

# Purelake (Chase) Limited

# The Chase

## Inspection report

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13 September 2018

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection was carried out on 12 and 13 September 2018 and was unannounced.

The Chase is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Chase can accommodate 31 people, and there were 31 people living there at the time of our inspection.

The Chase is a large detached house situated in a residential area of Canterbury, with access to the city centre. There were 29 bedrooms, two being able to offer double occupancy. People's bedrooms were provided over two floors, with a passenger lift in-between. Six of the bedrooms had ensuite facilities whilst the others had shared bathroom facilities over both floors. There were sitting and dining rooms on the ground floor and an enclosed garden to the front and rear.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The Chase was last inspected in June 2017. At that inspection we rated it as 'Requires Improvement' overall.

At this inspection, although people and relatives gave mostly positive feedback about the service, we found significant concerns about the safety of people. Emerging risks were seen in areas where we did not have previous concerns and breaches of regulation were found.

Risks including those associated with medicines, the environment, the spread of infection, and fire had not been assessed and minimised placing people at risk of potential harm. Medicines were not always stored or documented safely.

Recruitment processes were not robust enough to ensure suitable staff were employed to work with vulnerable people. Staffing levels were not always sufficient to meet people's needs.

Staff understood how to identify abuse and how to escalate concerns. Accidents and incidents had been logged and analysed by the registered manager to try to minimise the risk.

Staff had not received the training or supervision needed to complete their roles effectively. Although some changes had been made to the environment, further planned work had yet to be completed including the replacing of carpets.

The registered manager had assessed people's needs prior to them receiving a service. People told us they

enjoyed the food at the service, and were supported to eat and drink sufficient amounts to maintain a balanced diet. Staff teams worked well with each other and external agencies to provide people with access to healthcare professionals. The principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards were understood and applied in the service.

We observed staff to be busy which impacted on their ability to have meaningful interactions with people. People's dignity was not always respected, one person asked twice to have a shave and despite us informing staff, the person was not supported to shave.

Although people told us they enjoyed the activities on offer, improvements could be made to the quality of activities on offer for people. With the exception of one care file we reviewed, people's care plans provided an up to date picture of their support and needs. There had been no complaints since our last inspection. End of life planning had been a focus for staff and the registered manager, and was person centred.

The service was not consistently well-led. Audits were in place but had in some cases had failed to identify issues raised in this inspection, and in other cases the provider had not completed the actions necessary.

The manager had formed good relationships with healthcare professionals who supported improvements at the service. People's views were sought, and used to improve the service.

We have made a recommendation for improved activity provision for people with dementia.

We have made a recommendation about the management of staffing.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are considering our regulatory response to our findings and will publish our action when this has been completed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Known risks to people had not been minimised. This included risks with the environment, fire, the spread of infection and risks relating to medicines.

Additional work is needed to ensure staffing levels remain consistent when staff call in sick or have an emergency.

Recruitment processes were not always robust.

Medicines had not always been stored and audited in line with good practice.

Accidents and incidents were recorded and action taken to reduce the likelihood of re-occurrence.

Staff understood their safeguarding responsibilities.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff training was not up to date, and supervisions were not taking place consistently.

Essential work identified for the building had not been completed, for example replacing carpets that were worn and odorous.

People's needs were assessed prior to receiving a service.

People were supported to maintain a balanced diet.

Staff members worked effectively with other agencies and organisations to ensure the care people received was effective.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People's dignity was not always considered.

Care files had limited information about people's involvement in decisions about their care and support.

Staff treated people with kindness, and knew how to comfort them if they became distressed.

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

**Requires Improvement** ●

The service was not consistently responsive.

People enjoyed the activities provided, however these could be improved, with more activities offered at the weekend.

Complaints were logged and people, relatives and staff told us they knew how to make a complaint.

End of life planning was person centred and focused on people's preferences and wishes.

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

**Requires Improvement** ●

The service was not consistently well-led.

Audits completed by the registered manager and area manager either failed to identify or failed to act on the issues highlighted at our inspection.

The registered manager understood their regulatory responsibility.

Views of people were sought, and used to improve the service.

The staff and the registered manager worked in partnership with other agencies.

