

# The Sisters of the Christian Retreat Kearsney Manor Nursing Home

## Inspection report

Alkham Road  
Kearsney  
Dover  
Kent  
CT16 3EQ

Tel: 01304822135

Website: [www.kearsneymanor.co.uk](http://www.kearsneymanor.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection visit was carried out on 5 and 6 April 2016 and was unannounced.

Kearsney Manor Nursing Home is a care home operated by Sisters of the Christian Retreat, a Roman Catholic order. The service provides accommodation for persons who require nursing or personal care for up to 45 people who have nursing needs and who may also be living with dementia. The rooms are located on two floors accessed by a lift. There are communal lounges on each floor. The gardens are well maintained with very scenic views, and parking is available. On the day of the inspection there were 44 people living at the service.

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

People told us that they felt safe living at the service but not all risks assessments showed how risks were being managed, such as how to support people with their behaviour. Environmental risk assessments had not been updated since 2012 and although the service had new boilers, a legionella test had not been completed to ensure the water was safe. Health and safety checks and maintenance checks were regularly carried out. Accidents and incidents had been recorded, but some accidents had been recorded in the wrong place. They had not been summarised and analysed to look for patterns and trends and to reduce the risk of them happening again.

Recruitment processes did not fully meet the requirements of the regulations because prospective staff's conduct at their previous employment had not always been verified. There were gaps in employment histories, which had not been discussed and checked when the staff had been interviewed. There were sufficient staff on duty to make sure people received the care they needed.

Checks on the fire system had been made on a regular basis, however regular fire drills had not been carried out to ensure that all staff were included, and had a clear understanding of what action to take in the event of a fire.

There was a lack of safe and effective systems to ensure that people's medicines were managed as safely as possible

The training programme was not up to date and staff had not received refresher training to ensure they were aware of current practice. The induction training was not linked to the recommended guidance for training for care staff. Nursing staff had not received clinical supervision and care staff had not been receiving regular one to one supervision meetings with their line manager. The registered manager told us that the programme of staff supervision had lapsed and action was being taken to address the issue but this had not

started at the time of the inspection. It had also been recognised that annual appraisals had not been completed therefore a new system of appraisal for all staff was in the process of being implemented. Staff told us that there had been staff meetings but these were not always recorded to show what had been discussed or who attended the meetings.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the registered manager had applied for a DoLS authorisation for four people who were at risk of having their liberty restricted. Not all mental capacity assessments were in place to assess if other people needed to be considered for any restrictions to their freedom. Not all staff had received mental capacity training and did not have a clear understanding of how restrictions may be applied to people in their best interests.

There was a lack of information to show how people had agreed with the care being provided. Records did not show how people had been involved in their care planning and consent forms had not been signed to show that they had agreed with the care being provided.

The complaints procedure was on display to show people the process of how to complain, however details required updating in line with current legislation. People, their relatives and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

There was a lack of oversight and scrutiny of the service. The shortfalls in the service had only been recognised in March 2016 even though some were historic and a plan was in the early stages of being implemented at the time of the inspection. The management structure had been reviewed to support the registered manager to achieve the improvements. Audits and checks of the service were carried out but there was no action plan in place to show timescales for improvement or who was responsible for these actions.

Although there were systems in place to gather feedback about the service, there had been no quality assurance surveys sent to people, relatives, staff and health care professionals since 2014. There were no resident/relatives meetings in place to ensure people had an opportunity to voice their opinions and be more involved in the service.

Care plans included people's preferred routines, their wishes, preferences and skills and abilities. There were review meetings to discuss people's current support and make any necessary changes in their care. If people were unwell or their health was deteriorating or changing the staff contacted their doctors or specialist services.

There was a programme of in house and outside activities for people to enjoy. This included visits by the activities co-ordinators to people who remained in their rooms and found it difficult to engage in activities. Staff were familiar with people's likes and dislikes, such as what food they preferred.

