

## Tudor Lodge Care Home Limited

# Tudor Lodge

### Inspection report

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Date of inspection visit:  
26 February 2019  
27 February 2019

Date of publication:  
17 May 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Tudor Lodge is a large detached house in a quiet residential area. It provides care and support for up to 44 older people some of whom are living with dementia. There were 34 people living at the service when we inspected.

People's experience of using this service:

At our last inspection in November 2017 we identified that some people did not always receive the support they needed at mealtimes; we observed that people's privacy and dignity was not always upheld; risks around some people's safety had not been assessed. Records were not always accurate or accessible and systems for assessing and monitoring service quality were not robust. The provider told us what action they would take to improve this.

At this inspection we found that there had been progress and improvement in many areas and most of the previous breaches in regulation met. We found however that medicines were not being managed safely and have issued a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although strengthened the system to assess, monitor and improve the service and improvements to the accuracy and completion of records had not fully met the previous breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 has not been fully met and further improvements are needed

Since the last inspection there was a new registered manager, she had worked hard to change the culture within the service and address previous shortfalls, as a consequence there had been a complete turnover of staff. This was enabling the registered manager to develop a new team and culture within the service. Staff thought communication was good between staff and that there were good working relationships. The provider acknowledged further work was needed and had already identified further improvements to be made from within their own service development action plans. This included for example team building, record keeping, and improving the type and range of activities and stimulation for people in the service. Overall staff told us that they enjoyed where they worked and were committed to providing people with good quality care.

People and relatives spoke positively about service quality. People told us that they felt safe and well cared for. Relatives felt reassured that their relative was living in a safe place where their needs were taken care of. Relatives told us that they had found communication from staff to be good and the registered manager approachable. People and relatives told us that staff were caring and took time to get to know people well. People and relatives told us that they had no concerns but felt able to raise them if they did and were confident these would be acted upon.

We observed that there were enough staff to support people's needs during the day, the provider agreed to relook at morning availability of staff which had been highlighted by some staff as a particularly busy time. A full range of checks were made of new staff to help ensure people were supported by suitable staff.

Staff were provided with an appropriate programme of training to understand and support people's individual needs. They demonstrated a detailed knowledge of people and their routines and preferences.

People lived in a safe well-maintained environment where equipment was routinely serviced and checked that it was in safe working order.

Improvement recommendations made by the fire service were being addressed to ensure they met the required standard of fire safety.

People's health needs were supported. Health professionals visiting to provide routine health care support raised no concerns about the appropriateness of referrals to their service; they said staff followed advice and guidance appropriately in support of people's health needs.

Staff felt confident of raising issues with senior staff and felt supported, they had opportunities to express their views in staff meetings. A one to one supervision and appraisal schedule was commencing.

People and relatives were surveyed for their views. Their feedback informed the continuous improvement and development of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At our last inspection this service was rated requires improvement (Published 21 February 2018 ) This will be the second time the service has been rated requires improvement.

Why we inspected: This inspection was part of our scheduled plan of visiting services based on their previous rating to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule.

## 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  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below

**Good** ●

### Is the service well-led?

The service needed further improvement and was not always well-led  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Tudor Lodge

## Detailed findings

### Background to this inspection

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

#### Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for an older person with dementia who uses this type of care service.

#### Service and service type:

Tudor Lodge is a care home without nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced. The site visit activity started on 26 February and ended on 27 February 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. Prior to the inspection we also contacted local health watch, safeguarding and commissioning teams for feedback. We spoke with three social care and two health professionals during the site visits to ask for their feedback to

inform our inspection.

We spoke with nine people and five of their relatives during the inspection. Some people were unable to tell us about their experiences in any detail so we observed interactions between them and staff. We also spoke with ten staff including the provider, registered manager, deputy manager, a senior carer, two care staff, an administrator, cleaner, maintenance person and a consultant for the provider.

We reviewed a range of records. This included four care and health records, medicines administration records. We also looked at six staff files in relation to recruitment, and all staff training records. Records relating to the management and safe operation of the service including policies and procedures implemented by the provider were also viewed.

