Bramlings Limited

Brambling House

Inspection report

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02 August 2016

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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

The inspection was unannounced and took place on 28 July and 2 August 2016. Brambling House provides residential care for up to 20 older people, some of whom may be people living with dementia. There were 18 people living at the service. The home benefits from having three communal spaces downstairs, one small lounge, a, dining room and a large conservatory area There is a flat garden area leading from the conservatory with seating and flower beds. All parts of the home are accessible to residents via a shaft lift. Accommodation comprises of 16 single rooms, and 2 shared rooms and is situated in the village of Shepherdswell.

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

People told us and indicated they were happy living at the service. People told us the staff were always busy but usually around when they needed them. There were times during the day, such as early morning, evenings, and meal times that there was not enough staff on duty to ensure that people needs were fully met.

Potential risks had been identified but the measures to reduce these risk were not detailed enough to give staff the guidance to ensure people were safe. This included moving and handling risk assessments, environmental risk assessments and behaviour risk assessments.

Staff took appropriate action to support people when accidents occurred and sought medical advice if necessary. The registered manager analysed these for trends but further analysis would be beneficial to look at people's behaviour and triggers to reduce the risk of further events

Each person had an individual personal emergency evacuation plan (PEEP) with guidance for staff about how to evacuate people from the building; however, additional information was required to give staff guidance to support people with their behaviour when an emergency arises.

Medicines were being administered safely, further guidance was required to ensure that 'as and when' medicines have clear guidelines and infection control procedures are being followed.

People were treated respectfully and with dignity however there were times during the day when dignity was compromised due to the lack of staff on duty to support people to eat their meals.

Care plans had been regularly reviewed, but some people's needs had changed and the care plans had not been amended to reflect these changes.

Quality audits and checks had been carried out. Some action plans were in place, however not all of the shortfalls found at this inspection had not been identified.

The Care Quality Commission was not routinely informed as required when people had been deprived of their liberty in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us they felt safe living at the service. Staff had received training on how to keep people safe and how to raise concerns. They were aware of the whistle blowing policy and were confident that the registered manager would listen to their concerns.

The requirements of the MCA had been met. Staff supported people to make decisions. When people lacked capacity to make a specific decision, systems were in place to enable best interests meetings to take place with people who knew them well. Staff offered people choices of what they wanted to eat, or where they wished to sit.

Staff were recruited safely with all the necessary checks to ensure they were of good character. New staff received induction training and a training programme was in place to ensure that staff had the skills and knowledge to perform their roles. Staff received one to one meetings with their line manager and a yearly appraisal of their work performance to discuss their training and further development.

The staff were all aware of people's dietary needs and preferences. People and relatives told us the food was good. Due to the lack of staff on duty at meal times, people did not always receive the full support they needed to eat their meals.

People's health care needs were monitored and met. Health care professionals spoke positively about their working relationship with the staff.

Staff were kind and caring and supported people when they became anxious or upset. They encouraged people to be as independent as possible.

People told us they looked forward to the activities, especially the music entertainment. There were links with the local community, such as the women's institute choir and church.

The registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager would take appropriate action to resolve their issues.

People and relatives told us the service was well led and the registered manager was supportive to the people and staff.

There were regular quality assurance checks carried out on the service being provided. Feedback was sought from people, relatives, staff and health care professionals involved in the service. People, relatives and health care professionals spoke positively about the service and were satisfied with the care being provided.

Records were not always completed accurately to provide staff with the information they needed to provide safe and consistent care to people.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Potential risks had been identified but measures were not always in place to reduce the risk to keep people safe. Staffing levels were insufficient t to meet the needs of people in the service.

Accidents and incidents were not always recorded accurately recorded and further analyses were required to identify patterns or trends to reduce the risk of further events.

Systems were in place to ensure that medicines were managed safely, however further guidance was required to ensure that staff had the full guidance when giving people their 'as and when' medicines.

Staff knew how to protect people from abuse and were aware of the whistle blowing policy.

Checks were in place to make sure the premises was safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutritional needs had been assessed, and people told us they enjoyed the food. However, there was insufficient staff on duty at meal times to make sure people were supported to eat their meals without interruptions or waiting for staff to support them to eat

People received support from trained, supervised staff who had the skills and knowledge to meet their needs. New staff received an induction and shadowed established staff to ensure they were competent before working on their own.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in ways they understood

People's health care needs were monitored and met. Health care professionals were consulted when required

Is the service caring?

