

The Whitepost Health Care Group

The Elms Nursing Home

Inspection report

Ranelagh Road
Redhill
Surrey
RH1 6YY

Date of inspection visit:
18 March 2019

Date of publication:
26 April 2019

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: The Elms Nursing home is a service where people can receive accommodation, nursing and personal care. The service accommodates up to 19 people who are living with dementia, elderly and frail or who have other health conditions. At the time of our inspection, 16 people were living at the service.

People's experience of using this service:

Although people received the medicines they needed, we found a lack of good records in relation to people's medicines. People continued to live in an environment that was not necessarily fit for purpose and was not kept free from infection. Risks to people had been identified, however staff were not always following guidance in people's care plans to help ensure people were kept free from risk of harm. People were not always cared for by a sufficient number of staff. This meant people did not always get the support they needed. We observed times when people were not always shown respect by staff.

People were cared for by staff who had been recruited through robust processes and received the training and support they required. Where people had accidents and incidents, staff learnt from these and took appropriate action.

Where people lacked capacity, staff were not always following the legal requirements in relation to making decisions on their behalf. We also found that people were not supported to make informed choices about the food they ate. Activities on offer to people had improved.

People's care plans contained some good information about their needs, however documentation was unwieldy and repetitive making care plans difficult to follow. We found in general people received responsive care, but there was some lack of consistency in relation to this.

The registered manager had started to make some improvements to the service, but progress was slow and audits carried out did not always identify shortfalls. Despite the registered provider telling us after our last inspection what action they planned to take to improve the service we found some of this had not happened.

People received input from healthcare professional involvement and people's needs were assessed before moving into the service.

During our inspection we found two continued breaches and one new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made four recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: We last inspected The Elms Nursing Home on 18 January 2018 where we rated the service as Requires Improvement. We published the report on 24 March 2018.

Why we inspected: This was a scheduled fully comprehensive inspection carried out in line with our inspection methodology which is based on last inspection rating. We used this inspection to see if the registered provider had actioned the shortfalls we identified during our last visit.

Enforcement: The overall rating for this service is 'Inadequate' and the service has therefore been placed in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

The Elms Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by three inspectors.

Service and service type:

The Elms Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The Elms accommodates up to 19 people in one building.

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

Notice of inspection:

We carried out this unannounced inspection on 18 March 2019.

What we did:

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with three people, two relatives and three staff. We also spoke with the

registered manager and deputy manager and a visiting healthcare professional. In addition, we received written feedback from another professional and reviewed the report from the most recent local authority's quality assurance visit.

We reviewed a range of documents about people's care and how the service was managed. We looked at five care plans, medicine administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed. We asked the registered manager to send us some further information following our inspection for analysis.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 January 2018. We found at that inspection there was a lack of deployed staff, people were not always receiving safe care and there was a lack of a good standard of hygiene and maintenance in the premises. We also made a recommendation to the registered provider in relation to medicines processes.

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

Staff could not be sure that people were safe and were kept free from risk of avoidable harm. Some regulations were not met.

Using medicines safely

- Although people received the medicines they required with one person telling us, "I can have paracetamol if I'm in pain" we found that medicines processes were not robust. We also found that shortfalls identified at our last inspection had not been addressed.
- At our last inspection, we made a recommendation to the registered provider to develop PRN (as required) medicines protocols for people. These are important for people living with dementia who cannot express themselves. We found at this inspection not everyone had the protocols in place. We also found further shortfalls in medicines processes.
- Where people had pain patches prescribed, we saw that these were applied as per guidance in the person's MAR. However, there was no body map, checking or recording the site of the pain patch which meant should it fall off or when a new patch was applied, staff would not know where the new patch should be placed.
- Records relating to people's medicines were not comprehensive. One person had a medicinal gel prescribed which was recorded as, 'apply as directed'. There was no further information and apart from one signature on their MAR, it did not appear that it was being provided by staff.
- The same person's MAR had a line beside another prescribed cream which meant it was not clear whether this medicine had been stopped. We were told by a staff member, "I think it has been stopped."
- A second person had, 'see second MAR' against one medicine, however on the second MAR it had a note, 'see front page'.
- A third person was recorded as having 100 paracetamol tablets brought forward from their previous MAR. We noted they had received eight tablets since then which meant that 92 tablets should be in the box, however we counted only 82.
- Where people had topical creams (medicines in cream format) there was no accompanying body map or application record to show where the cream should be applied and that it had been done.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People lived in an environment that may not always be safe for them and where infections could spread. This was despite one person telling us, "Spotless, really clean," and a staff member saying, "We have a good cleaner. The mattresses do smell of urine sometimes but we do wash them with soapy water."