# The Chase

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 and 13 September 2018 and was unannounced. The inspection was carried out by two inspectors and assistant inspector and an expert by experience on the first day and two inspectors and an assistant inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including previous inspection reports and the Provider Information Return (PIR). The PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered the information which had been shared with us by the local authority, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We spoke with 13 of the people who lived at The Chase. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We spoke with five visitors and relatives. We looked at the environment, including the bathrooms and some people's bedrooms.

We spoke with four staff members and the registered manager and the deputy manager. We reviewed a variety of documents. These included six care files, staffing rotas, four staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records, audits and quality assurance surveys.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living at The Chase. Comments we received included; "No worries and I feel really safe living here" and "I feel very safe" and "Happy living here feel very safe." Although we received mostly positive feedback from people, relatives and visitors we had concerns about the safety of the home in a number of areas.

People were at risk of unsafe care and treatment because staff had not minimised risks to people and the environment. For example, on the first day of our inspection, we observed staff had left razors unattended in a bathroom. We brought this to the attention of the registered manager, who confirmed that razors were meant to be kept in a locked cupboard when they were not in use. Staff locked the razors away following our discussion, and we did not observe them to be unattended during the second day of our inspection. One person had their bedroom door propped open by a bedside cabinet. This posed a fire risk to the person and others living at the home. We spoke with staff and the registered manager who confirmed the person liked their door to be open, and often propped it open with the bedside cabinet. We reviewed the March 2018 head office audit which identified this risk, however the provider had failed to act. On the second day of our inspection, the registered manager confirmed a door guard had been ordered, and would be installed the following day to safely allow the person to have their door open.

At our last inspection we identified that there were strong odours throughout the home, with the provider identifying the need for new flooring in some areas. We made a recommendation that the provider ensured that the flooring was suitable to meet the needs of the people throughout the premises. At this inspection we found the risk of the spread of infection had not been safely managed. Carpets in the entrance and stairs were threadbare in some places, and had not been replaced in the second lounge. There was an unpleasant odour resembling stale urine within the home including in corridors, some bedrooms and in the second lounge. Staff told us they cleaned the carpets regularly, and audits from January, February, March and April 2018 had all identified that new flooring had been requested, but not actioned by the provider.

The sluice room was situated in a cupboard and the floor was piled with six stained plastic commodes pans. The registered manager informed us the sluice had not yet been cleaned that day, and ensured it was cleaned during the inspection. Two bathrooms on the ground floor had unpleasant odours and had not been cleaned following their use. We discussed this with the registered manager, and the bathrooms were cleaned during the inspection. The registered manager informed us they had booked training for later in the year for the deputy manager and a senior staff member to be infection control champions.

Medicines were not managed safely. Liquid medicines had not always been dated when first opened so that staff would recognise when they needed to be disposed of. Records about prescribed creams had not been completed. The deputy manager informed us they did not request staff to keep a record about prescribed barrier and moistening cream applications. Following a discussion with the deputy manager, topical medicines administration records (MAR) were sourced and implemented. We will check these are being utilised correctly during our next inspection. Prescribed creams were not in locked cabinets to avoid the possibility of them being swallowed or applied too frequently by people living with dementia. We informed

the registered manager of this, on the first and second day of our inspection, and on the second day, they took action and moved the creams. We carried out a physical reconciliation of people's drugs in relation to records of administered and stock held. We found that in two cases the MAR did not match the actual number of drugs held at the home. Some people were prescribed medicines that require special storage, these are prescription medicines that are controlled under the Misuse of Drugs legislation (and subsequent amendments). We checked the stock of these medicines and found that in one instance they were incorrect. We discussed our findings with the deputy and registered manager who assured us they would complete an investigation, of which they sent us the outcome following the inspection. Where these medicines needed to be returned to the pharmacy this had been done, however the corresponding medicines book had not been updated in all cases.