Requires Improvement

The service was not consistently caring

Staff were supportive, patient and caring. They treated people with kindness, patience and respect.

Due to lack of staff people's dignity was compromised when being supported to eat their meals.

People's privacy was respected. Staff took time to speak with people; and promptly responded when people needed support or became anxious.

People were encouraged to maintain their independence and their rooms were personalised to their own taste.

People were supported by their family to be involved in their care and if required advocacy services were available.

Is the service responsive?

Requires Improvement

The service was not always responsive

Although records showed that care plans had been reviewed, when people's needs had changed this information had not always been recorded in the care plan. Staff had a good understanding of people's choices and preferences but care plans were not always person centred.

People told us they enjoyed the activities and had opportunities to participate in activities of their choice. Visitors said they were always made welcome.

People and relatives told us they would not hesitate to complain if they had any concerns. They were confident that the registered manager would listen to their issues and take appropriate action.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The Care Quality Commission was not consistently notified of the authorisation of people's deprivation of liberty authorisations, as per current legislation.

Quality audits and checks had been carried out but some shortfalls had not been identified to ensure that action plans were in place to improve the service. Records were not always

accurate.

People's views about the service were sought through meetings, reviews, and survey questionnaires.

People, relatives and staff told us the service was well led. Staff told us they were supported by the registered manager and understood their roles and responsibilities.

Brambling House

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 28 July and 2 August 2016, and was unannounced. The inspection team comprised of two inspectors on the first day and one inspector on the second day.

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

At the inspection we met and spoke with 7 people who lived in the service. We observed how people interacted with each other. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We spoke with 2 visiting relatives, 2 visitors and health care professionals. We also spoke with the registered manager, deputy manager, and four staff members.

We looked at four people's care plans and risk assessments, medicine records, and operational records that included three staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records, complaints information, policies and procedures and survey and quality audit information.

We last inspected this service on 11 April 2014. There were no concerns identified at this inspection.

Requires Improvement

Is the service safe?

Our findings

People appeared relaxed and happy in the company of each other and staff. People said: "I feel safe here, the staff are good". "Yes I feel safe here; the staff do a good job". "If I didn't feel safe, I would just ring the call bell and the staff would come and sort me out".

The risk assessments to support people with their mobility lacked detail to guide staff how to manage risks when moving them with a hoist. One risk assessment stated, 'two staff to assist at all times, whilst hoist is in use, hoist sling to be checked at every use for damage'. There was no information recorded to guide staff how to do this safely and consistently. This person was very frail and there were no guidelines of how their medical condition affected how the person moved.

Some people had behaviours which may challenge others. Basic information regarding these had been recorded in individual care plans, however, clear guidance to help staff manage them was missing. For example, one person's care plan stated that they get frustrated and could become impatient and shout. The care plan stated for staff to 'ask him to stop and support with other things.' There was no record of what other things meant and the person was living with dementia and may not understand this request. Another plan stated, 'reassure this person whilst in the hoist to reduce the risk of them becoming agitated'. There were no details to guide staff how or what to say to reassure this person.

An incident was recorded where one person had kicked their leg out at a member of staff and staff responded by telling the person who was living with dementia that 'their behaviour was unacceptable'. There were no strategies in place to reduce this person's agitation or further guidelines for staff on how to manage aggressive behaviour or recognise any triggers or trends to reduce the risk of this happening again.

There were no risk assessments in place to ensure that people's topical creams were safely stored. An incident occurred where a person was able to ingest some topical cream as they had managed to go into someone's bedroom where the cream was left available.

The registered provider had not made sure care and treatment was provided in a safe way. There was a lack of detail in the risk assessments to guide staff how to move people safely and support them with their behaviour. Risk assessments were not in place for people to store topical medicine in their rooms. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff took appropriate action to support people when accidents occurred and sought medical advice if necessary. Records showed that health care professionals had attended the service and people had received appropriate treatment.

People told us that staff were usually very busy. Relatives said there seemed to be enough staff but during the inspection there was insufficient staff to fully support people with their personal care and meal times.