- At our last inspection, we identified shortfalls in the condition of the premises. The registered provider told us in their action plan that these shortfalls would be addressed, however we found this not to be the case.
- Most people's mattresses smelled of urine and some bedding also had strong malodours.
- The sinks in the sluice rooms (rooms where soiled equipment is cleaned) were dirty. A commode bowl we saw stored on the 'clean' shelf had dried faeces on it.
- A cupboard in one person's bedroom was dirty and mouldy stains.
- Some people's incontinence pads were out of the packaging in their bedrooms which is not good practice.
- Where there were risks to people, staff did not always follow guidance in their care plans. One person was at risk of pressure sores. A staff member told us, "She (the person) sits on her chair and she has a pressure cushion. We have to turn it on before she sits on it. If we didn't, it would increase her pressure around her bottom." However, we noted their pressure cushion was not on. This was despite the person's care plan stating, 'is at high risk of pressure sores'.
- Another person had a pressure wound. However, there was no supporting care plan evidencing treatment being provided and how the wound was progressing. At a staff meeting in November 2018, the registered manager had highlighted to staff, 'we do need to prove a wound is healing'.

The lack of demonstrating safe care and treatment towards people was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Wardrobes in people's rooms were not attached to the walls. Some of these wardrobes were quite weak and moved when we touched them, leaving people at potential risk.
- One person had a hole in their net curtain and the brackets of a broken towel rail still on the wall. Following a local authority quality visit in September 2018, we noted they had recommended, 'Cabinet handles to be replaced'.
- There was no hot water in one person's room and a communal toilet. Following our inspection, we were told by the registered manager that this had been due to a fault and had since been fixed.
- A cupboard marked, 'danger high voltage' was left unlocked at one point during the inspection. Although we did not see anyone independently mobilising around the service, this had the potential to be a risk to people. The registered manager told us this cupboard was normally locked and following our inspection they informed us that an additional lock had been added to this door.
- Although we were told at our last inspection that the registered provider planned to alter the layout of the rear garden area to provide a dedicated garden for people living in The Elms, this had still not been fully completed. The registered manager told us that progress had been made as a small grass area with a planter and tree hangings had been created. They also told us they used the front of the service to sit outside with people in the warmer weather.

We recommend the registered provider ensures that the premises that people live in are fit for purpose and suitable for their needs.

Staffing and recruitment

- People were not always cared for by a sufficient number of deployed staff as we observed times during our inspection that people did not receive the care that they required.
- On the day of inspection, the registered manager told us that a nurse and a member of care staff had called in sick. Despite attempts to get cover for these staff members, they had not been able to do so. As a result, the registered manager acted as the nurse for part of the day and the activities lead as a member of care staff.
- We found at our last inspection there was a lack of staff. The registered manager told us, "We have increased the staffing levels, partially based on the last inspection." This included employing a deputy

manager, an additional member of care staff during the afternoon and activities staff. However, from the notes taken at our last inspection, the number of care staff had not changed.

