Woodchurch House Limited

# Woodchurch House

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 16 and 17 October 2017. The first day of the inspection was unannounced.

Woodchurch House provides accommodation, nursing and/or personal care in purpose built premises. There was one person receiving accommodation and nursing/personal care when we inspected. It also provides a personal and /or nursing care service to people who hold tenancy agreements in their accommodation within Woodchurch House. Forty nine people were tenants and received personal and/or nursing care in leased accommodation suites. There were 50 people in total using the service during our inspection; of which 43 were receiving nursing care. The service is divided into two floors with the ground floor dedicated to nursing care and the first floor to people living with dementia; some of whom also require nursing care.

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

Woodchurch House was last inspected on 09, 10, 11 May 2017. Seven continuous breaches of legal requirements were found in relation to Regulation 9, 10, 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and three other breaches were found in relation to Regulations 11, 13 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was placed into special measures.

After the inspection the provider sent us an action plan which detailed how they planned to address the breaches of Regulations, they regularly updated this to evidence what had been completed. The last update was received on 06 October 2017.

At this inspection we found that the provider and registered manager had made improvements to the service. However further improvements were needed in each of the five domains.

Risk assessments were not in place in relation to people's medical needs. Some risk assessments needed further detail to protect people from the risks of harm.

Medicines had been well-managed and the computerised administration system supported staff to give and record medicines safely. The provider needed to make further improvement to the recording of topical creams and pain relief patches. We made a recommendation about this.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always complete or accurate. The provider had made some improvements to systems. However, these had not been fully embedded, which meant further

improvements were required.

All staff had not attended training relevant to people's needs. Some staff had not received effective supervision.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known. However, care plans did not all reflect each person's current need or specific healthcare needs.

Complaints information was not in an accessible format to help people living with dementia understand.

The provider had made some improvements to the environment such as redecorating the ground floor. Further improvements were required such as redecorating upstairs and ensuring consistency of signage to aid people living with dementia to orientate.

Effective recruitment procedures were in place to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. Appropriate numbers of staff had been deployed to meet people's needs. However, during one meal time when a person was agitated and upset there were not enough staff to ensure others were supported with their meals in a timely manner. We made a recommendation about this.

People were provided with meaningful activities to promote their wellbeing. People were able to access the secure grounds to gain fresh air and visit the pets. People accessed their local community both with their relatives and with the staff.

People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority. The registered manager was awaiting the outcome of these.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People were supported and helped to maintain their health and to access health services when they needed them.

Maintenance of the premises had been routinely undertaken and records about it were complete. Fire safety tests had been carried out and fire equipment safety-checked.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff mostly treated people with dignity and respect. However, some staff walked into people's rooms/care suites without knocking. We made a recommendation about this.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People and their relatives had opportunities to provide feedback about the service they received.

Compliments had been received.

People and their relatives knew who to talk to if they were unhappy about the service. Complaints had been appropriately managed, investigated and responded to.

Relatives and staff told us that the service was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Risks had not been appropriately assessed and mitigated to ensure people's health and safety.

Medicines were managed safely. However, systems needed reviewing to ensure that people who were prescribed pain relief patches were better protected. Records needed to be improved further.

There were enough staff deployed to meet people's needs. The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

The service was clean, tidy and had been appropriately maintained. Equipment had been properly checked.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Staff had not all received training and supervision in order for them to carry out their roles effectively.

People's risks of poor nutrition and hydration had not been consistently managed. Records relating to food and fluid were not complete or accurate.

Staff were following the principles of the Mental Capacity Act 2005.

People had received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People's privacy was not always respected by staff. However,

staff were careful to maintain people's privacy and dignity when they provided personal care. People's information was treated confidentially.

Staff treated people with kindness and understanding. Staff made time to talk with people whilst going about their day to day work.

Staff knew people well and there was positive interaction between people and staff.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Care plans required further improving to ensure they were person centred. Care plans were not in place for all people's known and assessed needs.

People we spoke with knew how to complain. Complaints information was not accessible for those living with dementia. Complaints had been dealt with appropriately. Compliments had been received.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be, both in the service and the local community.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Audits had not always been totally effective in identifying shortfalls in the safety or quality of the service. Additional improvements had been identified by the registered manager and further improvements were planned.

The provider had reported incidents to CQC. The provider had displayed the rating from the last inspection in the service.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Most people and staff felt the registered manager was approachable and would listen to any concerns. Staff felt well supported by the management team.

# Woodchurch 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 checked 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 16 and 17 October 2017. The first day of the inspection was unannounced. The inspection was carried out by three inspectors, one specialist nurse advisor and two experts by experience. The specialist advisor had clinical experience and knowledge of care in settings for older people and those living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had personal experience of older people and people living with dementia.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spent time speaking with thirty three people who lived at Woodchurch House. Not everyone was able to verbally share with us their experiences of life at the service. This was because of they were living with dementia. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also spoke with seven relatives to gain their feedback about the service. We spoke with a visiting GP and another regular visitor to the home.

We inspected the environment, including communal areas and some people's bedrooms. We spoke with 20 staff; including care staff, registered nurses, kitchen staff, housekeeping staff, maintenance staff, the group quality coordinator, the registered manager's personal assistant and the registered manager.

We pathway tracked 22 of the people living at the home. This is when we looked at people's care documentation in depth and made observations of the support they were given. It is an important part of

our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accident records, quality audits and policies and procedures.

We asked the registered manager to send additional information after the inspection visit. The information we requested was sent to us in a timely manner.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection in May 2017, we identified breaches of Regulations 12, 13, 15, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not deployed sufficient numbers of staff to meet people's needs. The provider had failed to take appropriate actions to mitigate risks to people's health and welfare. The provider had failed to ensure equipment was safe. The provider had failed to appropriately protect people from potential abuse or neglect. The provider had failed to properly and consistently operate a robust recruitment procedure.

