professionals were contacted and a de-sensitisation programme started to reduce their anxiety. Care plans were regularly reviewed to reflect any changes in people's needs. Staff monitored people's health and took prompt action when they noticed any changes.

Is the service caring?

Our findings

A health professional had noted on a recent quality survey, 'I have been very happy with how Cameron Lodge have managed a difficult situation'. A relative had noted, 'Staff are very good and welcome us when we go there. [Our loved one] is looked after very well which gives us peace of mind'.

People were treated with kindness and the atmosphere was calm and quiet. The care and support provided in the service was different in the bungalow units and the main house. Care was more person centred in the bungalows with more day to day involvement and interactions with the staff. In the main house the focus was more about preventing people from becoming upset, anxious and emotional. Some people were able to vocalise and make their needs known and staff responded to them. Other people who were less vocal sat quietly. Staff checked that people were alright and were with them but there was little actual meaningful interaction or communication. Some people's main form of communication was through sounds, facial expressions and gestures with odd words but staff did not use any aids to help people say what they wanted. Staff showed us pictorial communication aids but told us they had tried them and they had not been successful. Staff had not considered reducing the number of pictures they showed people to see if this would make a difference and had not sought advice for this.

When we introduced ourselves to people the staff did not support this. One member of staff told us, "They are non-verbal" and did not tell us whether any sign language was used to communicate. However, the care plan recorded various signs one person used to communicate and their personal profile noted 'X is intently interested in communicating with staff around them'. On some occasions sign language was used but this was not done consistently.

Some people were encouraged to maintain their independence. For example, people living in the bungalows told us how the staff supported them to cook and bake. The staff spoke about people living in the bungalows with warmth, empathy and compassion. However, in the main house staff sat watching people or talking with each other and did not engage with them and support them with daily chores or routines. One person's care plan noted, 'Staff prepare my meals for me, however encourage me to be involved in small tasks that do not present a risk to me. I require one to one support in the kitchen as I may scald / burn myself'. Another person's care plan noted, 'X enjoys hoovering and sorting small objects into pots'. We did not observe any of this type of engagement during the inspection.

The provider had not made sure that all people's care was person centred, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to maintain contact with their families including regular visits home. The registered manager told us visitors were welcome at any time and there were no restrictions. Records of visits from people's loved ones were recorded in their care plans and daily reports.

People's privacy and dignity were respected. Staff respected people's personal space and were discreet

when supporting them on a one to one basis and with personal care. People could choose whether to spend time in communal areas or in their own rooms. When people chose to spend time in their bedroom staff respected their privacy and checked on them at regular intervals.

Conversations about people's care and support were held in private and people's care records were stored securely to protect confidentiality. Records were located promptly when we asked to see them.

People's preferences and choices, when appropriate, for their end of life care were clearly recorded and kept under review to make sure their care and support was provided in the way they had chosen. The registered manager told us "Despite this being a sensitive subject we have liaised with parents and guardians and some people have a funeral plan or funeral arrangements in place for when they pass away". People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them. Staff showed us a memorial area in the garden and told us, "We felt it was really important as some people had no family or friends. This is a place where people can come and remember them".

Is the service responsive?

Our findings

People's care and support was planned with them and their families. Care plans were centred on each person and reflected their choices and preferences. Each person had a life history to enable staff to talk with them about their life and people that were important and familiar to them.

There was a difference in how people were supported in the bungalows and in the main house. Activities were planned and occurred naturally in the bungalows depending on people's lifestyle preferences and interests. In the main house activities were on a 'turn taking' basis. Some people were active and went out while others stayed at home and occupied themselves.

People were not consistently encouraged and supported to keep occupied in a meaningful way. People were not consistently given the opportunity to try new experiences or carry out day to day tasks that may help them learn how to do things.

In the main house people sat in the lounge or walked around. The television was on and showing a sporting event. No one appeared to watch this but no alternative activity was offered. Staff said they had put this on as some people did not like hospital programmes. No-one was asked what they would like to watch or given a choice of films to pick from. Some people particularly enjoyed watching DVDs and one care plan noted 'X enjoys watching DVDs (Harry Potter, Dr Who, Shrek etc) but this was not offered by staff.

Staff in the main house appeared to have a tendency to be reactive rather than anticipating people's needs and missed opportunities for meaningful activity. For example, a member of staff went into the garden. A person followed them calling "Swing, swing" and then went on the swing. The person was supported to spend time in the garden on the swing until they were ready to go back into the main house.

Some people were taken out in the service's minibus and staff told us they had gone to a supermarket to get toiletries. One person enjoyed painting and staff had supported them to paint the garden chairs in bright colours. There were plans to paint the garden shed.

People were supported by staff to go on holidays and visits to relatives. In the bungalows people kept busy and spent time doing things they appeared to enjoy. One person enjoyed helping the cleaner with their daily tasks and smiled at us as we asked them about the cleaning. Another person enjoyed spending time playing cards both on their own and with staff.