The failure to mitigate known risks to people, protect them from avoidable harm and manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the medicines round, and saw people were given their medicines in a safe way. One person told us "She never fails with the medicine, like clockwork." Staff ensured people had water to take their medicines, and explained to people what the medicines were for. Staff stayed with people until they were sure the medicine had been taken, and then updated the MAR. A relative told us that staff had been responsive when there was an issue with their loved one's medicines. They told us the "Locum doctor didn't bring prescription pad so it was eighteen hours before they got any antibiotics, it really knocked them for six. They are very prone to infection so now they have their own supply of three-day antibiotics in the medicine room on standby." Some people had 'as required' (PRN) medicines prescribed that were administered when they needed them, such as paracetamol for pain relief. People who had PRN medicines had a PRN protocol in place to direct staff to what the medicines was prescribed for, how much could be given in one dose and in one day, and other useful information such as any reactions to be aware of. People's medicines were stored in a lockable trolley with storage areas for different people's medicines to reduce the risk of errors. The temperature of the medicines room and medicines fridge were taken daily and checked to see if the temperature was safe. Medicines were being stored safely and medicines that required refrigeration were kept in a dedicated fridge. We checked MAR charts for people and found that with the exception of prescribed creams, medicines were being signed to indicate that people had been given their medicines. People's photographs were on the MAR to ensure the right medicine was given to the right person. CDs had been stored correctly. Staff had received training in administering medicines and those we spoke with told us they felt confident in administering medicines.

We checked to see if safe recruitment processes had been followed to ensure staff were of good character to work with vulnerable people. We reviewed four staff files, and found that in two of the files the provider had not explored gaps in the staff members recruitment history. One file reviewed showed the provider had not completed sufficient checks on the employment history of the staff; a reference had been obtained from a friend, not a previous employer.

The failure to operate a robust recruitment process is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.



On the first day of our inspection, there were not sufficient staff to meet people's needs. The registered manager informed us there should be four care staff, plus a senior on in the morning. On the day of our inspection, there were three care staff, plus a senior and we observed staff to be rushing. One person in their room, who usually received hourly checks was not checked between 8.50am and 11.00am. Staff told us and rotas confirmed two staff had called in sick that day, and staff had been unable to cover the shift with agency staffing. The deputy manager came in to support staff on the first day of our inspection. Staffing levels had been assessed through a dependency tool. Staff told us that when there was no sickness or leave, there were sufficient staff to meet people's needs, however shifts were rarely covered when staff called in sick. Rotas we reviewed suggested that during the four weeks leading up to our inspection on two occasions during the day and one at night there had not been sufficient staffing due to staff sickness. The registered manager told us they rarely used agency staff. A relative told us "Carers are wonderful nothing is too much trouble but they are short staffed so they can't give the individual care they would like to." One staff member told us "When we are short staffed we just pull together." On the second day of our inspection there was improved staffing numbers, with staff well deployed around the service. We observed staff were not rushed, and had more time to engage with people.

We recommend that the registered provider reviews the process for covering shifts to ensure people are kept safe during times of staff absence.

Staff had a good understanding of safeguarding concerns, and knew how to identify possible abuse and how to report it. One staff member told us "They could change behaviour, attitude or be withdrawn from everyone. My first port of call would be the senior, deputy then the manager. If I didn't think it was dealt with I would go to the CQC or even the police." Staff had received up to date safeguarding training, and safeguarding referrals had been made appropriately by the registered manager.

Risks associated to the environment including the Control of Substances Hazardous to Health (COSHH), gas, electric and checking water temperatures were being completed regularly. There was a fire risk assessment completed, and staff completed regular fire drills. Each person had a person emergency evacuation plan (PEEP) that gave clear instructions to staff or other professionals of how best to support someone in the event of an emergency. A PEEP gives details of the support each person would need to leave the home in the event of an emergency such as a fire.

Accidents and incidents had been logged and used as an opportunity to improve the service. Accidents were logged and reviewed by the registered manager to ensure action had been taken, for example making a referral if necessary, and ensuring the care plan and risk assessment was updated. Falls were documented and audited monthly, with a review of where the fall took place, and what time so the manager could assess any other factors which may have caused the fall. The registered manager informed us they had worked closely with the commissioners and healthcare professionals to audit and review accidents and incidents and hospital admissions. As a result of the audit the registered manager was able to demonstrate the home was appropriately accessing the emergency services.

## Is the service effective?

### Our findings

People and their relatives told us staff delivered effective care. A healthcare professional told us "The staff are attentive and caring to the residents. They are alert to signs or illness."