At this inspection we found that improvements had been made to ensure that people were safeguarded from abuse and neglect. Suitable numbers of staff were deployed. Recruitment practice had improved and equipment had been safety checked. However, risks to people's health and safety had continued not to be suitably managed as staff did not have all the information they needed to provide safe care. Some people's care records showed that they were prescribed Warfarin. Warfarin is an anticoagulant, this is a medicine that stops blood clotting. There are associated side effects and risks from taking Warfarin such as increased risks of bruising. Risk assessments were not in place to detail actions staff should take to mitigate risks of people falling and injuring themselves if they were prescribed this medicine and what staff should look for in relation to side effects. There had not been any falls of this nature.

Risk assessments were not always in place in relation to people's medical diagnosis. One person was diagnosed with epilepsy, there was no care plan and associated risk assessments to provide guidance and instruction to staff about how to provide care and support to this person when they experienced a seizure. This meant risks associated with injury whilst experiencing a seizure, or drowning or choking whilst having a seizure had not been identified.

We found continued risks of choking for people. One person had been assessed as requiring the use of a specialist mug to reduce the risk of choking. We observed this person had been given drinks in a spouted beaker with a straw in their bedroom, not using the specialist mug they had been assessed for. Specialist mugs are designed to enable a person to drink without having to tilt their head right back, which reduces the risk of choking. They are also designed to encourage the person to tuck their chin towards their chest. Failure to use the equipment that the person had been assessed as needing put this person at risk of choking. We asked a nurse about this and they told us "He shouldn't have that". A nurse and a staff member told us that the person could drink independently with a specialist mug when they were sitting upright in the lounge. This was not recorded in the person's care plans. Some people who had capacity to make the decision on how they wanted to eat and drink had chosen not to follow advice given to them by Speech and Language Therapists (SaLT). However, risk assessments had not been completed to explore ways of reducing the risks to those people, such as ensuring they were not alone when drinking or eating.

People's emergency needs had been not been fully considered. The service maintained a list of people who lived in the service, which room number and floor they lived on and whether they walked unaided, used a wheelchair, or were confined to bed. Whilst this gave an overview of how people needed to be evacuated, we did not see that people had personal emergency evacuation plans (PEEPs) in place. PEEPS should detail

how people may react in the event of a fire alarm sounding and should detail what action staff should take to ensure the person is evacuated to a safe place. Nursing staff told us people's emergency evacuation information was on a list. They showed us the list we had already seen, which did not list everything staff would need to know to evacuate people safely.

Moving and handling assessments had been recorded in care plans. For people that required hoists to enable them to move from one position to another, these did not detail the size and type of sling or the correct loop to use to keep them safe. Staff told us people had their own slings which were only for individual use. However, generic slings were found during the inspection to be in use and slings belonging to people who no longer lived in the service were found in communal bathrooms. This put people at risk of harm from using equipment that had not been assessed for their own needs.

Risks to staff had not always been considered. We found hoist batteries charging next to sinks and water supplies. We reported this to the registered manager. After the inspection they told us that the hoist batteries were now being charged in offices to ensure staff were safe.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Everybody who was able to verbally communicate told us they felt safe and well looked after. We observed that people unable to verbally communicate were relaxed and happy. People told us, "Yes I feel very safe, there is always someone around to help and I have my bell just by my bed"; "The staff are very good and don't interfere unless I ask for help and then don't do any more than I ask for"; "There is always someone around if I should need them, they don't mind coming to my aid for the slightest thing for instance when I have difficulty in pulling up my socks"; "I had quite a few falls and that's what brought me here so I can feel safe in the knowledge that there are qualified staff to look after me and pick up the pieces"; "I wouldn't hesitate in asking for help or speaking out if I was worried about anything, anything at all"; "Well I'm stuck in this bed really but I'm safe enough if my red button is within reach and I test it out rather too often I would say and it works too"; "My husband moved in first after his stroke and it was so comfortable and he was so content here, I moved in too. Now we are both safe being cared for together"; "I feel very safe here and have no worries at all, not about my health, my safety, my money or my care"; "I do feel safe now, I have been helped to stop the drink and now really feel I am being helped and nurtured along the road to recovery"; "I do feel safe now, I had a couple of falls at home and this is not my home and I get all the help and support that I now need at this stage of my life" and "There is always someone close by or at the buzzer to help. Even if there is an emergency I am never left for too long".

Medicines such as tablets and capsules were observed to be administered correctly, with staff checking the right people received the right medicines. The service operated a computerised system which helped to reduce the possibility of errors and records showed people had been provided with their medicines consistently. However, records relating to pain relief patches and topical creams did not evidence that people had received prescribed medicines in accordance with the prescriber's instructions. Some people had pain relief patches prescribed which were applied to the skin. The system in place to ensure that these were administered on to different areas of the body as recommended by the manufacturer was not robust. A nurse explained how they recorded in people's daily records that they had administered and this showed that they administered the patches to different areas. We checked daily records for a number of people who had pain relief patches. One person's daily records evidenced that they had the pain relief patch administered to the same part of their body three times in a row. This meant that people were at increased risk of skin irritation from pain patches repeatedly administered to the same site. When people had been given as and when required (PRN) medicines this had not been effectively documented in their daily records

to evidence the reason why the person had received this. Some people were prescribed creams and sprays that should be applied to their skin to protect it and keep it healthy. Records did not always evidence that prescribed creams and lotions had been applied as instructed. For example, one person needed a spray applied twice a day. The records indicated that it had only been applied once on 12, 13, 14 and 15 October 2017. Another person had been prescribed cream for their skin twice a day but the record indicated that it had only been applied once from 8 to 15 October 2017. There was a risk that people's skin may become sore as their records did not indicate that people were receiving the creams and sprays as prescribed by their doctor. No one had sore or broken skin at the time of the inspection.