People told us that they felt safe living at Kearsney Manor Nursing Home. The majority of staff had received safeguarding training and they were aware of how to recognise and protect people from the risk of abuse. Staff knew about the whistle blowing policy if they needed to raise concerns about their colleagues and they were confident they could raise any concerns with the manager or outside agencies if needed. There were systems in place to make sure people were protected from financial abuse.

People and relatives told us the staff were kind and respected their privacy and dignity. Staff supported people to remain as independent as possible and helped them with their daily routines.

Staff were attentive and the atmosphere in the service was relaxed and inclusive and people appeared comfortable in their surroundings. Staff encouraged and involved people in conversations as they went about their duties.

People told us that they enjoyed their meals. People had choices of food, and specialist diets were catered for. Staff understood people's likes and dislikes, dietary requirements and promoted people to eat a healthy diet.

Staff morale was high and they told us that they were supported by the management team. They said the managers and nurses were approachable and that there was a culture of openness within the service. They told us they were listened to and their opinions were taken into consideration.

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure people were being supported positively with their behaviour.

Environmental risk assessments had not been updated and there was a lack of fire drills to ensure all staff were aware of what to do in the event of a fire.

Recruitment procedures did not confirm that staff had been thoroughly checked as suitable to work at the service.

People's medicine was not always stored or recorded in line with current guidance.

Staff knew the signs of abuse and the majority of staff had received training to ensure people were protected from harm.

There were sufficient staff on duty to make sure people received the care they needed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff received induction training but this was not in line with the recommended guidance. There was a lack of training to ensure that staff received the required training in relation to their role. Not all staff had completed specialised training, such as training to support people with dementia.

Staff lacked an understanding of the process to support people with their mental capacity and not all staff had received Mental Capacity and DoLs training.

People were provided with food and drink to meet their needs and were able to access healthcare services when required.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

People were cared for by a staff team that were kind, caring and respectful. Staff were attentive to people's needs, and spent individual time with them.

People were treated with dignity and respect, and staff adopted an inclusive, kind and caring approach.

Staff supported people to maintain their independence.

### **Is the service responsive?**

The service was not always responsive.

People were involved in planning their care and the care plans were personalised to reflect their wishes and preferences. The care plans were regularly reviewed and updated to reflect people's current needs.

People had a varied programme of group and one to one activities to ensure they were not socially isolated.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

There was a lack of oversight and scrutiny of the service to monitor and improve the service. Although plans were in place to improve the service these had not been implemented at the time of the inspection.

Systems were in place to gather feedback from people, relatives, health care professionals and staff; however this had not been carried out since 2014.

Accidents and incidents were recorded and action taken, but the information was not summarised to look for patterns or trends to reduce the risk of reoccurrence.

Staff understood the visions and values of the service and told us they were comfortable in asking for any guidance and support.

**Requires Improvement** ●

Records were not always accurate and available during the inspection.

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# Kearsney Manor Nursing Home

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 5 and 6 April 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority. On this occasion the provider had not received 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. This is because we carried out the inspection sooner than we had planned. We gathered and reviewed information about the service before the inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spent some time talking with people in the service and staff; we looked at records as well as operational processes and systems. Conversations took place with people in their own rooms. We observed people during the lunch time meal and observed how staff spoke and interacted with people. We talked with one relative who was visiting people; three nursing staff, four care staff, two office staff. We also spoke with the registered manager, the business support manager, head of care and a trustee of the charity. We spoke with two health care professionals.

The previous inspection was carried out in April 2014. No concerns were identified at this inspection.



# Is the service safe?

## Our findings

People felt safe living at the service. People said: "I am much safer here than I was at home"; "They always make sure I am comfortable. Nothing is too much trouble". A relative said, "My (relative) is very well cared for here. I know when I am not here that they are getting everything that they need. It is a relief to know they are well looked after and safe".