The registered manager informed us there was an on-going training programme for staff, with updates being booked and completed regularly, but was behind where they wanted it to be. The registered manager was working with the Clinical Commissioning Group (CCG) to implement further training to support staff to develop their knowledge. We reviewed the training matrix and observed that five staff members had no record of receiving any training, one of which started in August 2017. Yearly updates for staff in courses such as manual handling and safeguarding had not been completed within the identified timescale. We reviewed staff supervision which evidenced five staff members had not received any form of supervision. One staff member told us "Sometimes I am given the support I need to do my role and sometimes I'm not. Quite a lot of staff feel that way." Competency checks had been completed, but only for six staff members, and only in relation to medicines administration therefore the provider could not be assured staff understood and were implementing their training effectively. Staff told us they would benefit from less online or self-taught classes. One staff told us "I preferred the training when it was delivered in person. I find with the books it goes in one ear and out the other." The registered manager informed us that staff supervision and training was an area that had 'slipped'. However, now the home had two deputy managers in place this was an area that would be improved. The lack of training, supervision and competency checks put people at risk of receiving care from staff that were not competent.

The failure to ensure staff are trained and competent is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Training completed that had been completed by staff included understanding challenging behaviours and diabetes care. One staff member told us "My best training was the first aid one, practicing on the dolls, it's better than someone just telling you what to do."

New starters completed the providers induction process which included working supernumerary for two weeks to allow staff time to get to know people and review their care plans. Staff that did not have a qualification in healthcare completed the care certificate. The Care Certificate is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. New starters were paired up with longer standing staff, and observed interactions and care during the first week, then interacted with people supervised during the second week. New staff were given time to review the providers policies and procedures and read care plans to help them get to know people and the support they wanted.

People's needs were assessed and their care was planned to meet their needs. Prior to a service being provided, the person's needs were assessed by the registered manager. The registered manager told us they had been working on reviewing people's needs, and ensuring they did not take anyone whose needs they were unable to meet. The assessment completed by the registered manager included considering the

person's preferred name, medical history, mobility and skin integrity. Other important information such as if the person had a history of absconding, or if they were known to the mental health team was also included to give staff a basis to provide care. One staff member told us the first thing they did when someone moved in was to "Greet them when they arrive. Explain to them who you are. Talk to them about their likes and dislikes and offer them a drink. Then introduce them to other residents so they don't feel isolated."

People received sufficient food and drink to maintain a balanced diet. There was a menu board in the lounge to remind people of the food choices for the day. On the first day of our inspection, the cook went around in the morning and showed people the menu's which had pictures of the choices for lunch. We observed lunch on both days; the food looked of good quality and was plentiful. People told us "Food is good, plenty of coffee and I like it hot" and "I like the food we always eat it." On the first day of our inspection, staff appeared rushed taking lunches to people, with little time to ignite conversation at the dinner tables or sit with people for any length of time. On the second day of our inspection, staffing levels had improved and staff had time to engage with people during their lunch. People were mainly independent and did not need support eating and drinking. Some people needed adapted cutlery, plates and cups and we observed they had access to these. People who were vegetarian had been offered alternative food choices, and relatives told us staff were aware of religious or dietary requirements. One relative told us they brought food native to their culture to the home for their loved one to enjoy. Where people had been identified at being at risk of malnutrition, food and fluid charts had been completed, with appropriate referrals made to dieticians. One person had been identified as at risk of choking, and was awaiting assessment by the speech and language therapist (SaLT). In the meantime, they were being supported with a soft diet to minimise the risk.

There were processes in place to ensure people received consistent care when transferring to and from the home. People had information in their files which could be used by other healthcare professionals, for example if someone was admitted into hospital. This information included the persons preferred name, any medicines they were taking, any allergies and their medical history. The registered manager had worked with healthcare professionals to implement a 'transfer document' which could be used if someone moved to another service. This included key information to ensure the person received consistent care such as how many staff the person required to support them with specific needs such as personal care, or mobilising. The document also considered medical history and details of medicines the person was taking, including for example if they had an adhesive pain relief patch, and when this would need to be changed. People also had 'missing person' information in their file, which included an up to date photograph of the person and important information relating to their communication, to support staff or other professionals to locate the person in an emergency.

People were supported to live healthier lives, and have access to healthcare professionals. People had access to the GP, optician, chiropodist and dentist and were referred when their needs changed. One person told us that the "Doctor comes quite quickly." Documentation of healthcare professional visits were clearly recorded within the person's care plan, and any changes or recommendations implemented. One staff told us "You know what the residents are like day in day out. Anything out of character for them we know something is wrong if they have an infection. For example, one of our people started becoming verbally aggressive we knew it wasn't like them. We tested their urine, sent it to the GP who analysed it and prescribed some antibiotics. They went back to normal after that."