There was four people who required two members of staff to support them with their personal care and

seven people who needed support to eat. In addition some people needed to be supervised consistently to ensure they remained safe. Each day the deputy manager or senior staff member was responsible for administering the medicines, whilst the other two members of staff were supporting people. The cook finished at 2pm each day; therefore the three members of staff were also responsible for making the tea and serving supper. Care staff were also responsible for writing and updating care plans and risk assessments. There was no dedicated laundry person so care staff also had to do the washing and ironing and distribute people's clothes. There was a part time activities co-ordinator who worked each afternoon from 2pm to 5pm but they were not responsible for providing personal care to people. This meant that when people needed two care staff to support them with their personal care or go to the bathroom there were insufficient staff on duty to support the remaining 16 people living at the service. There were only two members of staff on duty from 8pm. Some people needed two care staff to support them, so if they wanted to go to bed after 8pm there was no other staff available to look after the remaining people living at the service.

Staff told us that it was a struggle to get people up each morning when the senior was doing the medicines as this left two care staff to support everyone to get up and help them with their personal care, including those people who needed two members of staff. They said there was not enough staff on duty to manage at this time, therefore some people had to wait and it was difficult to monitor people's behaviour and keep them safe.

We observed that some people needed to be supervised to remain safe. One person's care plan stated that they could become aggressive towards residents and staff at times and staff needed to watch them in the conservatory or lounge. There were periods of time during the day that there was no member of staff in the conservatory or the small lounge. The registered manager told us that there should always be a member of staff on the ground floor but this could be in the dining room, small lounge or conservatory. One person's care plan stated they should not be left alone with female residents. During the inspection there were several occasions when staff were not around and this person was left in the presence of female residents and staff were not available to monitor this situation.

Staff told us that they did not have time to sit and chat with the people as sometimes they were completely rushed off their feet.

The provider had failed to ensure there were enough staff on duty at all times to meet people's needs. This is a breach of Regulation 18 of the HSCA 2008 (RA) Regulations 2014

Only trained staff were able to administer medicines and their competency to do so was reassessed and their training updated. Staff observed that people had taken their medicines safely. When staff gave people their medicines they signed the medicines administration records (MAR). The medicines given to people were accurately recorded; however, hand written entries of medicines on the MAR charts had not been consistently countersigned to confirm that the information was correct and to reduce the risk of errors. People were asked by staff if they were in pain and if they needed any 'pain relief' and 'as and when' medicine protocols were in place. The protocols lacked guidance for staff such as the dose, how much to be given in 24 hours and guidance of when to give the medicine. This was an area for improvement.

Medicines were stored in a locked room and were administered from a medicines trolley. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines. This enabled them to check when they were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary. They were confident the registered manager would listen and take appropriate action. One staff member said: "I would not hesitate to tell the registered manager if there was any bad practice".

People were protected from financial abuse. There were systems in place to manage people's finances. This included a record of all monies spent and received together with receipts for any purchases. All transactions were signed by two staff members and people could access the money they needed when they wanted to.

New staff had been recruited safely. Staff confirmed they had completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. There was proof of people's conduct in previous employment and all relevant checks, such as the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed to ensure they were suitable to work at the service.

There were regular checks and servicing on equipment, such as the hoists, which included weekly checks on wheelchairs, the boiler safety check and the electrical system. Rooms were also checked on a regular basis to ensure equipment was working. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. Fire drills had been carried out to make sure staff knew what to do in case of fire. There was guidance for staff to follow in the event of an emergency, such as fire. Each person had a personal emergency evacuation plan (PEEP) in place to safely evacuate people from the premises in the event of an emergency such as fire. The assessments lacked guidance for staff to manage people's behaviour should an emergency occur. This was an area for improvement.

The service had systems in place to complete minor repairs and the dining room had just been refurbished. There was a maintenance plan to improve the décor of the service and a new maintenance person had just been employed. The garden by the entrance to the conservatory had also been extended with additional seating and raised flower beds. The provider had an emergency plan in place to reduce the risk to people in the event of a major incident.

Requires Improvement

Is the service effective?

Our findings

People told us they were satisfied with the care being provided. They said, "This place is pretty good here and the staff are very good". "The food is spot on; you can choose what you want".

Health professionals spoke positively about the service and said that staff were proactive in raising concerns about people's health care needs.