We recommend that the provider and registered manager review recording systems for pain relief patches and PRN medicines following good practice guidance.

Medicines about which there are special legal requirements were stored securely and had been checked daily and weekly to ensure stocks were correct and that safe practices were followed. The medicines rooms and fridges were maintained at suitable temperatures and these were recorded daily. Where some people received their medicines covertly or without their knowledge, there were proper authorisations and best interest decisions documented.

At this inspection we found that all of the staff recruitment records contained photographs of staff. Any gaps in people's employment had been discussed at the interview stage if they had not been recorded on their application form. One staff member's employment history had been checked but had not been fully recorded. This was rectified during the inspection. Other checks on potential employees included obtaining a person's work and character references, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status.

The registered manager held daily meetings where they asked staff about people's health and whether there had been any accidents or incidents. The registered manager documented these meetings and explained to us that they used the information to check that actions had been taken as a result of accidents and incidents and that relevant parties had been informed. They also checked the care planning system to ensure that any updates and amendments had been made.

There were suitable numbers of staff on shift to meet people's needs. Staffing rotas showed that a nurse was allocated on each floor and a lead nurse was also present in the service Monday to Friday to support the nurses on each floor. Senior care assistants acted as duty managers on each floor to support the nursing and care staff with personal care, medicines and meals. People's nursing and care needs were met in a timely manner. During the inspection an emergency alarm was activated. Staff and nurses responded very quickly to this. The person had pressed the alarm in error. Bank staff (staff who have a zero hours contract) were rostered on shift to cover sickness and annual leave. We observed lunch times during both days.

On the first day of the inspection the meal time experience for people living in the upstairs of the service was loud, chaotic and challenging. This was due to one person who was communicating in a challenging manner towards staff and others, they were shouting, swearing, spitting at staff and throwing food. This person's care plan and records detailed that they could be unpredictable and was known to become verbally and physically aggressive towards staff, people and visitors. Staff spent time trying to support the person following the guidance in the person's care plan. This involved reassurance, talking calmly and trying to orientate the person to their surroundings. Staff were supporting each other to deal with the situation. However the incident caused delays for other people; some people were only just given meals to eat 60

minutes after the lunch service began. At one point during the lunch service the visiting hairdresser was helping staff by providing drinks. There were other staff working in the building that could have assisted the staff in supporting people better during this difficult time, such as the registered manager and lead nurse. Staff had not called for help to reduce the impact this person had on others. However, during the lunch period on the second day the experience was relaxed which resulted in minimal delays for people, the atmosphere was much calmer and people were happier.

We recommend that the provider and registered manager review staffing levels on a day to day basis to meet people's changing needs.

The service smelt clean and fresh. The service was mostly clean and tidy, housekeeping staff were seen undertaking cleaning tasks throughout the inspection. We reported that there was one area of the service which had some stained chairs and there was some dirty equipment such as toilet seat riser in the upstairs of the service and a shower chair downstairs. The equipment was cleaned straight away and the registered manager arranged for the chairs to be cleaned or removed if cleaning was not successful. Some assisted bathrooms had been used for storage of hoists, commodes, weighing scales, stand aids which meant that if people wanted to have a bath (instead of using their own showers within their ensuite facilities) it could cause difficulty. A staff member explained they were cleaning out storage cupboards to ensure this equipment was stored separately. We also found a number of bowls and personal items in bathrooms. The equipment was moved during the inspection and the registered manager spoke with staff during the daily meeting to ensure that the bathrooms were not used to store items.

People were protected from abuse and mistreatment. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

The laundry was well managed by a team of staff, clean and soiled laundry was kept separate to ensure that risks of cross infection were minimised. Bathrooms had pedal bins in place to ensure people did not have to touch the bin lid to open the bin; this decreased the risk of contamination. Staff used personal protective equipment (PPE) to protect themselves and people from the risks of cross infection when supporting people with their personal care. There was plenty of PPE in stock in the service.

Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. The maintenance staff were responsible for carrying out drills. They explained how they ensured that all staff including those working at night were part of these drills. Records confirmed this. Regular fire alarm testing had also taken place, the last test had taken place on 15 October 2017. Redecoration of the service was in progress in some parts of the service. Maintenance records evidenced that repairs and tasks were completed quickly. Checks had been completed by qualified professionals in relation to legionella testing, pest control, asbestos, moving and handling equipment, electrical supply, gas appliances, the lift and fire equipment to ensure equipment and fittings were working as they should be. Weighing scales had been calibrated to make sure they were working correctly to enable staff to monitor people's weight effectively.

Requires Improvement

# Is the service effective?

## Our findings

At our last inspection in May 2017, we identified breaches of Regulations 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to work within the principles of the Mental Capacity Act 2005. The provider had failed to ensure staff received adequate training. The provider had failed to mitigate risks to people from poor hydration and nutrition and failed to manage people's healthcare effectively.

At this inspection we found that improvements had been made to ensure that staff worked within the principles of the Mental Capacity Act 2005 and people's healthcare had been well managed. Further improvements were required in relation to training and recording of drinks and foods that people had eaten.

Staff had not attended training relevant to people's needs. For example, one person was diagnosed with epilepsy. Staff had not had training in this area. A staff member told us that the person was only known to have had one seizure since living at the service. The staff member did not know what type of seizure the person had. Epilepsy training would give staff information about the different types of seizure activity and what action they should take to keep people safe. We reported this to the registered manager who took immediate action and booked training to meet people's medical needs. They booked Parkinson's disease training for 10 November 2017, epilepsy training for the 21 November 2017 and challenging behaviour training for 24 November 2017.