There was dementia friendly signage throughout the home, to help people who may become disorientated to place and time find their way around the home. People's bedrooms were personalised and contained photographs and other personal possessions. The registered manager informed us that as and when bedrooms became available, they were redecorated with more suitable flooring fitted. The service had a

programme in place to update beds to more suitable beds. There had been some improvement to the decoration of the home since our last inspection. The conservatory had been decorated with new flooring and made into a dining room, and the first lounge had been decorated. However other parts of the home appeared tired, and in places the carpet needed replacing. There was no ramp at the front of the building, which relatives told us could be an issue for their loved one. The relative informed us that staff were very helpful in supporting them to enter and exit the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the home was working within the principles of the MCA and that any conditions on DoLS authorisations were being met. Consent to care and treatment was sought in line with legislation and guidance. Documents reviewed showed how consent from people had been obtained. When people lacked the capacity to make more complex decisions staff involved healthcare professionals, relatives and advocates. A staff member told us "They choose what to wear, what they want to eat and drink. If they want a shower or bath. Everything really."

## Is the service caring?

### Our findings

People told us staff were caring and kind towards them. Feedback we received included "On the whole they really look after us well," and "[Staff] seem to be nice and helpful." One staff member told us "The residents are the best thing about working here, I love the residents."

People told us they were treated with dignity and respect, and that their privacy was considered by staff. However, some documentation reviewed did not always refer to people in a dignified way. For example, one person's care plan stated, 'protective apron must be worn for mealtimes.' We observed staff member rushing, begin to put a protective apron on a person, and then stop to explain to the person that they were going to put a protective apron on for lunch, without the person's request. We observed one person requesting support from staff to shave at 10.30. The staff member was on their break at the time, and informed the person they would support them following their break. We observed this person at 14.42 and then again at 17.00 still not having received support to shave. We shared this with the registered and deputy managers who assured us the person would be supported to shave. One toilet on the ground floor did not have a working lock. We brought this to the attention of staff, who told us they would raise this with the maintenance person.

The failure to consistently ensure people's dignity was respected is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us staff knocked before entering their rooms, and if people needed support in communal areas, they would put a curtain around them to maintain their dignity. A healthcare professional told us "Yes they deliver the service safely and treat the residents and each other, and me, with respect." Care plans reviewed had detailed guidance for staff on what people were able to do for themselves, and what people may need support with, with an emphasis on retaining their independence. Consideration had been given to people's changing needs, for example guidance documented that one day the person may be able to complete the task themselves, and the next day the person may require some support. There were also reminders for staff that some people may not be able to identify if they needed support to change, and advised staff to check with people to ensure their dignity was maintained.

On the first day of our inspection, staff were very busy, and seemed to rush. On the second day of our inspection, staff had more time to spend with people, and we observed some kind and caring interactions. Staff told us when people were first admitted they would "Sit and talk to them read their history, talk to their family when they come in. We don't always have time to read their care plans straight away so we talk to them, and read them when they can." Staff told us they were able to identify when people needed emotional support, one staff told us they would "Talk to them, be there for them. [person] is always looking for their mum. Sometimes we will walk around with them and look with them. They like that." Another staff member told us of a person who used to be a postman. When staff identified this person appeared down, and not themselves, they were asked to support staff to sort out post delivered to the home, and put it in order. Staff told us this lifted the person's spirits and after they appeared 'absolutely fine.' One staff member told us "I'm really happy here, I love working here. It's really homely."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. We reviewed documentation at the home, and observed there was 'easy read' documentation for people to access, including fire safety information.

People were involved in monthly house meetings hosted by the activities coordinator, where they were asked their feedback and ideas on activities, the food menu and any areas of improvement they wanted for the home. Positive feedback had been reported in relation to the food served at the home.

## Is the service responsive?

### Our findings

People told us they enjoyed the activities at the home, and that staff were responsive to their needs.