We observed the lunch time meal over two days. The food was served hot and looked appetising. People were asked if they wanted to wear a tabard to protect their clothes and staff explained this to them. There were eight people in the dining room with one member of staff to support them. Some people needed to be monitored throughout the meal time due to their behaviour as they took other people's drinks and tended to get up from their chair and stand over other people eating their meal. Other people needed support to eat and some people needed to have their food cut up. The staff member also had to clear the plates which at times left the people in the dining room unattended. This resulted in people having to wait to be supported to eat and coping with constant interruptions to their meal. There was also a risk that people who were less able were not eating their full meals as they did not have the attention and encouragement to do so. The staff member was aware of this and apologised to people throughout the meal time.

The cook had an understanding of people's individual dietary preferences and any specialist diets that needed to be catered for. One person's care plan noted that they should have a low fat diet with more fruit and veg but this person's was served a 'fry up' for lunch. Staff told us they were aware of this person's dietary requirements and how they tried to encourage them to eat fruit and more vegetables. However this was not the case at lunch time. This was an area for improvement.

People's needs for eating and drinking were assessed. When people were not drinking or eating enough food and fluid charts were place in their rooms to enable staff to monitor and ensure they had enough to eat and drink. Hot and cold drinks were given throughout the day plenty and drinks were readily available in the lounge, dining room and in the bedrooms. There was a large fruit bowl in the conservatory for people to help themselves if they wanted a piece of fruit.

People and staff had been involved in the menu planning to ensure people had a choice of meals. The cook had pictures to support people to choose their meals and spoke with each person daily to ensure they had the opportunity to have the meal of their choice. One person at lunch time changed their mind about the meal they had chosen and without hesitation this was replaced with another meal of their choice. Each person was given a snack bowl in the afternoon which included fresh fruit each day. People who lacked an interest in eating were encouraged to eat and given supplement drinks to boost their diet.

Records showed that staff attended training regularly, such as, moving and handling, health and safety, first aid, food hygiene, fire and infection control. Staff told us that the training was ongoing and refresher training was also provided regularly to ensure they were up to date with current legislation and practice. In addition to basic training staff had received Mental Capacity and Deprivation of Liberty Safeguards (DoLS) training,

dementia training, and end of life training.

New staff completed an induction training programme in line with the new Care Certificate and included competency tests and shadowing established staff. The Care Certificate has been introduced nationally to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and quality care. Staff confirmed that they had completed the induction which included shadowing established staff before being deemed to be competent to work on their own.

Over half of the staff had completed vocational qualifications in health and social care and others were in the process of being registered to complete the award. These are work based awards that are achieved through assessment and training. To achieve vocational qualifications candidates must prove that they have the competence to carry out their job to the required standard.

Staff were receiving one to one meetings with their line manager and an annual appraisal to ensure they were supported to perform their role. The frequency of the supervision was not in line with the company policy of five per year. The registered manager was aware of this shortfall and had a plan in place to address this issue. Staff said they were very well supported by the manager and their training and development needs were discussed at their appraisal.

Staff asked people for their consent as they went about their daily routines. When people were not able to make a decision, decisions were made in their best interests by people who knew them, such as staff, their relatives and health care professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Health care professionals told us that the service had a good understanding of mental capacity and aim to do their best for each person living at the service.

The registered manager was aware of their responsibilities under DoLS. DoLS applications had been processed and some authorisations had been made. Staff were aware of these restrictions and people were supported in line with their care plans and recommendations. When people had been restricted to go out in the community alone staff accompanied them to the local shops on a regular basis.

People were supported to remain as healthy as possible. A practice nurse from one of the local surgeries held a clinic each week to support people with their health care needs. Staff told us that this was really helpful and increased their knowledge and understanding of people's medical conditions. Health care professionals told us that this gave staff an opportunity to raise any concerns or new symptoms which may prevent ongoing medical issues.

People told us that they saw the doctor if they needed to. They said that staff were good at noticing if they felt unwell and were very attentive. The advice and guidance given by health care professionals, including doctors, was recorded in the care plans and followed by staff to keep people as well as possible. Some people were at risk of developing pressure ulcers. Actions were taken to prevent pressure ulcers by using barrier creams and providing people with air mattresses and special profiling beds People's weights were usually taken on a regular basis and any weight loss was alerted to senior staff and referred to dieticians for advice and support.