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Risk assessments varied in quality. When people had been identified as at risk of not drinking or eating enough or at risk of developing pressure sores there were guidelines in place about how staff should keep these risks to a minimum. There was information in place on what support people needed to eat and drink enough and what to do to keep their skin as healthy as possible. However, when other risks to people had been identified, for example for people who had behaviours that could be challenging, there was no clear guidance in place to direct staff on how they should respond and what action they should take to try and prevent the behaviours from occurring. There was risk that staff would respond differently and inconsistently as there was no guidance in place to follow. A visiting professional said that staff did not always know how to respond to people with mental health needs and were unsure of the best approach to take. They thought that staff had not received enough training in how to support people who were living with dementia.

When other people had conditions like epilepsy and had seizures there was guidance about the medicines staff needed to administer to try and control the seizure. There was no information to say how long staff needed to wait to see if the medicines worked and what action they needed to take if it did not.

Staff used hoists regularly to support people to move from one area of the service to another but not all people had their own individual sling and the size of the sling each person required was not recorded. There was a risk that people would be moved in a sling that may be too big or too small for their size and weight. More than one person using one sling could pose an infection control risk. There was a risk that staff might use the wrong sling for people as there were no clear guidelines to show exactly what size sling should be used.

Although staff told us that they checked the premises daily to identify any health or safety issues, this was not recorded and environmental risk assessments had not been reviewed or updated since 2014. There were records to show that equipment received regular checks and servicing, such as checks of the hoists, boilers, electrical system, nurse call system and temperature of the water. However, a legionella test to ensure the water was safe had not been completed.

Records indicated that regular testing of fire systems, emergency lighting and equipment had been carried out. However, fire drills had not been carried out to ensure that all staff, including the night staff, completed the drill so that they were familiar with the action to take in the event of a fire or an emergency.

Staff reported accidents and incidents to the registered manager who was responsible for ensuring

appropriate action had been taken to reduce the risk of incidents happening again. However, although there was a system in place to analyse the events, this had not been summarised to look for patterns and trends to reduce the risk of reoccurrence.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated including when supporting people with their behaviour. Environmental risk assessments had not been updated and reviewed. A legionella test had not been completed and staff had not attended a fire drill. Accidents and incidents had not been analysed to reduce the risks of them happening again. This was a breach of Regulation 12 (2) (b)(d)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When new staff were recruited checks were undertaken to ensure that staff were suitable to work in the service, such as a check by the Disclosure and Barring Service (DBS) to show staff were not barred from working in adult social care and proof of the person's identity and right to work in the UK. The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, unsigned references had been accepted via email as 'satisfactory' and had not been verified as authentic. There were inconsistencies and gaps in employment history which had not been investigated and explained. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. Whilst there was no evidence to suggest people in the service had been placed at risk, there was a failure to ensure that the recruitment process was sufficiently robust to protect people.

The provider had not ensured that new staff's previous conduct in employment had been verified and gaps in employment had not been investigated or explained. References were not all satisfactory. This was a breach of Schedule 3 of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not fully protected against all the risks associated with the unsafe use and management of medicines. People said that their medicines were given on time. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely in each person's bedroom. The registered nurses gave people their medicines. The training records showed that nurses had not received up to date training on how to administer medicines to people as safely as possible. The nurses went to each person's room to support them to take their medicines in private. Each person had an individual medicine record chart showing their personal details, the medicines they were prescribed and when they should take them. Staff talked to people before giving them their medicines and explained what they were doing. They asked people if they were happy to take their medicines. Nurses waited for people to respond and agree before they gave them their medicines. Staff waited and checked that people had taken their medicines. The records showed that medicines were administered as instructed by the person's doctor. Some people needed medicine every now and then (called PRN) like pain relief. People said that staff asked them if they were in pain and if they needed any pain relief. However, there was a risk that people were receiving PRN medicines inconsistently as there was no individual guidance or direction for staff on when to give the medicines.