Each person had a care plan which was personalised, and with exception of one care record, an up to date representation of their needs. Risks relating to specific healthcare conditions had been reviewed and updated, for example people had falls risk assessments that had been reviewed and updated following a fall. Risk assessments included guidance for staff about how to minimise the risk and support the person in order to meet their needs. One person's care plan detailed they were living with epilepsy, however they did not have an epilepsy care plan or risk assessment. We discussed this with the registered manager, who confirmed the information was no longer relevant; the person did not have seizures or receive any support for epilepsy. Documentation we reviewed was unclear, and the registered manager agreed the documentation needed updating and assured us this would be done as a priority.

People were being supported in a person-centred way. People's background had been explored and protected characteristics considered. People were asked if they had a preference between which gender of care staff supported them. People's preferences and daily routines were detailed in care plans, including what time people liked to get up in the morning and go to sleep at night, and what activities people liked to partake in.

There was an activities coordinator, who was responsible for organising activities for groups of people in communal areas, and individuals who may be in their rooms. On the first day of inspection, the activities coordinator initiated a game of bingo with some residents. The bingo cards had been handwritten, not following the traditional format of a bingo card, and people had pencils to mark off the numbers called, which were not very effective. The game took a long time, with the activity coordinator marking off everyone's card with a pen following the calling of each number, and people appeared to lose interest and doze on and off. Following the game, books about various subjects were handed out to people, some of which were not age appropriate. In the afternoon there was a game with a ball, which people in the first lounge were involved in, and there was more interest in this, with people clapping and cheering. People told us they enjoyed the activities at the home. However, there was no activity coordinator at the weekend, and staff told us they did what activities they could with people. A relative said "The activity organiser is very good with residents but when they are on holiday nobody replaces them, they've got the patience of job. They take one of the residents to see their dog at the kennels regularly." People who did not want to be involved in group activities watched television or completed quizzes or read books and magazines. Staff asked people which channel they wanted to watch, and if the television was loud enough for them. The registered manager had negotiated with another local business to allow them to use their mini bus, which enabled people to go on day trips to Leeds Castle, Wildwood, Wingham Bird Park and to Whitstable for bowling followed by Fish & Chips.

We recommend that the provider source expert advice and training to help develop appropriate activities for people living in the service with dementia and cognitive memory loss.

People's religious needs were met. One person had their own chaplain who attended the home weekly for communion and a fortnightly church service was held in the home.

Complaints and concerns had been documented and used as an opportunity to improve the home. Since our last inspection, no complaints or concerns had been documented. People, their relatives and staff told us they understood the process for making a complaint and felt confident to do so. One person told us "Happy to talk to manager if I had a complaint" and a relative told us "We haven't had any issues. We would go to the boss first, then we would go to the CQC or social services." There was a complaints policy in place, that detailed who people who were unsatisfied with the response to their complaint could contact. However, the policy did not include referring people to the local government ombudsman, and the contact details to do so. We discussed this with the registered manager who advised us they would amend the policy.

At the time of our inspection, no one was being supported with end of life care. However, staff had previously supported people at the end of their lives, and we were able to review documentation detailing care provided to people. The registered manager informed us there had been a 'big improvement' since the last inspection, in relation to end of life planning, and staff had received training to help them support people and their relatives. The registered manager told us "Staff are very good, very caring and considerate to relatives and person." A healthcare professional told us "The Manager has a passion for getting End of Life Care right and putting the individual at the centre of care, they really try to go the extra mile to meet individuals wishes, choices and preferences at this time making sure the individual is part of the facility family." We reviewed end of life care plans which were person centred and included clear guidance for staff on how best to support the person. These included consideration to areas such as oral care, including how and when to support the person, and how to support them to remain comfortable including dabbing their eyes with cotton wool, and ensuring they have access to any food or fluid they may want. The registered manager advised that during the end stages of a person's life every effort is made to accommodate relatives, including offering them an opportunity to sleep at the home, if space allowed.



## Is the service well-led?

### Our findings

We received mixed feedback about the running of the home. Some relatives and staff were very complimentary about the management of the service, one staff told us "The managers are visible and give the support you need" whilst other comments from relatives included; "Staff are absolutely marvellous it's just the management of the staff" and "Turnover of staff is really high and in my opinion, it is because of the management." During our inspection, we found systems to monitor and improve the service failed to identify issues highlighted by the inspectors.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The manager and provider had a set of audits, which were completed regularly to monitor and improve the home. These included a medicines review completed monthly, however this audit failed to pick up the issues we identified with medicines. Other audits reviewed including the monthly report completed by the area manager did identify issues highlighted in inspection, but the provider had failed to act on the issues identified. For example, the monthly report highlighted in four of the five months documented this year 'strong odours' in parts of the home, with the floor being identified as needing to be changed. This had also been identified on the annual buildings maintenance plan, and was scheduled to be completed before the end of September 2018. The registered manager was unable to confirm this work would be carried out as planned within the following two weeks of the inspection. The policies and procedures for the service had not been reviewed or updated since 2015 in most cases. This meant that staff were potentially accessing information that was out of date, or no longer good practice. The registered manager acted on the findings highlighted during inspection, however they had failed to proactively identify and resolve the issues we found.