We reviewed the staff training records and found that staff who were responsible for providing care and treatment had completed safeguarding adults training. The staff training records showed that 54 out of 61 of these staff had completed training. However, none of the 22 non-care staff such as kitchen staff and domestic staff had completed safeguarding adults training. This group of staff had also not attended dementia training, equality and diversity and health and safety to help them in their roles. The provider's training included, dementia awareness, end of life care, fire safety, first aid, food hygiene, infection control, medicines management, moving and handling and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The records showed that 10 care staff had completed all of their required training, 28 care staff had completed all but one course. Thirteen staff were still outstanding in a number of training areas, such as end of life care, fire safety, food hygiene and first aid, which meant they did not have all the skills and information needed to provide safe and effective care. All care staff except one member of staff had completed moving and handling training to enable them to work with people using equipment safely.

The nursing team were made up of nurses who had a general nursing background. Most nurses had received appropriate training to carry out their roles. Two members of nursing staff had not completed much mandatory training at all. For example, one nurse had only attended one course out of 14 and one nurse had only completed five training courses out of 14. Nurses were responsible for providing advice, guidance and direction for staff. These two nurses had not completed training to update their knowledge and skills to be able to provide guidance. Training for nurses included statutory mandatory training; moving and handling, safeguarding and equality and diversity training and specialist nursing training such as

catheterisation. Four out of nine nurses had completed training in Venepuncture. Venepuncture is the collection of blood from a vein which is usually done for laboratory testing. None of the nursing staff had attended training in relation to malnutrition. Nursing staff had not completed training in relation to wound care. However tissue viability nurses visited the service to manage and support people with their specialist wound care needs.

Nursing staff confirmed they received clinical supervision from the lead nurse. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. It is a time for nurses to think about their knowledge and skills and how they may be developed to improve care. There was no system in place to ensure that the lead nurse received clinical supervision, which meant that the clinical lead may not be getting all the support and guidance they needed to carry out their role.

The failure to ensure staff received adequate training and supervision is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received regular supervision (one to one meetings with their line managers). Staff told us they had these. One staff member said, "[Registered manager] does supervisions. We have six a year. It is a formal meeting to discuss things".

New staff were supported by care assessors to mentor them and provide support. Care assessors observed practice when staff had completed their induction. There were 13 new staff since we last inspected that were at different stages of their induction and training. Induction processes included formal training and shadowing experienced staff for a minimum of two days. New staff completed the Care Certificate within 12 weeks of starting work in the service. The Care Certificate is an agreed set of standards that health and social care staff follow in their daily working life.

People told us, "I am confident that all the staff know what they're doing and are trained to a high standard. We get all the help we need day and night" and "The staff all know the way I like things done and that I am quite fragile for a big man so they are very gentle with me and really do understand my needs very well".

It was not clear if people were supported to drink enough to keep them healthy. Refreshments stations were available in the communal areas on each floor. People had drinks in their rooms. If people were at risk of not drinking enough then the amount of fluid they drank was recorded. At times staff had not recorded how much people (deemed to be at risk) had drunk. For example a record stated that a person had tea and milk but the amount they had drunk was not recorded. When the amounts were totalled at the end of the day there was a risk that they would not be accurate and people may be a risk of not drinking enough. At the time of the inspection people looked well hydrated. Another person's care records detailed that they had a poor fluid intake. The nurse told us that staff visited the person in their room at least hourly and encouraged the person to drink. We asked to see the fluids records for this person; the nurse advised us that the staff were not making a record of these checks. Later in the inspection the nurse said that the person no longer had a poor fluid intake which is why they were no longer monitoring it. This did not tally with information found in the care plan or on the white board in the care staff office.

Due to some people's health needs the amount of fluids they drank was restricted. Staff recorded and added up the amount of fluid people had throughout the day to make sure it was within the required limits.

Staff completed people's food records and did not always record what people had eaten. For example, we found a number of entries that had recorded 'small bowl of puree'; 'puree lunch, puree pudding' and 'puree lunch'. This did not detail what type of food the person had eaten.

Although staff had been completing a brief account within people's daily records about incidents where people had displayed behaviours that other people and staff found challenging, these records were not an accurate and true account of what had happened. For example, we observed one incident when a person was upset and angry. They began to hit the table and move chairs around causing them to make a loud noise. No incident form had been completed. The staff member involved in this incident had made no account of the incident at all. The staff member who worked with the person to attend an appointment in the local community shortly after this incident also experienced some concerns with the person's behaviour which they reported to the senior care staff when they got back. We checked the daily records with the senior care staff and they agreed what had happened and what had been reported to them was not adequately reported. We checked another person's incident records and found these too had been recorded and monitored inconsistently. For example, one person's daily notes stated that there had been an incident and a behaviour monitoring chart had been completed on 13 October 2017. A further entry on this day stated that the behaviour monitoring chart had been removed as it had already been documented in the person's care notes. We checked the care notes and found that it had not been recorded. This meant the management team, nurses and health and social care professionals were unable to monitor people's behaviours and changes to their mental health effectively.