In one person's bedroom room there was an oxygen cylinder. The oxygen was not being used so should have been stored securely. There were no warning signs on the bedroom door to warn people and staff that there was an oxygen cylinder in the room. The staff immediately moved the oxygen to the clinical room for safer storage when we pointed out the risk.

Sometimes people needed medicines like anti-biotics that were not recorded on their regular monthly medicines record. Because anti-biotics were usually a short course, these were hand written onto the

medicines chart by the nurses. The Royal Pharmaceutical Guidelines state that hand written entries need to be signed by two members of staff. Hand written entries of medicines on the medicines charts had not been consistently countersigned to confirm that the information was correct and to reduce the risk of errors.

A stock of people's medicines was kept in a cupboard and fridge in the clinic room. The cupboard and fridge was over stocked with medicines that had been in there a long time and were no longer being used by people. Some medicines were out of date. There was no rotation of the medicines to make sure out of date medicines were not used. Medicines that people were no-longer prescribed were still in the cupboard and fridge and had not been returned to the pharmacy for disposal. Some of people's medicines were stored in plastic tubs. Several people's medicines were all stored in the same plastic tub which increased the risk of people receiving the wrong medicines.

Bottles of medicines and creams were not always dated when they were opened so staff were not aware of when they should be used by. Room and fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures.

There was a lack of safe and effective systems to ensure that people's medicines were managed as safely as possible. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection the registered manager and new head of care had started to sort out the stocks of medicines. Some medicines had specific procedures which were required to be followed with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Medicines were checked by two staff before they were given and two staff signed for the medicines after they were taken.

There were enough staff on duty to meet people's needs. The registered manager told us staffing levels were assessed based on the needs of the people and increased when required. There were always two nurses on duty during the day and night who were supported by a team of carers, housekeepers, catering and administration staff. The staff rota showed that staffing levels were consistent and staff were replaced in times of sickness and annual leave. The service was recruiting for care staff and for one nurse. Occasionally agency staff were needed to cover shifts and the manager was aware of the importance that people were familiar with staff and tried to ensure only the same agency staff were used. Staff and relatives told us that there was sufficient staff on duty.

The majority of staff had received training in how to safeguard people. Staff understood what abuse was and who to report concerns to if they had concerns about people's safety. They were aware of the whistle blowing policy and spoke confidently about reporting any concerns they may have to their manager and other external agencies, such as the local authority. People's monies and what they spent were monitored and accounted for. Only one member of staff had access to people's finances, and the records were in good order, however these were not checked by anyone else regularly to ensure they were accurate. This was an area for improvement.

The premises and grounds were well maintained with systems in place to affect repairs promptly, redecorate areas and refurbish areas to improve the environment. There was a maintenance plan in place to address the improvements, including redecoration of rooms when they became vacant. Some areas of the service had been decorated and flooring and furniture had been replaced. The provider had plans to maintain and improve the premises and grounds. There were very scenic views in the garden for people to enjoy and in the near future a gazebo would be built, and there were also plans to provide a dedicated

activities room.

The registered manager told us that the provider had a contingency plan in place to deal with emergencies, such as fire or flood but this was not available at the time of the inspection. An 'on call' system, outside of office hours, was in operation and staff told us that the registered manager was always available for support and guidance. The service had kept 'personal emergency evacuation plans' (PEEP) for each person, next to the fire panel to give staff guidelines on how to move people out of the service in the event of an emergency.

People and relatives told us that the service was always clean and tidy. The service was clean with cleaning schedules in place which included regularly deep cleaning when required. There were hand washing facilities in the clinical room and bathrooms and people's rooms with liquid soaps and paper hand towels. There were aprons, gloves and hand gel throughout the service and staff were observed using these. Staff were seen hand washing in-between helping people with personal care.