The above evidence shows that the provider was unable to demonstrate that systems or processes in place operated effectively to ensure compliance with requirements. There was a failure to assess, monitor and mitigate the risks relating to health, safety and welfare of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the culture of the service was positive, with staff working well together as a team and seeing each other as family." The registered manager informed us there was adequate management cover over weekends, with the deputy managers working alternative shifts, and told us the "staff can contact me whenever, day and night for work and for personal issues." The registered manager told us "Our strategy is to keep improving, and to keep the home as homely as possible. To ensure the residents are happy." Feedback received from people, relatives and staff however was mixed. One staff member told us "I think it's a good place to work, the staff and residents are happy" and a relative told us they were "very happy" with the way the home was run, and that there was always management cover when they visited.

The registered manager informed us they kept their skills up to date by working closely with other healthcare professionals, including the GP, commissioners and healthcare professionals visiting the home. The registered manager had recently completed an additional qualification in health and social care, to refresh their knowledge. They had signed up to receive updates from health and social care organisations such as the CQC bulletin, information from the CCG and information on new legislation and guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the entrance of the home, which also had the latest CQC report for people to review. The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had sent us notifications of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. The registered manager was aware of their responsibility in relation to the statutory Duty of Candour. The Duty of Candour is aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred. The registered manager told us the "The area manager comes over monthly to do audits. They are always there for backup. They are very supportive with personal issues. We have a management support officer in post. I have now two deputies which has helped. I went without a deputy for two months and I really struggled, I told the provider and they agreed we could have two deputies. They have been really really supportive."

The provider sought feedback from people and their relatives, and held staff meetings for engagement. Surveys given to people to complete had been created in a format meaningful for them. Staff told us that those who could complete surveys without support were offered to do so, and the activities coordinator supported people to complete surveys with those who required additional support. The results of the surveys were collated and sent to the provider for review. Comments reviewed included; 'They're [staff] good and helpful approachable if you have an issue' and 'a very good home I've been happy here.' The registered manager completed their own analysis on the feedback, which we reviewed and was mostly positive with 80% of people commenting that the appearance of the home was good, and 84% saying their bedroom was good. Under each section of the questionnaire, the registered manager had listed action taken as a result of the feedback received. This included redecoration and impressing on staff the importance of listening, and explaining things to people. The activities coordinator hosted a resident's meeting monthly, where people were given the opportunity to discuss any concerns or complaints and make suggestions for activities.

There were regular staff meetings held by the registered manager. Staff meetings included discussion of expectations, any changes to people or routines and tasks that were not being completed. One staff member told us they thought the home could benefit from more staff meetings. Another staff member told "So much could be done to this place to make it better. Little things like more tables so people can eat in their armchairs." They confirmed this request had been made to management and tables had been ordered. The registered manager had not collated any feedback from healthcare professionals, but advised us they would consider doing this in the future. Another staff told us "Things get done eventually. Little lights in bedrooms never work, more people would sleep better if they worked, people have to have their big lights on."

The registered manager had formed good working relationships with local health and social services. The registered manager had been working closely with a healthcare professional to improve aspects of the home, including care planning and escalating people's changing needs to healthcare professionals. The registered manager told us they have a "good relationship with [healthcare professional] they have so much

information and are such as source of knowledge." Staff and the registered manager had formed good links with the local GP and any visiting healthcare professionals.

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 10 HSCA RA Regulations 2014 Dignity and respect  The provider failed to ensure people were treated with dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to identify and minimise risks to people and the environment. The provider failed to manage medicines properly.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to ensure robust recruitment processes were followed to ensure staff were suitable to work with vulnerable people.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff were supported and received appropriate training to be competent to work with people.