The failure to ensure records were accurate and complete is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us positive feedback regarding the food. Comments included, "If I am a bit hungry I go to my fridge but I prefer to go to the lounge and the girls will always get me something to eat and a warm drink"; "I have a drink in my room and can also go into the dining room or just ask for one if I want a drink, it is never too much trouble"; "We are very happy with the food, it is a great choice and excellent quality considering how many they are catering for at a time"; "The food is not bad, there are good days and bad days, like anywhere really"; "We can never go hungry here as not only do they keep an eye on what we eat but it is jolly good food too so we enjoy eating it and having seconds even sometimes"; "If you want you can get a cup of tea any time of day"; "The food generally speaking is very good"; "Most of the food is good"; "Lunch is always good" and "It was tasty". We observed that people were offered more food if they wanted it. One person explained that they had requested different food on the day of our inspection as they had been to a dental appointment. The chef had catered for their needs.

People were given a choice of meals, which looked appetising. Pureed meals were served with each component separate on the plate so that people could enjoy different tastes. Staff were kind and attentive when supporting people to eat and made eye contact and conversation throughout. Fresh fruit smoothies were offered to people and snacks and biscuits were given out at regular intervals. The chef maintained a list of people's birthdays. It was one person's birthday on the second day of our inspection. The chef had baked and decorated a large celebration cake for the person to enjoy with their friends, family and people they lived with.

Catering staff and care staff communicated effectively about the nutritional needs of people. The chef attended the daily meeting held for all department managers, which provided up to date information about any changes in nutritional or dietary needs of people. The chef was aware of the specific dietary needs of people: a dietary information record for each person was kept in the kitchen, detailing who required specialist diets or formulations for their food. The record also provided information on any speech and language therapy (SALT) referrals, as well as the person's preferred or recommended portion sizes, food likes and dislikes, allergies and malnutrition universal screening tool (MUST) score. The information record identified which of the people at the service had an increased choking risk, and detailed the control measures catering staff should employ to manage the risk (for example, pureed or soft food). The catering

staff reviewed risks and took actions to ensure these were well-managed. For example, the chef told us that all cooked food was checked with a probe thermometer during and after cooking to ensure the temperatures remained within the recommended ranges, and records seen confirmed this. The service had been visited by the environmental health officer on 15 November 2016, and had received a rating of 5 out of 5 for the kitchen arrangements. There was suitable storage for packaged, fresh, chilled and frozen food, and temperatures for all fridges and freezers were checked daily.

The Mental Capacity Act 2005 (MCA 2005) 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 2005. The authorisation 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the requirements of the Deprivation of Liberty safeguards (DoLS), and documents seen demonstrated that the appropriate procedures had been followed. The registered manager explained that an assessor had been out and assessed each person living at the service to determine whether they should have a DoLS authorisation or not. This had been undertaken because of the nature of the service. The registered manager was awaiting the report and outcome. When people had restriction in place like fluid restrictions a mental capacity assessment had been completed and a best interest meeting held with the relevant people and professionals.

When another person had refused to follow professional advice a mental capacity assessment had been completed. It was found that the person had capacity to make this decision and their wishes were respected. Care records showed that consent was sought in a lawful manner. We found some entries in people's care records to evidence that their relatives had been telephoned to ask permission to take the person out in the community. We checked with nursing staff why this was happening as the people's records we looked at confirmed that they had capacity to make their own decisions. They firstly said that they didn't know why this practice was happening and then said they were telephoned out of courtesy in case they visited and found their family member not in, causing them a wasted visit. We advised that if this was the case they were not asking permission to take the person out, they are letting the relatives know that their family member will be going out.

We observed people making choices and being involved in decisions relating to their care and support throughout the inspection. People told us "I make my own decisions but will be guided by the doctor and those in charge here"; "Yes I am involved in making my own decisions and what I say goes. If I don't want to get up I don't get up, if I don't want to go to bed I don't go to bed. If I want lunch in my room or in the lounge I decide no one else"; "We make all our own decisions about our lives and it is respected by all the staff here" and "I am not always the best at making decisions for myself but I prefer to discuss my options and make an informed decision with the staff once we have had a meeting".

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians and /or the Speech and Language Therapists (SaLT). People's

catheter care was well managed and if a person was unwell their doctor or the out of hours GP service was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. On the day of the inspection people went to dentist appointments with members of staff. People were supported to see an optician regularly and chiropodists when required. A relative said, "My relative was taken to hospital three times recently. Staff went with them and stayed with them throughout". One person told us, "If I need a doctor, or just a nurse for something, I simply have to ask and it is all arranged for me". People's weights were regularly monitored by the nurses and the management team. Records showed that some people were weighed weekly to keep a closer eye on them.

The registered manager told us that changes were being planned for the environment to ensure it met people's needs. The ground floor of the service had been decorated and there was a reminiscence area with pictures and items to touch. The signage downstairs did not include dementia friendly signage to direct people to different areas despite some people living with dementia in this area. The upstairs of the service had some dementia friendly signage but no reminiscence areas. The upstairs of the service was in the process of redecoration. The foyer upstairs had been decorated to make it look like a market street. There were chairs and tables for people to sit at when they wanted. We observed people using this space throughout the inspection. The hair dressers and physiotherapist treatment rooms were located here. The market street area was used fortnightly to host a dementia café. Clocks were not working in all areas of the service. During the morning we noted that the clock in the upstairs lounge and dining room stated it was Monday 20 October. This would cause people to be further confused and disorientated to the time and place.

Requires Improvement

# Is the service caring?

## Our findings

At our last inspection in May 2017, we identified breaches of Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people's dignity was upheld and failed to appropriately meet people's needs.

At this inspection we found that improvements had been made. However further improvements were needed to ensure staff maintained people's privacy.