The registered manager showed us a large amount of brochures and leaflets displayed in the office and told us they had been encouraging staff to take them and offer people choices of where they would like to go or what they would like to do. However, there remained a lack of opportunities for people to engage in meaningful, fulfilling activities.

When people were thinking of moving to Cameron Lodge a pre-assessment was completed so the registered manager could check they could meet people's needs. From this information a care plan was developed to

give staff the guidance and information they needed to support the person in their preferred way.

Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Keyworkers were allocated specific responsibilities; for example, checking people had adequate toiletries, checking people's nails were clean and trimmed, booking hair appointments and reviewing and updating people's care plans. Relationships with people's families and friends was encouraged and supported.

Care plans included information about people's mental and physical health needs and risk assessments were in place and applicable for each person. Records were regularly reviewed and updated. When people's needs changed the care plan and risk assessments were amended to make sure staff had up to date guidance on how to provide the right care and support. Health professionals, such as speech and language therapists, dieticians, GPs and community nurses, were involved in reviewing people's care. When these reviews resulted in changes, like a change to thickened drinks or a soft diet, these were followed by staff. People had an annual health review which was held with people's families / guardians and included input from health professionals.

Care plans did not include how people were developing their skills and what their goals and aspirations were. More emphasis on teaching, giving new opportunities and enabling people to develop to reach their potential was an area for improvement.

The provider had complaints and compliments policies. An easy to read version was available but further improvement to support people to express themselves was needed to enable people to raise concerns.

The provider had not made sure that care was person centred, met all people's needs including communication, social and occupational needs, and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality questionnaires were sent to families, health professionals and staff each year. Records of these noted positive comments and no complaints were noted. A recent response from a relative included, 'Staff have always been caring and supportive. Any minor problems have always been communicated and settled quickly and professionally. As parents we are confident that [our loved one] receives the care they need'. The registered manager told us that when a concern was raised by staff this was investigated, and when appropriate used as a learning opportunity to improve the service.

Is the service well-led?

Our findings

The registered manager knew there was work to do to bring the service up to working within best practice guidelines and was putting plans in place to prioritise the improvements needed to meet the regulations.

People appeared comfortable with the staff and management team. Staff told us they felt supported by the registered manager and deputy manager. Their comments included, "We have been through a rocky patch but staff morale and the general atmosphere is much better now" and "[The registered manager] has made some big changes here, all for the better. They are very supportive of staff with both work and personal issues".

There was a culture of containment at times where staff watched over people and a focus on reacting to people rather than supporting people to live a meaningful life. There was little emphasis in developing people's day to day skills, independence and understanding. There was more of a family style culture in the bungalows where the divide between people and staff was less noticeable. The registered manager was aware of this inconsistency of some of the cultural issues and had some plans in place to improve the culture in the main house. However there was nothing to say how they were managing to improve the lack of meaningful communication and activity. Some shortfalls identified during the inspection had not been recognised by the registered person.

Quality audits were carried out by staff from head office and reports produced. These noted any actions to be taken, by whom and by when. The registered manager worked with staff each day to monitor staff competency.

Staff's understanding of their roles was variable. There were shortfalls in relation to communicating with people and engaging them in meaningful activities. The provider had a range of policies and procedures which gave staff guidance on how to carry out their roles, however these were not actively implemented and followed.

There was no structured system for gaining people's views of the service and involving them in the development of the service. Staff told us they had tried to have meetings previously but due to the complexity of people's health needs it had not been successful. They said that when people showed an interest in certain things, such as foods or holidays, they made changes to people's preferences.

The registered person had failed to identify the shortfalls at the service through regular effective auditing and action. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the office was in a portable building in the grounds which the registered manager said was detrimental to her ability to effectively manage the service. The registered manager explained that there were plans to move the office into the main house so they could make more observations of the day to day running of the service.

Staff told us the registered manager was "Supportive" and "Approachable". They said they felt "Well supported by head office". A member of staff had noted on a recent staff survey, 'The manager and deputy support me as much as possible'. A quality audit completed by head office noted a discussion with staff as, 'X told me their job description. They knew exactly what was expected of them. They were very positive about working at this service and spoke very highly of the management and support they receive'.

The registered manager encouraged staff to be involved in developing the service. Regular staff meetings were held and records of the meetings noted any actions needed. Feedback from health professionals and the Kent local authority were shared with staff and used as a learning opportunity to make improvements

Checks on key things, such as the environment, health and safety records and medicines records were completed. The registered manager told us, "I make unexpected visits at different times including nights and weekends to check on staffing. I make sure everything is running smoothly. Staff will always phone if there is a problem or if they need advice".

When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

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. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not made sure that all people's care was person centred, met their needs and reflected their preferences.</p> <p>The provider had not made sure that care was person centred, met all people's needs including communication, social and occupational needs, and reflected their preferences.</p> <p>This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to identify the shortfalls at the service through regular effective auditing and action.</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>