District nurses called daily to support people with their medical conditions such as diabetes. There was generic information in people's care plans with regard to diabetes but this was not personalised to show what range was acceptable for their individual blood sugar level. One care plan stated 'blood sugar to be taken by staff before leaving to make sure they are high enough to sustain him through the night, if not he will need a sandwich and hot drink to support him'. There was no information to confirm what the level was to ensure it was high enough. This was an area for improvement. Staff including the cook knew what foods people needed if they required a boost to raise their sugar levels.

Requires Improvement

Is the service caring?

Our findings

People told us the staff were caring and kind. They said: "The staff are respectful and caring." "The staff are polite and considerate". "The staff are very good here, I can go to my room when I want and get myself to bed, I've only got to say and the staff always help". "The staff give you want you want in here".

People's dignity was compromised at meal times as there was not enough staff on duty to support people to eat. It was a regular occurrence that one member of staff sat between two people to help them to eat their meal, whilst also taking plates out and supporting people with their behaviour.
This was an area for improvement.

There were visiting professionals on the first day of the inspection. They were cutting people's nails and finger nails in the conservatory lounge in front of everyone. There were no screens to protect people's privacy and dignity. We spoke to the registered manager who put a careen up straight away and said they would review this practice.

People's care plans contained information about their life and who was important to them. Staff were familiar with their life stories and had built up relationships with them. Relatives told us they were always made welcome and were offered tea and refreshments. There was a notice at the front of the service advising relatives not to visit at lunch time. This decision had not been made by people living at the service. The registered manager told us that this decision would be reviewed and people would be asked if they wanted this to continue.

Relatives told us that the staff knew their loved ones and supported them well. They said: "I am confident that staff know my relative and they are kind and respectful". "Staff respect people's dignity, they treat my relative exactly how I would like to be treated myself". "The staff keep my relative involved in the home". "I praise the staff and give them 101 per cent". Relatives also sent 'thank you cards' to the service. Comments included,: "We cannot thank you for the exceptional care you gave my relative. Your staff made all the difference". "It was a great comfort to know that my relative was so well cared for and shown such compassion".

Staff told us that the team were very caring and were very good at fundraising and told us that they had raised £1000 to take people out in the community.

Staff ensured that people were supported to make choices, such as using pictures for them to make a choice of what they wanted for lunch, choosing their drinks and where they wanted to sit. People had been asked if they preferred a male or female carer and their decision was respected.

Health care professionals told us that the staff dealt with privacy and dignity well. They said residents responded to staff and they would consider recommending the service to a relative. They said that all staff genuinely cared for the people they looked after. Staff ensured that people were spoken with discreetly if they needed the bathroom. They listened to what people were saying and made sure people had what they

wanted, such as their newspaper, or if they wanted a cup of tea.

People's independence was promoted, staff supported people to go to their rooms and monitored their mobility. At lunch time care staff broke down tasks such as putting food on the fork and then encouraging people to eat to help them remain as independent as possible.
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People's independence was promoted, staff supported people to go to their rooms and monitored their mobility. At lunch time care staff broke down tasks such as putting food on the fork and then encouraging

people to eat to help them remain as independent as possible.

People were supported to find their way around the service with aptly painted areas. All of the toilet doors were painted yellow to ensure they were distinctive and easy to find. Their rooms were personalised to their taste, with their own possessions such as photographs and ornaments.

Staff knew people well and chatted to them about their interests and family. People responded and told us how their family visited them regularly and what they liked to do, such as listening to the visiting entertainment and going out in the garden. Staff were patient and kind and talked to people at their own pace giving them time to express their opinions. Staff greeted people as they completed their tasks and people responded in a jovial friendly manner. The atmosphere in the service was friendly and relaxed.

People were supported to follow their chosen religion when they wanted to and people from the local church visited the service regularly. People were supported to keep in touch with their family through telephone calls or social media. There was a computer in the conservatory with a large keyboard for people to use.

Advocacy services were available to people if they needed additional support and one person was accessing this service. An advocate is someone who supports a person to make sure their views are heard and their rights upheld.

Staff were aware of the need for confidentiality and people's personal information was kept securely.

The service had systems in place to support people at the end of their life. People's wishes had been recorded including 'do not resuscitate' authorisations. These were discussed with people and/or their relatives and recorded in their plan of care to ensure that these would be fully respected when needed.