During the inspection we observed that staff frequently walked into people's rooms and care suites without knocking on their doors, when the person's door was open. However one member of staff consistently knocked and checked with people whether they could enter. We observed staff calling out to say why they were entering a person's care suite/room when they were already in the room and half way towards the person. This did not reflect that staff were being mindful of people's privacy and personal space. We observed the use of privacy screens which were being used upstairs in the service. These were used in communal areas to protect people's privacy when they were being assisted by staff using a hoist to use or they were receiving one to one attention. However, these were not used effectively, as they had not been positioned correctly to ensure that everyone else in the room could not see. This is an area we have identified as requiring improvement.

Where people's doors were closed we observed that staff did knock and call out to explain who it was and why they were entering. We observed a nurse showing a GP to a person's care suite/room and knocking to check to see if it was okay to enter. The person was receiving personal care at the time so they waited outside until the person had been supported with their care needs and were appropriately dressed and covered up. One person told us, "The girls [staff] always knock on my door first and if it is someone I haven't met before they will check how I prefer to be addressed. They are all very polite and caring when they come in". Another person said, "The staff could not be more respectful. They respect our privacy but at the same time make sure we are cared for".

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. One person said, "The girls all ask my opinion first and nothing is done if I don't agree with it, we do have a good routine now and it is best to stick to that". Staff told us how they supported people to maintain their dignity, privacy and confidentiality. People were clean and smartly dressed. Their clothes were co-ordinated and their personal hygiene needs were being met. We observed staff members supporting people in a discreet manner when they had recognised the person had been incontinent, helping them go back to their room or care suite to freshen up and get changed. Some of the ladies chose to wear their jewellery every day as this is what they had always done and staff helped them do this. People chose where they wished to be in the service, either in their room/care suite or the communal lounges. Some people preferred to stay in their bedrooms and this was respected. Staff went regularly to seem them to make sure they were alright and asked them if they needed anything. One person said, "I prefer being on my own in my room. The girls [staff] always ask if I want to go and join in whatever is going on, sometimes I will have a go at a quiz but I prefer being on my own. They often come and have a chat if they have got five

minutes".

One person asked if they could use the office phone to contact a relative. The person used the phone and staff left the office so they could speak privately. Relatives were able to visit their family members at any time.

Staff spoke quietly and gently with people. They crouched down when they spoke so they could make eye contact and check how people were feeling. People told us that the staff were kind and caring towards them. Comments included, "The staff are polite, caring and very hard working. There's not a single member of staff that I could fault. Without fail they are caring, kind and very friendly. They are always extremely patient with my husband"; "The staff are angels and exceptionally kind and caring"; "The girls are so patient they go out of their way to make sure we are comfortable and happy"; "I need more care than some but that doesn't deter the staff from being patient and caring"; "They are all nice people, I haven't got a bad work to say about any one of them. I don't have any worries with any of them, really I am very very well looked after"; "They treat me alright"; "It is very pleasant here, nice people" and "We are very well cared for by wonderfully dedicated staff. Nothing is too much trouble".

We observed that staff were kind and caring and responsive with people who were living with dementia. For example, two people frequently called out whilst seated in the communal lounge area. Staff responded to them well by responding quickly to their requests. They offered drinks and activities to reassure or distract people when they needed it. One person was quite restless and confused about their environment. They were confused and worried about their car and also thought they were going to die. Staff responded sensitively, tactfully and they reassured the person. When the person became worried about things they thought they may have lost, staff helped the person look for items in different areas of the service.

People's rooms and care suites had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. One person said, "I feel content living at Woodchurch, I am well looked after, I have a comfortable room that feels like my own now. Lovely view to the garden and new friends around me who come in to visit".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. Electronic records held were password protected so that only those authorised to view them could do so. People's individual care records were stored in locked offices to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the management and administration offices to ensure that they were only accessible to those authorised to view them.

Staff called people by their preferred names. People felt that staff knew their needs and looked after them. We observed staff members checking with people that they were comfortable and pain free. We observed a staff member providing support and spending time with a relative of a person who was nearing the end of their life. They were kind and courteous and answered questions and checked with them how they were feeling. However another person's relative gave us feedback that staff were not always compassionate to relatives who are dealing with their loved one being in a care service away from the marital home. They said "It has been pretty good as far as care goes, I feel their compassion for relatives could do with a little research".

Church services took place within the service for those who wished to attend. Communion was delivered on a monthly basis and if people want to see a priest or vicar sooner this was arranged. Staff told us that they tried to get people's local priest or vicar in to visit, so that the person's links with their local community was

maintained.

Requires Improvement

# Is the service responsive?

## Our findings

At our last inspection in May 2017, we identified breaches of Regulations 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate a robust complaints system and had failed to maintain accurate, complete and contemporaneous records.

At this inspection we found that improvements had been made to complaints management. Further improvements were required to make complaints information more accessible and further improvements were needed to care plans to ensure people received care to meet their needs.

People's care plans were maintained on a computerised system called Residata. Most of people's daily records were available on this system. However there were paper files with copies of referrals, assessments, health and social care professionals advice and there were room charts which contained information about people's fluids and food if they required it. The care plans did not include all of the information staff needed to know about people's health and care needs. For example, one person lived with epilepsy. There was no care plan in place to detail to staff how they should meet this person's needs and what the person's seizures may look like and what action they should take if they had a seizure. Within the medicines section of the care plan it detailed that staff should call 999 if a seizure lasted more than five minutes. This did not give staff enough detail to enable them to provide safe care to the person. Some people were receiving support to manage skin tear injuries. Their care plans did not reflect their current skin care needs. For example one person was receiving support to manage skin injury/infection to their shin. Their skin integrity care plan listed only they had dry skin and was at high risk of developing pressure areas. It detailed that care staff should apply emollient cream to the person's sacrum and groin after each time they had been supported with their personal care. Another person had a skin tear to their arm which they were receiving treatment for. Their care plan entitled pressure sores did not list this skin injury. It listed that the person was prone to redness under their breasts and in their groin and they were able to administer their own cream to these areas and would ask for assistance if this was needed. One person's care plan detailed they should have a weekly urine test to check for infection. This test had not been carried out. This meant they had not received care and treatment to meet their assessed need.