## Is the service effective?

### Our findings

People and their relatives were happy with the care and support they received. People said: "The staff always come quickly if use my call bell and they always pop their heads around the door if they are passing to check that I am alright", "I am lucky to live here. They always call the doctor when I need it and I see the specialist nurse about my breathing". A relative said, "This is the best place around here. The staff are wonderful". A visiting professional told us, "The staff are very caring and always act on the recommendations I make".

Not all staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Act protects people who lack mental capacity, and assesses their ability to make decisions or participate in decision-making. The registered manager had applied to the local authority for some DoLS applications to be assessed. Some staff were not aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. Staff did not understand that they were depriving some people's liberty when they were requesting to go home. Staff did not all understand that authorisation had to be gained to restrict people to make sure they were acting legally.

There was a lack of information to show how people had agreed with the care being provided. Care plans did not show how people had been involved in their care planning and consent forms had not been signed to show that they had agreed with the care being provided. Some people who lacked capacity stayed in their rooms and there was no indication that assessments had been made to ensure that this decision was in their best interests.

The provider had not ensured that care and treatment was provided with the consent of the person and had not acted in accordance with the Mental Capacity Act 2005. This was in breach of Regulation 11(1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager told us that the training programme was not up to date and although some training had been booked, there were gaps in the training being provided and refreshed. There was a total of 27 care staff on the training matrix. The matrix showed that seven staff needed moving and handling training and 13 staff required refresher training, 11 staff had not received infection control training, 12 staff had not received food hygiene training, the majority of care staff had not received first aid training and six nurses had not received training in???. Health and safety training had been provided but some staff had not been updated in this subject since 2010. 13 staff had not received Mental Capacity (DoLS) training and seven care staff had not received safeguarding training. Other members of staff, including the nurses, had not received refresher safeguarding training since 2009.

Staff were providing care to people living with dementia and 11 staff members had not had dementia training and for 4 nursing staff, their previous dementia training took place in 2010 and 2011 so was in need of updating. Only two care staff had received training in how to manage behaviour that may challenge.

Other training specifically for nurses had not been updated for some considerable time, for example,

venepuncture training had not been updated since 2012, and syringe driver training since 2012 and some nurses had not received safeguarding training since 2010.

The induction training was not linked to the new Care Certificate which is the recommended training from the government for health and social care staff. This had been recognised by the management team but progress had not been made at the time of the inspection to introduce the certificate. Staff confirmed that they shadowed experienced members of staff to gain experience in the role they would be undertaking. As part of the induction new staff received one to one supervision on a monthly basis for three months during their probationary period. This was not consistent as only one new member of staff of two had received the required supervision.

Staff were not meeting regularly with the manager for one to one supervision and appraisals to discuss their personal development needs and any areas where they could benefit from further training. The nursing staff had not received clinical supervision.

The provider was not ensuring that all staff received appropriate training, supervision or appraisal to enable them to carry out the duties they were employed to perform. This was in breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Fifteen members of staff had obtained or were in the process of obtaining a Diploma in Health and Social Care (formerly National Vocational Qualification or NVQ) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Some training had been sourced from the local hospice including four sessions to be held on end of life care.

The lack of training had been identified in the business development plan but only minimal training from the local hospice had been arranged. There were no other training courses booked to address the shortfalls at the time of the inspection.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians and the speech and language therapists. If a person was unwell their doctor was contacted. A family member told us that when their relative had difficulty swallowing appropriate health care professionals were involved to ensure they received the support they needed to manage the issues.

Visiting professionals, including the older people's mental health team and respiratory nurses went to the service on regular basis and were available for staff if they had any concerns. Relatives told us that the staff responded promptly when their family member needed to see a doctor or had to attend any other health related appointments. Visiting professionals who visited the service on a regular basis said that they were confident the staff would call them if there were any concerns and staff often contacted them for advice and support. They said the registered manager and nurses understood about people's health needs.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. No-one had any complaints about the food. People said, "I really like the food and "We can have what we like". One person said, "I have a special diet. The staff here are really good and know what I can and can't eat and what I like. Whatever you want, they get you". Another person said "The food is as good as the girls who look after me". "Staff ask every day what I want to eat and there is always a choice".