Requires Improvement

Is the service responsive?

Our findings

People told us they were well cared for. They said that the staff responded to their needs. During the inspection staff were attentive and when people asked for a drink or to go to the bathroom. People told us that staff usually came quickly but there were times when they had to wait as staff were busy.

Relatives told us that the staff responded to people's needs, they told us they were kept informed about their loved ones care. They said that staff knew their relatives well and involved them in their care.

The registered manager told us that they were in the process of updating care plans to ensure they were more person centred. Although the records showed that care plans had been reviewed each month, on one care plan it stated that a person was at a high risk of falls but when we spoke with staff they said this person's dementia had deteriorated and this was no longer the case. The care plan had not been updated to reflect this person's current needs. This was an area for improvement. Staff told us they kept up to date as communication was good and they had detailed handovers each shift so that they were aware of people's current needs.

Information in the care plan, such as the waterlow charts (a tool used to assess the risk of people developing a pressure area) were not being completed correctly. The scores were contradictory and totalled incorrectly. The person had not developed any pressure areas; however the outcome of the assessment should be accurate to ensure staff have the right guidance in place to protect people from developing pressure areas. People had the required equipment to prevent the risk of developing pressure sores, such as, air flow mattresses and cushions which helped them to keep their skin as healthy as possible.

Each person had a care plan which included information about their personal care needs, mobility, mental health, communication, nutrition, medicines and health care needs. The plans varied in details, some plans had personalised information such as putting soap on their flannel and what colour towel they preferred, but there was no information about their preferences of how they liked to shave or what toiletries they used. Other plans described when people went to bed and how they could manage their personal care, their hobbies and what their favourite things were.

The registered or deputy manager visited people to carry out a care needs assessment before they decided to move into the service. People and their relatives were also invited to visit the home, to have a look round or eat a meal. The assessments covered information about people's needs, their medical conditions, health care, hobbies and interests. From this information a care plan was developed. This helped staff to have an understanding of people and their lives before they came to live at the service. Relatives told us that they had been involved in this process to support their loved ones to make decisions about the care they needed.

People were encouraged to take part in activities of their choice. There was an activities coordinator who worked five afternoons a week. A poster was displayed with the weekly activities in the service, these included , outside entertainment visiting the service, arts and craft , quizzes, bingo and sing along sessions.

Staff made sure that one person had their newspaper handy as this was part of their preferred daily routine. Another person told us how much they enjoyed the music and dancing every Wednesday and they had entertainment on a regular basis. People listened and talked about the entertainment that afternoon as an accordionist played music.
The garden had been recently extended and people told us how they enjoyed the garden area. They were hoping to plant vegetables in the raised beds next year.

There were also one to one pamper sessions such as having nails painted or manicured. Some people chose to remain in their rooms and the activities co-ordinator made sure they were visited on a one to one basis to ensure they did feel socially isolated.

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. They said, "I always tell the registered manager if something is wrong and I am not happy, they listen and sort things out quickly". "We have relative/resident meeting so we can deal with issues, they listen and deal with any issues".

Staff knew people well and were able to tell if there was something wrong. They said people's behaviour or mood usually indicated if something was wrong and they would observe, speak with to other members of staff or relatives to try and resolve their issues. The service had a complaints procedure on display in the entrance hall. Complaints had been logged in a file, investigated, responded to and resolved. There had only been two complaints this year which had been recorded and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

Some people were able to tell us the service was good and they were happy with the service. Relatives told us that communication with the registered manager and staff was good. They felt included in their relatives care and spoke highly of the care being provided. They said the registered manager was approachable and organised the service well. One comment was "I am satisfied with the care, I would recommend the service".

A visiting professional told us that they felt the service was well led. They said the manager was visible and they would recommend the service.

The service had an 'open door' policy to encourage everyone to be part of the service. This was apparent at the time of the inspection as the atmosphere in the service was very inclusive. People and relatives were involved in the daily routines of the service. Staff told us that they were very well supported by the registered manager. They said they always had time to listen to them and sort out any problems. It was evident the staff worked as a team.

Staff said: "I would recommend the service to a family member, the staff bend over backwards to make sure people are well cared for". "The staff support people physically and emotionally and with the dignity they deserve".