- We checked the records for a number of people and identified that at least eight people required two care staff for moving or personal care. This meant if two people were receiving personal care at the same time, there may be no care staff on the floor. Although, following our inspection the registered manager pointed out to us that in these instances a nurse would step in to care for people. We did observe this on the day.
- We received mixed feedback on staffing levels. A relative told us, "Sometimes a little lacking (in staff), but still very caring. On one occasion I was on my own in the lounge for about 10 minutes. Nothing happened, so it was fine." Other comments included, "They seem to be coping," "I feel there are enough staff, but I'm not here a lot," "Could always do with more staff. The problem is we have two walkers and more people are mobile now" and, "To be honest there could be an extra carer as residents need more of our attention. For example, one more person (staff) over lunch could help for feedings."
- From observations there were insufficient staff on the floor at lunch time. This meant people who required prompting and encouragement to eat did not always receive it.
- We noticed one person was not eating their lunch and heard them call out, "Help me please. I need to go to the toilet." We alerted the registered manager to this person who asked a member of care staff to attend to the person, however this left the person that this member of staff was assisting to eat without the support they required as only one staff member remained in the dining room.
- One person who ate their meal in their room did not receive input from staff, despite a staff member telling us, "She does need a lot of encouragement (to eat)" because there were not enough staff around.
- Another person sitting in the dining room kept dozing off and as such did not eat their meal because staff were not around to prompt them.
- We read in the local authority's quality visit in September 2018 they had recommended, 'there must be enough staff deployed to support and encourage people to eat'.
- A recent staff bulletin noted a comment from a relative which stated, 'I feel that with another care assistant on duty at each shift, there would be better coverage'.
- Following our inspection, the registered manager provided us with evidence of their dependency tool to demonstrate that staffing levels were sufficient for the number and needs of the people living at The Elms.

The lack of appropriately deployed staff was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff underwent a robust recruitment process prior to starting work at The Elms. This included providing employment history, references from previous employment, evidence of their right to work in the UK and proof of identification.
- Staff also underwent a Disclosure and Barring check to help ensure they were suitable to work in this type of setting.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff understood their responsibility in reporting any concerns.
- A relative told us, "We have never felt mum has been neglected."

Learning lessons when things go wrong

- The registered manager told us they used audits and staff meetings to identify areas which required improvement or discussion with staff. For example, they said that following a call bell audit they had reminded staff to place a call bell within sight of each person even if they felt they would be unable to use it. Staff also used hand bells for some people as these may be more recognisable to people as a way to call for

assistance.

- One person had had a recent fall. Following this, their bed was lowered and a crash mat was put in place to help prevent any further incidents.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 January 2018. We had identified that the principles of the Mental Capacity Act 2005 were not being followed. We found a similar situation at this inspection.

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

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

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found it was not.

- Staff were not always working within the legal guidance that related to the MCA as decision-specific mental capacity assessments were not in place for some people.
- One person had been given a flu vaccination however there was no capacity assessment or evidence of a best interests discussion. Staff had acted on authorisation from a family member but had not checked to see if the family member had power of attorney to make such a decision.
- Another person had a capacity assessment for their health completed by the doctor as well as for mobilising and eating and drinking, but there was not one for the locked doors.
- The local authority had recommended following their September 2018 quality visit, 'best interest documentation should be in place where individuals lack capacity'.
- We did see however, that other people had the correct documentation in line with the MCA.

We recommend the registered provider ensures the principles of the Mental Capacity Act 2005 are followed at all times.

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

- People appeared happy with the food that was provided to them. One person told us, "The food is quite adequate. I've put on weight since I've been here. You choose what you want the day before."
- People were provided with adequate food in order to keep them sufficiently hydrated and nourished.

- We reviewed people's weights and saw that they were steady, with some people having gained weight.

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

- At our previous inspection we found there was a lack of signposting and sensory items for people living with dementia.
- At this inspection, we found some improvement as the registered manager had displayed pictures and items along the corridor.
- We also found people had access to mobility aids, wheelchairs and moving equipment to assist them to move.

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

- People's needs were assessed before they moved into the service to help ensure they could be provided with suitable care.
- We also noted people's funding authority assessments in place in their care plans.