The food was fresh and looked appetising. It was served promptly with attention paid to the appearance of the food on the plate. People were not rushed and ate at their own pace. Most people chose to eat in their bedrooms. Some people needed support from staff to eat their meals and staff did this in a discreet and sensitive way. They encouraged and supported people to do as much as possible for themselves.

Nutritional risk assessments were completed to make sure people were receiving the food they needed to keep them as healthy as possible. If people were not eating and drinking enough they received supplement drinks and extra calories in their diet. The amount of food and drink they had was monitored and people were encouraged and supported to eat and drink enough to keep them healthy. Some people had special tubes where they were fed directly into their stomach with a special liquid diet. Staff had received training to support people with their tube feeding but this had not been updated since 2012. People received the amount of nutrition that they needed and they were monitored to make sure their weights were stable.

## Is the service caring?

### Our findings

People and relatives told us the staff were kind and caring. People said, "The staff are always kind and patient", "Everyone is so nice. They sing to me. They are happy and I am happy too", "There is a good atmosphere, everyone cares and is kind, that's the most important thing".

Staff and relatives told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other.

People had sent 'thank you' cards to the service, comments included: "Thank you for your outstanding kindness and care". "Thank you for the love and kindness, we could not have asked for more". "A very big thank you for the really wonderful care that you gave to my relative". "You provided dignified care for my relative and ensured they were comfortable at the end of their life".

A visitor told us that the staff looked after their relative well. They said the staff were caring and their relative was happy with the service. They told us how they were involved in their relative's decisions about their care and were always consulted about decisions to be made. They said: "I am always talking with the nurses and they make sure everything is OK. I am satisfied with the service".

Staff told us: "I love it here; it's all about the people, that's why I work here". "I absolutely adore my job, we really get to know people well and their likes and dislikes".

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People who were more able were able to go outside using their mobility aids or visit the gardens when they wished.

People told us they were treated with privacy and dignity and staff always respected their wishes. People were able to come and go as they pleased, we observed people going into the garden and sitting in the communal lounges. People's rooms were personalised with their own belongings.

We observed that staff knocked on people's bedroom doors before entering. We overheard staff asking if people needed anything and if everything was alright. Staff spoke with people whilst carrying out their duties; they stopped and chatted to see if people needed anything, such as a drink.

Staff spoke with people politely and warmly. Staff were able to describe how they maintained people's dignity and privacy. For example, closing blinds and doors and also how they made sure people were at ease when providing personal care. The service had now decided that the double rooms would now become single occupancy rooms to enhance people's privacy and dignity.



Staff supported people to make decisions, such as what they wanted to eat or wear. People's beliefs were respected and there was chapel in the building for people to use. The service was also liaising with the local church for regular visits.

Advocacy services were displayed on the notice board should anyone require to use this service for independent support. Each person had a key worker who was responsible for building relations with them and their family and routinely checking with the person to see they had everything they wanted, such as toiletries.

The service provided end of life care which was planned in advance when people were near the end of their lives. Staff said they would do all they could to make sure people received a comfortable, dignified and pain-free death. They were compassionate and understanding about end of life care. People had care plans which stated how to support them during the end stages of their life. The care plans were used to direct end of life care which avoided hospital admissions and provided dignified and pain-free care at the service until they died. The service were working with the palliative care team from the local hospice. They said the palliative care team, community services, the doctors and the staff all worked together to make sure they were prepared for all eventualities.

## Is the service responsive?

### Our findings

People told us that they received the care and support that they needed. They said that this had been discussed with them prior to coming to live at the service and during the time they had been living there. People said "They always notice if I am not looking well and do something about it". A relative told us, "This is a very welcoming home and all the staff are lovely. My relative is very happy and contented here".