The registered manager was supported by the deputy manager but there were no supernumerary hours for the deputy manager to be developed as they were part of the staffing numbers to provide direct care to people living at the service. This did not give them the opportunity to gain knowledge of the registered manager position. There was also no administration support for the management team. Staff were busy throughout the inspection, but continued to include people in their conversations and worked hard to ensure people had the care they needed.

Systems were in place to check the quality of the service by staff, such as the care plans, risk assessments and medication. The operations manager also visited the service and completed monthly reports. However, not all of the shortfalls identified in this report, such as the staffing levels, and the lack of risk management with regard to moving and handling and behaviour, had been identified.

The registered manager summarised accidents to look for trends, however, further analysis would be beneficial to look at people's behaviour and triggers to reduce the risk of further events as the cross referencing with the accident forms was not always accurate. Two forms were completed for one person on 2/7/2016. The first form was completed by one member of staff at 07.20 am which indicated the person had injured their head; the second form completed by another member of staff at 08.20 indicated that the person had injured their head and their lower right arm. Paramedics attended the service to assess the person's injuries and they were treated and remained at the service. The registered manager was unable to resolve this discrepancy as the information recorded in the daily notes was also not clear.

Records, such as the waterlow assessments, accident forms and daily notes were not always completed

accurately to provide staff with the information staff needed to provide safe and consistent care to people.

The systems to monitor, identify and assess risks to the health and safety of people were not sufficiently effective to ensure that people's care and support was managed safely. Records were not completed accurately. This is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was not aware that they had to inform CQC when Deprivation of Liberty (DoLs) authorisations had been completed. Some people at the home had a DoLs authorisation in place and the provider had failed to send CQC the notifications.

This is in breach of Regulation 18(2)(c) of the (Registration) Regulations 2009, Notification about an application to deprive someone of their liberty.

Systems were in place to obtain people's views of the service, including residents' meetings and sending out quality assurance surveys. Relatives, staff and other stakeholders were also included in the annual survey. At the recent quality assurance survey in June 2016 health care professionals commented: "A lovely friendly home, all the residents seem really happy". "A very warm and loving home for residents, everyone is happy and makes you feel welcome". "The staff are very polite and very friendly". There scores for the survey were mostly excellent with people and relatives commenting. "The food seems very good". "The home is very good". "Staff are friendly and polite, a very cosy home".

There were links with the local community, such as the local women's institute choir, and the local school visited on occasions.

The registered manager told us that they regularly checked the Alzheimer's website to keep up with dementia issues. They had provided dementia training for staff and invited relatives to attend to help them further understand their loved ones condition. The registered manager had been working with the initiative, 'My Home Life' which promotes quality of life and delivers positive change in care homes for older people. Regular manager's meetings provided peer support and updates, for example to legislation and good practice guidance. The operations manager has a safeguarding lead role for KICA (Kent Integrated Care Alliance), which updates providers and registered managers of important changes.

Staff knew about the vision and values of the organisation, they said, "We ensure that people are safe and happy with their surroundings to know they are loved and cared for". "To give the people choices, and make sure they are treated with privacy and dignity". "We put residents first and make sure they are safe". "The staff support people physically and emotionally and with the dignity they deserve". "We treat people as I would like to be treated myself, this is a home from home, and the door is always open to welcome families".

People received monthly newsletters. The content of the newsletters included useful information such as how to complain and raise any concerns. There were staff meetings for the kitchen and care staff which raised issues such as the management of people's weights, adding additional nutrition and calories to meals such as creams to soup. Safeguarding protocols were also discussed to ensure staff had understood and read the policy. Quarterly health and safety audits were carried out and covered the internal and external of the building and action plans were put in place to address any shortfalls.

The provider valued employees. 'Employee of the month' awards were given and a corporate award ceremony was held annually to recognise the achievements of the staff. Staff had access to policies and procedures, which were reviewed regularly and staff signed to confirm they had read and understood them.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the Care Quality Commission in accordance with the legislation when an application to deprive someone of their liberty had been authorised

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not made sure care and treatment was provided in a safe way. There was a lack of detail in the risk assessments to guide staff how to move people safely and support them with their behaviour. Risk assessments were not in place for people to store topical medicine in their rooms.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems to monitor, identify and assess risks to the health and safety of people were not sufficiently effective to ensure that people's care and support was managed safely. Records were not completed accurately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that there

were enough staff on duty at all times to meet people's needs