We asked the provider for additional information around the quality checks they made, and information about how they met the accessible information standard. This was sent to us after the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Using medicines safely

- People's medicines were not always managed safely: one person received four tablets each month for administration of one tablet weekly, three weeks were signed as administered but two tablets were left. This meant one had not been administered although signed for. Three other boxed medicines were also found to have the wrong number of tablets left in the boxes.
- Recording of medicines carried forward was inconsistent, and codes for why medicines may not have been given were not always used; there were gaps in administration recording.
- A guidance sheet to inform staff administering an 'as and when required' medicine to one person was not in place, this meant staff were unaware of when this medicine should be administered and could lead to inconsistent administration. This was put in place during the inspection.
- Monthly medicine audits were conducted but were not due at the time of inspection. These would have identified the issues found but people could have been placed at risk of not receiving their medicines appropriately until an audit had been carried out, we discussed with the registered manager whether these need to be more frequent going forward.

Shortfalls in the proper management of medicines provided no assurance that people were receiving their medicines as prescribed. This was breach of regulation 12 (g) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines requiring safer storage we found to be managed appropriately. Medicines were stored safely and storage temperatures recorded. Boxed and bottled medicines were dated upon opening which is good practice. A medicine return book was used to record medicines returned to the pharmacy.
- People told us that they were satisfied with the way in which their medicines were given to them, "Very good with medicines", "Medicines are regular". A relative said "He has been suffering with a bad shoulder, I told the girls and they organised some Paracetamol."

### Assessing risk, safety monitoring and management

- At the last inspection on 23 November 2017 we identified that the provider had failed to effectively manage and respond to risks to ensure people received safe care. This was a breach of Regulation 12, (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to tell us the actions they would take to address this which they had done. Our observations, showed staff actively implementing risk reduction measures, records showed risks were updated in response to changes in people's needs and routinely reviewed each month to ensure they were still appropriate. The previous breach had therefore been met.
- Staff demonstrated that they were aware of how to safely and effectively respond to changes in risk and

understood the individualised support people needed to reduce the risk of avoidable harm. They followed agreed strategies for keeping people safe for example staff were observed supporting calmly a person who was experiencing high anxiety preceding and during our visit. Staff were allocated to provide one to one support and intervene to safeguard the person by redirecting behaviours that may impact on others and place the person at risk.

- Health and safety checks and tests and servicing of equipment were conducted to help ensure a safe environment was maintained.
- Staff received fire training and fire drills were held. A fire risk assessment had been completed along with a visit from the fire service had identified shortfalls that the provider and registered manager were overseeing to ensure these were completed by the given date of April 2019.
- Individual personal emergency evacuation plans were in place but some of those for people on the first and second floors relied heavily on fire officers evacuating people from those floors, we asked the registered manager to review these with the fire service who were visiting shortly to check these were satisfactory and compliant with the Regulatory Reform (Fire Safety) Order 2005.
- People told us that maintenance was very good. A programme of room upgrading was ongoing at the time of our visit.
- We saw that accidents and incidents were appropriately managed and analysed to inform strategies to reduce further harm, in a small number of records viewed actions taken were still not sufficiently clear although the registered manager was aware of the incidents and confirmed people had received the appropriate support at the time. Minor improvements to recording are needed we discussed this with the registered manager at inspection and have addressed this elsewhere in the report.

#### Systems and processes to safeguard people from the risk of abuse

People told us they felt safe, comments included: "I feel safe the staff make certain we are alright." Relatives said, "I feel he is safe; the staff are excellent," "Much safer here than at home."

- Some concerns had been expressed about other people coming into people's rooms. The provider and registered manager had listened to these concerns and had acted to install new locks that enabled people to secure their doors from other people just walking in.
- Staff received training to understand how to safeguard adults from harm. Staff spoken with demonstrated a good understanding of what to do to make sure people were protected from harm or abuse, and how to escalate any concerns they might have.
- Staff spoken with were aware of the 'whistleblowing' process and who to contact if they had concerns about people's care or safety.