One person's needs had not been fully considered. Their bedroom door remained closed and a nurse explained that they had a sensor beam in place to alert staff if the person's door was opened. The person's care plan detailed that staff needed to offer lots of reassurance on a one to one basis when the person was calling out. It also stated that the person was frequently distressed or frightened. During the inspection we stood outside the person's door and heard the person calling out frequently "Help" and "Please" and "I want a cup of tea" but staff were unable to hear the person as the door was closed.

Care plans were not entirely clear for staff. For example, one person's care plan detailed that they had an impaired swallowing reflex and poor fluid intake. The person was on a pureed diet and thickener which had been advised by SaLT. The care plan detailed that the person should be in a Sitting position for all their meals. The SaLT guidance for this person was located in a different file, which meant that staff did not have the information all in the same place. This provided the potential for people to receive inappropriate care

and treatment. The SaLT guidance found in the paper file was to give the person a puree diet and syrup thickness fluids, given with a dessert spoon. We observed staff following this guidance when providing the person support with their eating and drinking.

One section of the information held on Residata about each person listed people's personal and life history and important information about where they had lived, what jobs they had held, their hobbies and interests and who was important to them. This information was not used to inform each of the care plans for the person to ensure that they were truly person centred and specific to that person.

The failure to plan care and treatment to meet people's needs, preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the provider and registered manager had implemented a new system where staff logged that they have been in a person's room to meet their care needs by pressing the green button on the call bell system within each person's room. The registered manager printed out a daily report and checked this to see that people had been checked accordingly. Some people only required three hourly checks when they were in their room. Other's required theirs more frequently. If staff had provided care and support during these checks this was recorded in the person's daily notes as well as the green button being pressed. If the person did not require any care and support the green button was pressed which recorded that staff had been to see the person. We checked the management report against the information in people's care plans. We found that on the whole people had received checks according to their need. Some people had longer gaps. We spoke with the registered manager about this and they advised that they monitored these and took action if needed, such as checking with the person and staff and checking the records to ensure the person had received care, checks and treatment according to their need. The registered manager explained that the green button system was only used when people were in their bedrooms. The green button was not used when people were utilising the communal areas of the service.

People we spoke with told us they knew who to complain to if they needed to. People told us, "We would know who to complain to, I do have the odd niggle but nine times out of 10 it is sorted out then and there"; "Our concerns are always taken into consideration and listened to and acted on" and "I don't like complaining but I would if I wasn't happy about something. For instance, the other day when all my books were moved without asking, I had them all put back the way I wanted them". One relative was not confident in using the complaints process for fear that their family member may be unfairly treated. There had been two complaints received since we last inspected the service. Both of these had been investigated by the registered manager. Both had been resolved following meetings with relatives and the registered manager.

We observed that the complaints procedure was on display in the entrance hall to the service for relatives and visitors. However, copies of the complaints and compliments procedure were not on display on communal boards around the service to enable people to know and understand the complaints and compliments process. Complaints information was not in an accessible standard to help people living with dementia understand. The complaints process gave people information about who to complain to if they were not satisfied with the provider's response, however the information was misleading. It gave CQC's contact details to complain to. CQC regulate services and uses complaints information to inform inspection planning. CQC are not responsible for investigating individual complaints. People should have been referred to the local government ombudsman (LGO). We spoke with the registered manager about this and they agreed to amend this procedure and make it clearer for people and their relatives.

Failure to provide accessible information and failure to operate an accessible complaints system was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given opportunities to provide feedback about the service. Some people attended meetings. We received mixed feedback about these, "We have quite a few residents' meetings and they are always worth attending"; "We have resident's meetings every three months or so and it is worth going to see and have a feel of what goes on behind the scenes here" and "We do have meetings and we can air our views then. I am not convinced that anything gets acted on but at least they know what we want and how we feel about things here". We observed comments books and suggestion books in the service in communal areas and by the main reception so that people and their relatives could provide feedback. We saw that people had left feedback about the food, laundry and maintenance. These had been responded to in a timely manner. However one relative told us this was not always the case. They told us they had to wait quite some time to get pictures put up in their family member's room which meant the wall was bare. They explained "If I keep badgering things eventually seem to get done but I shouldn't have to".

Compliments had been received by relatives. Thank you cards were on display in a number of places. One read 'Thank you for the kind care and attention you gave [person] during her stay here'. Another read, 'Thank you for the excellent care you gave my father [person's name] during and over two years he was with you. It was much appreciated'. Another read, 'Thanks for your love and care mum [person's name] received all the time she was in Woodchurch. We was [sic] always impressed with the hard work and standard of Woodchurch House'.

Staff were employed on both floors of the service to provide activities. The service subscribed to 'Ladder to the Moon'. This is a scheme which provides monthly conversation boxes and prompt cards, together with training for staff to help them make the best of the equipment. Staff were rostered to provide activities based on their own skills and people's needs, this gave staff variety to their job roles. Staff encouraged people to join activities, including those that chose to stay in their bedrooms. Staff visited those people to provide conversation and stimulation, read to them and played board games or puzzles with individuals. A varied programme of activities was advertised and included; current affairs, music to movement, reminiscence, music sessions, chair exercises and memory games. An activities coordinator used reminiscence books with people who were living with dementia. We observed the activities coordinator looking at a reminiscence book with a person. They said, "You used to work in a shop didn't you, what did you sell?" this engaged the person in a discussion about their past. A singer entertained people during our inspection. The music was very loud but people really seemed to enjoy it and were dancing or tapping their feet throughout, relatives were also talking part. Some people preferred to stay in their rooms rather than join in with organised activities. People said, "There are always different activities on offer and sometimes we will go and join in and sometimes I will go on my own if [person] is too tired or not interested but someone will always come to check if we want to join in or not"; "Yesterday there was a film on in the lounge and they came to make sure we didn't miss it, it is the little things that add up to make it so good living here" and "I am not too keen on the activities but they do vary them".