People and their relatives told us that an assessment of their needs was completed before they came to stay at Kearsney Manor. This was done so that the registered manager could check whether they could meet people's needs. People and relatives said that they were involved in planning their care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. The quality and amount of information in the assessments varied. Some of the assessments contained more detailed, personal information about people which reflected their previous lifestyles, backgrounds and family life as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Kearsney Manor. Other assessments did not contain the information about people to 'build up' a picture of people and the care and support that they needed. This was an area for improvement.

The lead nurses on duty during the inspection had a clear and sound understanding of people's health needs. They were able to explain in detail about everyone's health needs and the clinical interventions and support they needed to keep as healthy as possible. When any concerns were identified, specialist advice was sought.

Each person had a care plan. The registered nurses were responsible for making sure people's care plans were accurate and kept up to date. These were written to give staff the guidance and information they needed to look after each person. People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, continence, and skin care, eating and drinking.

Some people were unable to mobilise and were confined to chairs or their beds. People's care plans contained guidance about how to move people safely using specialist equipment like hoists and slings. There was care plans to prevent people's skin from becoming sore and breaking down. When people were at risk of developing pressure sores, they had special pressure relieving equipment in place, like air flow mattresses and cushions which protected their skin from becoming sore and breaking down. Staff knew what signs to look for and the registered nurses responded quickly if any concerns were identified, and made sure people received the intervention and care they needed to keep their skin as healthy as possible.

When people received their nutrition directly into their stomach by a special tube there was detailed guidance on how to do this and what signs staff should look for and the action to take if there were any problems. Some people had difficulty breathing. There was information and guidance for staff on how to

position people in bed and how to support them with their medicines, like oxygen and nebulisers to help them breathe more easily and keep them as comfortable as possible.

A staff handover was completed at the beginning of each shift. The handover was detailed and thorough. There was a communications book which was used in conjunction with the handover. Staff said that they made notes in the book during each shift and that this made sure staff were aware of any changes in people's health or support needs.

There was programme of activities for people to enjoy. An activities co-ordinator had been appointed to work 30 hours each week on Monday to Friday. This had improved the social activities for people living at the service. There was in house entertainment such as bingo, sing-a-longs, reminiscing, making cakes and manicures. Outside entertainers also visited the service twice a month and provided music, healthy exercises and performing dog show. The service had a 'Kearsney Manor Choir' who enjoyed singing on a regular basis. There was information on the notice board to inform people of the planned activities, such as barbeques and a summer fete were being arranged for the summer. Some people chose to stay in their rooms due to their nursing care needs or preferences to watch their own television or listen to the radio. The activities co-ordinator made sure that they received one to one visits to chat so they would not feel socially isolated. The co-ordinator had plans to introduce further activities such as a 'memory lane' for people living with dementia, memory boxes and a monthly weekly newsletter detailing topical events and the news.

One person told us, "I don't like joining the activities with other people. I keep myself to myself, but (the activities co-ordinator) comes and sits with me and has a chat. She paints my nails sometimes and we have a laugh and a joke".

People we spoke with said that they did not have any concerns but would speak to staff if they had any problems.

The service had a complaints procedure on display in the entrance hall. This information was included in the welcome pack when people came to live at the service. Complaints had been logged in a file, investigated, responded to and resolved. There had only been one complaint this year. People and relatives told us that the service responded to any concerns and they felt confident they were listened to and their issues were acted on. The complaints policy required to be reviewed and up dated in line with current guidance so that people had a clear understanding of the process to complain. The procedure was not in any other format to ensure that people who were less able had the opportunity to understand the procedure. This was an area for improvement.

# Is the service well-led?

## Our findings

People and relatives were satisfied with the service and told us the service was well led. Staff told us: "The service is well led, it is a good service, I would be happy to have a relative here". "We are very much supported, you can always go to a manager or trustee here for anything that we may need". "I think the organisation is well led we provide superior care here".