#### Staffing and recruitment

- At the last inspection on 23 November 2017 we recommended that the provider sought advice and guidance from a reputable source about effective dependency assessment and subsequent effective deployment of staff. The provider acted to provide an additional night staff member between 8pm and 10pm to support people with their needs.
- People and relatives raised no concerns about staffing levels, rotas showed that staffing was maintained with no shortages. Some newer staff said that mornings could be rushed and they would like additional support at these times, this was not reflected by more experienced staff who commented that there were "more than enough staff" to carry care out appropriately. During the inspection we observed there was a good level of care staff available who were spread throughout communal areas, staff were also observed on some of the upper floors visiting people's rooms. They were supported in their tasks by an activity staff member and kitchen and cleaning staff.
- A dependency tool was used to evaluate each person's dependency needs but was overly simplistic and did not clearly show how peoples individual dependency assessment informed the numbers of staff for each shift. We discussed this with the registered manager who agreed this and to look again as early morning staff



as this had been highlighted as a pressure point by some staff.

- Staff were recruited safely and the process ensured that all required checks on staff suitability were carried out including screening by application form, interviewing, take up of references, evidence of personal identity, health statements, and a criminal records check.

#### Preventing and controlling infection

- People and relatives told us that cleaning was good
- Staff were trained in infection control. They told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary. Staff were observed using PPE when carrying out tasks.

#### Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong because of an incident or accident the registered manager responded appropriately and used these incidents as a learning opportunity, and to make changes to practice to try and prevent this happening again

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff told us that they had not had regular supervision from a senior staff member although their records showed that some had received individual reviews since starting their employment. None of the current staff team qualified for an annual appraisal. The provider had identified the need for supervision of staff to be formalised and had set out a detailed plan and schedule for this to happen and dates of supervisions were already scheduled in for staff but had not taken place at the time of inspection. This is an area for improvement.
- Staff were competent, knowledgeable, and skilled, they understood people's individual needs, characters and preferences and we observed them supporting people in accordance with their plans.
- Staff told us they 'worked well as a team'.
- Staff told us they had undertaken mandatory online training in areas such as manual handling, safeguarding and the Mental Capacity Act, first aid, and fire safety. We saw a training matrix which kept a record of staff training and showed they completed all required basic skills training. They also received training in respect of dementia.
- Staff received an induction into their role but recording of this had been inconsistent. This had improved and a newer staff member showed us their induction workbook that they were working through. They said that they felt very well supported and that their induction was at a pace to suit them. The registered manager told us that she informally assessed staff competency through observations of their practice and highlighted to them when and if improvements were needed.
- The registered manager told us that they would implement a better system of recording staff induction, a change in training provider was imminent and this would affect the way in which induction was carried out in future.
- The registered manager was proactive in monitoring staff performance overall and acting where this fell below expectations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support of people living in the service was regularly reviewed to take account of changing needs, we saw areas of risk and safety such as mobility, communication difficulties, eating and drinking, had been assessed and plans made to ensure people were safe with as much freedom as possible. Staff told us they had contributed to assessments of people's needs.
- People referred to the service had their needs assessed prior to admission to ensure these could be met safely.