Staff support: induction, training, skills and experience

- Staff received training and supervision. This meant they had access to information to help them in their role and the opportunity to meet their line manager to discuss their work, concerns or any training requirements.
- One staff member told us, "We have training on dementia. Most people have it (dementia) here. We get a lot of training every year – it's good. I have supervisions every month with [staff name]. They are useful. They ask how you feel and what we have learned and any other issues."
- Another staff member said, "I did shadowing for one week and I read the care plans. We then did online training."
- Staff were suitably trained in the different types of dementia as they were able to describe them to us.

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

- People had access to healthcare input when required. The local GP visited the service on a weekly basis and they told us they did a review of each person's care needs every eight weeks.
- A relative told us, "She (their family member) had her eyes checked as they were itchy. Staff got the GP."
- We read that one person's dietary intake was being monitored as they had been losing weight. We saw that a referral had been made to a dietician to give guidance for staff in ways to increase the person's weight. The GP had also been contacted.

Is the service caring?

Our findings

At our last inspection on 18 January 2018, we rated the service as Good in Caring. We found at this inspection however occasions when people were not always shown the respect they should expect.

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

People did not receive the dignity and respect they should expect, however we heard that staff were kind and caring towards people. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- People were not always respected by staff. We heard and observed two staff members have a conversation over someone who was being assisted to eat in their bed.
- One person was brought to the dining room for lunch in their wheelchair. We noted the staff member folded back the person's footplates before pushing the wheelchair up to the table (despite there being room for them). This left the person with their legs dangling for the whole of their lunch as their feet did not reach the floor.
- During lunch time, we observed one staff member feeding two people at the same time and another staff member started clearing plates away from the table, despite them being in the middle of assisting a person to eat.
- We also observed one staff member, who was supposed to be assisting people with lunch, standing chatting to one individual, rather than assisting other people who needed it.
- We observed some people's hair looked unclean and some people did not appear well groomed.

The lack of respect shown towards people was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity

- We did however observe some nice, caring interactions between staff and people.
- One person told us, "They (staff) are all very friendly. We all have a chat about different things. I've never met a miserable one." A relative told us, "They're (staff) doing a great job. They are so patient."
- We heard a member of staff say to one person during lunchtime, "Can you manage that? Would you like me to cut it for you?" Another member of staff was assisting one person to eat and they commented, "Have another mouthful, that's great, well done."
- We heard a staff member chatting to one person about their family member who had visited at the weekend.
- One person had recently had a fall and a staff member said to them, "Wait a minute, I just need to get the hoist for you. Because you've had a big bang on the head you can't stay on your own at the moment. If you need anything sorting out, just tell me." The person responded, "Thank you darling."
- We observed staff moving people between chairs and wheelchairs with either a standing or full hoist. Throughout the process we heard staff talk to people telling them what was happening next.

- A professional fed back to us, "[Client] seems well care for."
- A relative responded to the recent service survey, 'all the staff I have had contact with have been friendly, caring and helpful'.

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

- People told us they could make their own decisions. One person said, "I can do whatever I want." A relative told us, "I can come whenever I want."
- Where people chose to spend time in their room, staff respected this.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 January 2018. We found at that inspection information relating to people was not comprehensive meaning they may not receive responsive care. We also found people did not have access to regular, meaningful activities.

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- Although people's care plans contained some good information about people, there was a lack of guidance in place to support staff to ensure they were providing responsive care for some people.
- One person had an eye condition and yet there was no further information on how this may affect the person or what potential issues it may cause them. This same person had a history of depression but again, there was a lack of information on possible triggers or how staff should respond to the person's mood swings.
- Care plans were large and had repeated information in them throughout the folder. This made them difficult to follow. The registered manager agreed with us that people's care plans were difficult to follow. They told us there was a move to electronic care planning and they hoped this would improve things.
- Despite the fact that people were living with dementia, they were expected to choose their meal the day before. We had identified this practice at our previous inspection and it meant some people may not remember what they had ordered.

We recommend the registered provider ensures that people's care records are contemporaneous, and that people are supported with choosing their food in a way that is appropriate for their needs.