The registered manager worked in the service for three years before applying for the registered manager post in August 2015. They were registered with CQC in February 2016. The registered manager is a registered nurse with many years' experience on managing and providing nursing care. They were currently in the process of completing a diploma level 5 in leadership skills.

The registered manager was transparent and honest about the shortfalls in the service and acknowledged that there had been a lack of oversight and scrutiny of the service to monitor and improve the service. They told us that this had been recognised by the provider and in March this year plans were now in place to address the shortfalls and improve the service.

As a result the management structure of the service was being reviewed and a head of care and care supervisor had been appointed as part of the management team. The service had a 'care enhanced strategy' plan which had been discussed with the staff on 18 March 2016 but there was no record in place to confirm who attended and what was on the agenda to be discussed. The plans stated that the strategy would be fully implemented by the end of 2016.

Staff were aware of the changes and a memo had also been sent out which detailed the extra support required to bring the service up to date with the current inspection methodology, legislation requirements and best practice.

The plan detailed the shortfalls in the service such as the lack of supervision, appraisal, staff and residents meetings. The first stages of the appraisal system were being introduced at the time of the inspection but care staff were still not receiving supervision and nursing staff had not received clinical supervision to discuss their role, training and development.

The progress on the business plan stated that the trustees and management team met on five occasions last year but there were no minutes recorded to show what developments and progress was discussed.

Although staff told us that there were systems in place to regularly monitor the quality of service that was provided, such as medicine and care plan audits, the shortfalls identified in this report had only recently been identified.

Audits and checks on the service were carried out but records did not show what actions needed to be taken, with timescales and who was responsible for the improvements to be made. Staff also told us that checks were made daily on the service but there were no records to confirm this.

There was a quality assurance system in place to gather information and feedback about the service however surveys had not been sent out to people, relatives and health care professionals since 2014. There were no formal resident meetings and the registered manager told us that the activities co-ordinator was going to arrange for this to happen in the future.

Some of the policies and procedures had not been reviewed or updated since 2011. Records such as previous staff supervision and contingency plan could not be found at the time of the inspection and there was a lack of recording minutes of meetings. Records were not always accurate as some accidents and incidents had been recorded in the wrong place.

The provider had not ensured that there were effective systems in place to monitor and improve the service. Records were not being maintained or accurate with regard to the management of the service. This was in breach of Regulation 17(1)(2)(a)(b)(c)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider was introducing a new team structure for care staff, to introduce senior care staff and shift leaders. Staff had been advised of this new structure in March 2016 and it was in the early stages of being implemented. Staff were clear about their roles and responsibilities and the need to report any concerns or issues to the nurse or management team. They told us that the registered manager listened to their concerns and always acted promptly to resolve any issues. Staff told us there was an open culture within the service and that the management team were approachable and they were available for advice at all times.

Staff understood the visions and values of the service, by treating people as they would want to be treated themselves. Staff said: "I love it here, it's all about the people, that's why I work here". "People who live here are treated with respect, they are like part of my family". "People are treated with dignity, we make sure they have a good quality of care".

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 an appropriate and timely manner in line with CQC guidelines.

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 did not take formal enforcement action at this stage. 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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that care and treatment was provided with the consent of the person and had not acted in accordance with the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance for staff to follow to show how risks were mitigated including when supporting people with their behaviour. Environmental risk assessments had not been updated and reviewed. A legionella test had not been completed and staff had not attended a fire drill. Accidents and incidents had not been analysed to reduce the risks of them happening again. There was a lack of safe and effective systems to ensure that people's medicines were managed safely.</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 provider had not ensured that there were effective systems in place to monitor and improve the service. Records were not being maintained or accurate with regard to the management of the service.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that new staff's previous conduct in employment had been verified and gaps in employment had not been investigated or explained. References were not all satisfactory.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider was not ensuring that all staff received appropriate training, supervision or appraisal to enable them to carry out the duties they were employed to perform.</p>