Supporting people to eat and drink enough to maintain a balanced diet

- At our last inspection on 23 November 2017 the provider had failed to make sure that people's support needs were met at mealtimes. This was a breach of Regulation 9, (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since then the provider had taken steps to ensure kitchen and care staff were available in the dining area to support people at lunch time where needed and we observed the dining area was well supported by staff who intervened to support people when needed. This breach has been met.
- People told us that they enjoyed the food they were provided with comments included "Nice fresh food with plenty of choice." and "Lots of roasts, lovely vegetables."
- People had choice and access to sufficient food and drink throughout the day, food was well presented and people told us that they enjoyed their meals. Staff awareness of people's food preferences and choices had improved amongst staff for example a staff member told us about one person who liked a marmalade sandwich as part of their breakfast routine.
- The registered manager worked with new staff to instil good practice. For example, at lunchtime we observed the registered manager observing how lunch was being conducted. She observed a person who was unsettled and knowing them well was able to show staff how to encourage them back to their table to finish their meal.
- The registered manager was observed showing staff how to offer other options like lunchtime desserts for those people who are unable to use written or pictorial menus to enable them to make real choices.
- People were provided with information about meals in written and pictorial format. They were able to make real choices between options for example in the morning a range of cereals were left out for people to choose from, they could also have a choice of a cooked breakfast or some of both
- The dining room was a lively part of the service where people chose to sit on and off during the day outside of meal times. The whole breakfast experience was very relaxed and friendly. One person liked to have his back rubbed, we observed a member of staff doing this for him and a few minutes later he asked again and this was no problem the member of staff took the time to do it again.
- Where people were at risk of poor nutrition and dehydration, staff were aware of plans in place to address their needs, and completed food and fluid charts to monitor if people were eating and drinking enough, and take appropriate action if they were not.
- We saw people's weight was monitored, records viewed showed people had maintained a stable weight and where concerns were highlighted referrals were made to the GP and requests for input from relevant professionals such as dietitians.
- Hot drinks were served regularly and people had jugs of cold drinks in their rooms.

#### Adapting service, design, decoration to meet people's needs

- The provider had taken steps to ensure improvements to the environment enhanced peoples quality of life and support, for example the improved access to the secure garden. An additional lounge overlooking the garden, the development of a café style seating area.
- People were involved in making decisions about personalising their own space to make this homely with their own possessions around them to help them settle
- There were enough bathrooms and communal spaces to enable people to be supported in their daily routines.
- Equipment was being used effectively to meet peoples support needs.

#### Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people required routine support for their health needs we saw this was arranged in a timely way and staff acted on any guidance provided via visits and appointments from health professionals. People told us: "I have the district nurse twice a week." "The doctor comes regularly." "The chiropodist, optician and dentist visit regularly." A record was kept for each person of the contacts they had with health and social care

professionals.

- Medical professionals from the local GP surgery were visiting people during the inspection. They told us they were developing a good working relationship with the registered manager and staff and had no concerns that people's health needs were not being attended to.
- Staff received specialist training such as catheter care. Staff confirmed they had training and routinely changed catheter bags, but recording of this within relevant people's daily records was inconsistent. We discussed this with the registered manager who agreed to remind staff about the importance of consistent record keeping. This is an area for improvement.

Ensuring consent to care and treatment in line with law and guidance

- Staff gave us examples of ensuring people were involved in decisions about their care. Care records showed us that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed staff seeking consent in their everyday support of people.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We were informed that everyone that met the criteria for a Dols authorisation had been assessed and applications made, to date only those where more urgent concerns around restriction from leaving the premises had been authorised, others were still to be processed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection on 23 November 2017 we found that the provider had failed to make sure that people's privacy and dignity was respected always. This was a breach of Regulation 10, (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made to ensure people were not disturbed in their rooms by other people. People were dressed appropriately and in accordance with their preferences, People felt they received appropriate support with their personal care. We therefore consider this breach has been met.
  - The provider and registered manager acted to introduce dignity champions and improve cover of privacy and dignity awareness within staff training and staff discussions.
  - People told us that they were happy with the way in which staff supported them with their personal care needs "I can have a bath when I like, I get pampered and have a nice wash."
  - People told us that staff respected their privacy. They said, "They always knock before they come in" and "never come in without having knocked first."
  - People were asked if they had a preference who supported them and the gender of their carers delivering personal care. People told us they could express their preferences "I've told them I prefer a female carer, I insist if it is a male, I have both a male and a female carer and the male waits outside while I am having personal care." "I can have a bath when I like, I get pampered and have a nice wash"
  - Staff we spoke with showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
  - We saw people's right to privacy and confidentiality was respected. Personal care was offered discreetly by staff. We observed staff providing compassionate support in an individualised way.
  - Where possible, we saw people were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
  - Staff and relatives gave us examples of working well with each other to provide care in an integrated way, for example with relatives carrying out some tasks and staff others.
  - People's rooms had been personalised with their own belongings, and room records recorded staff support and checks during the day and evening.
  - A regular church service was provided for those who wished to attend.
- A hairdresser visited to enable people to maintain their personal appearance.