- We did find some positive improvements however in relation to information about people and heard positive feedback about people's care.
- Each person had a, 'This is Me' poster on the wall in their room. This contained salient information about the person to give staff an idea of their likes, dislikes, hobbies, previous history and what care they needed. For example, one person was recorded as, 'not keen on the TV. I can walk short distances with two carers'. Another person had recorded under 'what makes me feel better', '50s and 60s music'. A third person was noted as not liking cowboy movies and requiring their hot drinks in a beaker.
- A relative told us that their family member became upset, wanting to go home. They said staff had arranged for the person to telephone home when they became upset and as such this had helped to settle the person. They told us they felt their family member received responsive care saying, "When she came in she couldn't even walk or hold a cup. Now she can hold a cup and eat herself as long as her food is cut up."
- We did receive feedback that some people received responsive care and heard that staff knew people well. A professional told us, "[Staff name] knew [client's] care needs very well." The professional told us they had

recommended the person's bed was moved to a different position so they could see photographs on their wall and benefit from natural light coming through the window and that staff had made these changes.

- We noted pictures of meals were displayed by the menu in the corridor and there was a pictorial 'alternative' menu displayed on tables. This had been introduced since our last inspection.
- The service was not currently providing any end of life support to people. The registered manager told us they would work with healthcare professionals when appropriate to ensure that people's individual wishes were met.
- We read in people's care plans, they had the opportunity to record their wishes for their end of life care.
- At our previous inspection we made a recommendation to the registered provider in relation to activities for people. Since then, an additional activities coordinator had been employed and we did see evidence that activities had improved slightly.
- At this inspection, we received mixed responses in relation to activities. One person told us, "You can join in with activities if you want to. I'm happy to stay in my room. I can watch TV and read." However, a relative told us, "There could be more done. There is nothing at the weekends."
- A professional fed back to us that when they visited, "There were several residents sitting in the lounge with no stimulation." However, another professional told us that they saw people participating in planting seeds when they visited.
- Although we did not see staff take time to spend with people on an individual basis in their room on the day of our inspection, the registered manager told us they had added in NAMASTE which included the use of fairy lights and one to one massage for people who were room bound. We observed fairy lights in some people's rooms.
- Two activities coordinators were being employed by the service, however they only covered Monday to Friday until 14:30. The registered manager told us outside of these times and at weekends, care staff were expected to undertake activities. This was reiterated by a staff member who told us, "We have two activities coordinators each day."
- We did see staff going around to people with the guinea-pig that lived at the service. They were encouraging people to stroke and pet it. There were paintings displayed on the corridor walls created by people living at the service and a book of photographs showing people participating in activities.
- We heard also that the local church held services at the home and a volunteer came in with a dog which people could pet.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One person said, "If I wanted to make a complaint, I would just speak to them. They do listen."
- We saw a complaints policy was made available to people. This gave information on what they could expect should they raise a concern or complaint.
- The registered manager told us they had not received any complaint since coming into post.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 January 2018. We found at that inspection that there was a lack of robust quality assurance monitoring and the registered manager had not notified the CQC of significant incidents in line with the requirements of registration.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. There were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We did find some improvements at the service since our last inspection, however progress had been slow. This was partially due to the previous registered manager leaving the service and the registered provider not taking robust action in response to what we had highlighted in our report.
- The registered manager had started to implement systems to assess, monitor and improve the quality and safety of the service. However, we had concerns that although he had a drive to improve the service, positive changes would not be made as quickly as they should be due to the amount of time the registered manager was actually in the building.
- The registered manager was present at the service, "One or two days a week" as they managed another of the registered providers services. They told us their deputy manager was, "Very good and I feel the service is safe when she is around."
- A professional fed back to us that when they visited, 'it felt very chaotic in the home'. They told us that the registered manager told them that the deputy manager ran the home day to day. This meant the registered manager may not be meeting the requirements of registration in that they were not providing day to day management oversight of the service.
- Shortfalls identified at our last inspection had not been addressed by the registered provider. This was despite them sending us an action plan outlining what they planned to do to ensure they were providing a good quality, safe and responsive service to people.
- Regular audits and checklists took place, however we found these had not identified shortfalls noted by us at our last inspection or again at this inspection. For example, medicines audits resulted in a 'good' outcome. The audits in January and February 2019 had not identified the lack of PRN protocols, body maps, or pain patch records.
- Although as a result of the medicines audits, daily counting of medicines was now being done this had not identified the shortfall in tablets that we had found.
- We noted a bed checklist which stated, 'every fortnight all beds must be deep cleaned'. We looked at the records and found that in January only ten beds had been cleaned, in February two beds and so far in March three beds. These were cleaned on 1 March 2019 which confirmed our concerns about the lack of infection control practices in relation to people's mattresses.