Ensuring people are well-treated and supported

- People told us that staff were kind and caring towards them; comments included: "Very nice to me, food is good and care is good." "Carers are pretty good." "Staff come and chat when they have time," "All in all, pretty good, not too bad at all."

- Staff spoke about people with kindness and compassion.
- Staff we spoke with knew people's preferences – for example, favourite television shows, ways of being addressed, their level of participation, socialising and activity. Staff used this knowledge to care for them wherever possible in the way they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People told us that their care plans had been discussed when they came to live at Tudor Lodge, and were consulted about any subsequent changes.
- Relatives told us: "Staff are very pleasant they have taken the trouble to get to know mum well." "Very good carers." And another told us ""Staff have got to know her well and know what she likes and what she doesn't like."
- Staff told us they supported people to make decisions about their care and showed us they knew when people needed help and support from their relatives.
- People and their relatives were consulted for their views through reviews and surveys.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support plans were personalised and provided staff with clear information about people's social history and background. This information helped staff in building trusting relationships with and enabled them to talk about familiar things from their past and interests they may have had.
- Each support plan described the specific care and health support people needed daily. Plans made clear each person's likes, dislikes and daily routines. They were reviewed and updated each month or sooner if needs changed.
- Staff completed daily records for each person to reflect on their wellbeing during the day and what they had been supported with.
- Staff showed us that they were knowledgeable about people's individual needs and characters, this enabled them to care for people in the way that each person preferred.
- We saw from talking with staff that people were empowered to make choices and have as much control and independence as possible.
- Staff showed us they were aware of people's needs in relation to those protected equality characteristics such as age, disability, race and gender. People's choices and preferences were regularly reviewed.
- A range of activities were available for people who lived at the service. A programme was displayed in an accessible format for people to see. This was organised by the activities co-ordinator. The provider has identified activities as an area for further development within their service development plan.
- External entertainers regularly came into the service including on the afternoon of the visit. We saw that people enjoyed this and participated well. We also observed other interactive activities taking place facilitated by the activities co-ordinator, for example skittles and other ball games.
- People could choose if they wished to join in with activities, and staff monitored those who chose not to ensure they were not becoming isolated.

Improving care quality in response to complaints or concerns

- An easy read complaints procedure was available for people which explained how they could make a complaint and how it would be dealt with.
- People told us that they knew who to complain to if they needed to. Comments included: "If I had a problem I would go to the office." "I've no complaints but if I did, I'd talk to the manager." "Nothing to complain about and believe you me if I had anything to complain about I would."
- The complaints record showed that complaints received were taken seriously investigated and acted upon to improve service quality for the people concerned where possible. Recorded actions on some complaints needed improvement to make clear the actions taken. The Registered manager was familiar with these and could provide that information. The registered manager agreed to review and improve complaints recording.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care. Their wishes about how they wanted to be supported at the end of their life was recorded.
- Many people had not for resuscitation forms in place if they suffered a cardiac arrest, this decision was taken in conjunction with a medical professional and in most of cases involved the person and or their relatives.
- Some people had made advanced plans for their care if they lost capacity to make decisions.
- Specialist emergency medicines were provided for those assessed as end of life to enable them to experience a pain free death as their health deteriorated. Health professionals were involved as appropriate.
- Staff respected people's religious beliefs and preferences as to how they should be treated before and after death.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection on 23 November 2017 the registered provider failed to operate an effective quality assurance system to ensure the quality and safety of the services provided. Records were not always accurate and complete. This was a breach of Regulation 17, (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection highlighted that this remained unmet.
- A programme of audits had been implemented, and a drive to improve record keeping in the service undertaken. The providers improvement action plan identified record keeping as an area for improvement and a system of monitoring by seniors was to be implemented by end of February 2019. However, whilst there had been improvements to address previous breaches the inspection highlighted that management of medicines and the audit processes surrounding this had not been effective, a review of records showed that whilst the majority viewed were up to date and accurate inconsistencies were noted in the completion of a few records for example within accident and incident records, complaints and daily records, impact was low because people had been supported appropriately but further improvement to recording was needed.

The registered provider failed to operate an effective quality assurance system to ensure the quality and safety of the services provided. Records were not always accurate and complete. This was a continued breach of Regulation 17, (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When the new registered manager took up post the Statement of Purpose for the service was not updated to reflect the new registered manager, this was an omission. Immediate steps were taken to update this on the day of inspection and it was forwarded to the Care Quality Commission as required.
- All staff understood their roles and they were held accountable for their performance where required.
- We saw the 'Provider's Monthly Report' for February 2019, carried out by an external auditor, this had identified immediate issues and longer term goals and had led to the production of a dated, specific, action plan that included environmental changes, such as with décor and lighting, the need for team-building activities, improving signage and information on display, a clear programme of activities, updated protocols for 'PRN' medication, and a new system of care planning with specific dates added for when these improvements should be implemented by..
- The provider and registered manager understood their responsibility to notify the Care Quality Commission of notifiable events and had done so.
- The provider and registered manager understood their responsibility to openly display their last Care

Quality Commission inspection report rating for people and visitors to see, this was visibly displayed in the entrance hall of the service and on the website for the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff understood and demonstrated the providers values of providing high quality care.
- The registered manager had taken up post since the previous inspection They had implemented new systems, recruited a new senior care team and care staff who shared their vision for the service.
- Staff meetings were held every two months and there were separate monthly meetings for senior staff, housekeeping staff met with the registered manager several times each year or more often if needed. The provider had identified within their service development plan the need for team building due to the number of new staff, staff were able to express their views at team meetings and there was evidence of examples of changes happening, such as new ideas for meals for people, as a direct result of issues being brought up within staff meetings.
- Staff told us informal discussions with senior staff were helpful in exchanging information and discussing care issues.
- People told us they knew who the management team were. Relatives told us that they found the manager approachable comments included "If there are any niggles I can talk to the manager and they are sorted. She is very approachable"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were surveyed for their views, their feedback was analysed and used to inform service development plans and improvements.
- The service involved people and their relatives in discussions about their care in a meaningful way during reviews and meetings.
- Residents' meetings were held to discuss aspects of the service such as the activities programme, food quality and the environment. This provided an opportunity to listen to people's views and ideas, and consult with them about proposed changes.
- People told us they had not been to a residents or relatives meeting but knew that one was planned shortly.

Continuous learning and improving care

- The provider used an external service to provide them with updated policies and procedures which were cascaded to staff through staff meetings, and the communication book. For example, staff were recently updated on changes to Data Protection because of the implementation of the General Data Protection regulation
- The registered manager and staff were proactive in seeking out relevant advice and guidance to support peoples individual and specific care needs, and acted upon this to inform and improve their practice.
- The provider information return informed us that the registered manager participated in learning and training with South Kent Care Homes education programme, and took responsibility for their own personal continuous development, for example through attendance at manager forums, subscribing to trade magazines, reading articles on relevant websites such as the Care Quality Commission and NICE websites by
- Two care staff from the service had been nominated for and won the Kent care awards for Best Dementia carer and Putting People first. The same staff members had also been nominated for the regional South East British care awards which they attended in October 2018.

Working in partnership with others

- The registered manager had developed good working relationships with the local safeguarding team and nurses from the clinical commissioning group (CCG) for the benefit of people in the service.
- They had an effective working relationship with the local GP surgery health staff. These relationships helped support the needs and preferences of people in the service and provide them with safe health and care support when needed.
- Health professionals from local surgeries told us that they had a good working relationship with the service who involved them appropriately. The registered manager said she received good support from safeguarding teams. There was a recognition that more work was needed to develop a mutually supportive relationship with the local mental health team and they would be looking at how they could take this forward for the benefit of people 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 12 HSCA RA Regulations 2014 Safe care and treatment  Shortfalls in the proper management of medicines provided no assurance that people were receiving their medicines as prescribed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place for assessing, monitoring and improving the service were not robust. People's care and treatment records were not all accurate, or accessible to ensure people received the care they required. This is a continuous breach.