The lack of robust management oversight at the service and failure to provide an appropriate level of service to people was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits had picked up on shortfalls. For example, a monthly review of all accidents and incidents was carried out. This looked at trends and themes. As a result, it was identified there was a lack of wound care recording.
- The registered manager had made other improvements. They said, "When I came here, it was a shambles" adding, "I now make a point of always seeing the night staff before they go off duty and I do night checks. I've encouraged night staff to ensure they leave people's curtains closed and the lights down to help people sleep as long as they wish."
- The registered manager said a senior management team meeting had been established and that they reported outcome of audits and action plans to this meeting.
- The registered manager and maintenance person carried out regular walk-arounds to identify areas that required addressing.
- The dining and lounge areas had been swapped. The registered manager told us it meant people were sitting during the day in a room which was brighter and had more light. A relative told us they felt this was a positive move.
- The registered manager was aware of their responsibility to notify CQC of significant incidents. We had received notifications in line with the requirements of registration.

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

- We received positive feedback about the new registered manager. One person told us, "[Registered manager] is very nice. Very pleasant." A staff member said, "They are very good managers (registered and deputy manager). They are good at making sure we are doing the right job. I feel supported by all the managers and I do feel valued." A second staff member told us, "It's the first manager I've really liked – they're understanding."
- A relative told us, "In the few months he's been here it feels as though it's improved. It's now obvious someone cares." A healthcare professional also told us the same thing saying, "It's greatly improved. The place has been enlivened, although there is still room for improvement both [registered manager] and [deputy manager] are doing a fabulous job."
- The registered manager in turn told us they felt supported by the registered provider. They told us, "I generally feel supported in as much as the provider can support me."

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

- The registered provider invited feedback through surveys. Only two responses were received to the most recent survey in November 2018.
- A relative had commented, 'the nursing and caring staff are always alert and pro-active' and another said, '[staff name] always takes time to welcome me and update me'.
- Resident and relative's meetings were held, although attendance was low. Only one person attended the October 2018 and three the February 2019 meeting. Topics for discussion included an introduction from the new registered manager, plans for the home, complaints procedures and activities.
- A newsletter was circulated to both people and relatives. This gave information about up and coming events and a review of what has been happening in the service.
- Staff also had the opportunity to contribute towards the running of the service through regular staff meetings. We read from the minutes of the most recent ones that the registered manager had identified

areas for discussion such as lack of wound care recording, lack of information on accidents and incidents, where staff were not working together as a team and the need to ensure that people receive person-centred care at all times.

- The registered manager also produced a monthly staff bulletin. This was used to highlight parts of the Health and Social Care regulations and remind staff on what was needed to ensure people received appropriate care. The January 2019 bulletin focussed on the responsiveness of the service and the February bulletin, well-led and dignity and respect.

Working in partnership with others

- The registered manager worked closely with the GP. The GP told us, "I have been working with staff in relation to people who are not for hospitalisation and how staff should respond when the person becomes unwell."
- The registered manager told us they were part of the registered managers network and had also worked with the care home advisors on advanced care planning.
- In addition, they were trying to develop relationships with local schools and with the Heart of Kent hospice. The registered manager had introduced NAMASTE, which involved using sensory experiences, light and hand massages for people.

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
Treatment of disease, disorder or injury	The registered provider had not ensured people were always shown respect.