Activities coordinators provided people with conversation and stimulation and played board games or puzzles with individuals. People were supported to attend activities in the community such as shopping trips, swimming, bowling, cinema trips. Large projector screens had been purchased so that people could enjoy cinema afternoons within the service. Some people went out with their relatives. The registered manager told us how the service had supported people and their relatives come together with people's grandchildren and great grandchildren. They had hosted a party where children were able to build their own bears. The service had developed a relationship with a local hospice and were completing charity events to raise money. There were caged rabbits and chickens in the garden, the service had purchased a puppy which was going to attend training to enable it to become a therapy dog. We observed staff carrying the puppy around the service and introducing him to people. The garden was enclosed and attractive, people were free to use this garden when they wanted. People didn't use the garden on the first day of the

inspection due to poor weather.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection in May 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act on feedback, failed to assess, monitor and improve the quality and safety of the service and failed to assess, monitor and mitigate risks. At the previous inspection we reported that the service was not well-led. This was because Woodchurch House had been inspected four times since January 2016. It was rated as inadequate overall in January and November 2016 and May 2017. In January 2016 the service was placed into special measures and we served eight warning notices on the provider. At the September 2016 inspection there had been some improvements but these were not sufficient to meet all the warning notices and the service was rated as inadequate for safety and remained in special measures. Following the September 2016 inspection we received information of concern about people's safety and well-being at the service and we carried out a focussed inspection in November 2016. This resulted in the overall rating for Woodchurch House being reduced to inadequate because any improvement had not been sustained and we remained worried about people's safety and the management of the service. The service has been in special measures therefore since January 2016 and has been monitored by the CQC, local authority, Clinical Commissioning Group and other professionals.

The service had a registered manager. They became registered with CQC in April 2017. Since the last inspection the provider and registered manager continued to attend regular meetings and provided action plans which stated that improvements had been made in the areas we highlighted during our inspections. The local authority and Kent Community NHS Trust had undertaken a number of monitoring visits (both unannounced and announced) and both reported that improvements had been made. One health and social care professional stated, 'I have noticed significant improvements in all areas which I have reported on at multi agency meetings chaired by KCC [Kent County Council] and attended by CQC'. A visiting healthcare professional told us the service had improved over the past year and that they had no concerns. They felt that the leadership had really improved.

The registered manager explained that they had worked really hard as a management team to make positive changes for people and that the "Staff are so good. They want Woodchurch to do well so staff look after each other as well as the residents". The registered manager knew that there were still further improvements needed, stating "We are still working on care plans, they are evolving". They also explained how training improvements were planned. The registered manager knew that CQC's inspection processes were changing from 01 November 2017. The registered manager had a copy of the changes and told us that the management team would be carrying out mock inspections to inform quality assurance processes.

Audits and checks were carried out by the registered manager, the provider and by the group quality coordinator. For example, call bell responses, accidents and falls audits, care plan audits, staff records audits, health and safety, infection control, weights and medicines. The group quality coordinator explained that they carried out a monthly visit to the service to carry out 'deep dive' checks in relation to key areas. They returned for unannounced checks to see if actions have been completed. These took place two to three times a month. For example they explained that they were particularly looking at one person's care

plans, records and care because the management reporting system had shown the person had a number of falls within previous weeks. They also carried out observations of staff practice, quality of meals and carried out checks around the service, which included talking to people and their relatives. Action plans were created as a result of audits. Action plans showed that areas of concern had been addressed in a timely manner. Because the medicines records were electronic they monitored the medicines in the service on a daily basis remotely. The results of audits and action were then reported to the provider during management meetings to ensure that the provider and manager had oversight of what was happening in the service.

Despite the quality monitoring systems in place further improvements were still required to drive the service forward to ensure people were receiving safe, effective, caring, responsive and well led care. Quality assurance processes had not been successful in recognising all of the issues we identified in this inspection; such as management of risk, person centred care, staff training in relation to people's assessed needs and records.

The provider needs to further improve in order to meet all of the regulations and to sustain compliance with the regulations. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider issued a quarterly newsletter to let people and their relatives know what had happened and what was happening at the service. Surveys were scheduled to be sent to people using the service later in October 2017.

The service had links with the local university. The Personal Social Services Research Unit in partnership with KCC were conducting a study about the quality of life of people living in care facilities. This study had been discussed with people and their relatives to find out if they were in agreement in taking part. Those who said they were happy to do so where being interviewed and observations were going to take place.

There had been a simulation workshop session to help people, relatives and staff to help further understand how living with dementia affects people's lives. Staff who had attended the course told us this gave them a true insight of how it must feel for people living with dementia. More sessions had been booked.

People and relatives clearly knew the management team. People told us, "I make sure that I am listened to, they are inclined to think that they are sometimes too busy or important to listen but I make sure that they do"; "I think it is all run ship shape here right from the top to the bottom"; "We can always call the office if we have a query and they will then pop in to see us if needs be"; "We can get the managers attention whenever necessary"; "Everyone knows what they should be doing and how they should be doing it so it works like clockwork, most of the time that is"; "If I am worried I go directly to a member of staff and I am always reassured and helped to sort things out to my satisfaction" and "I know that if I am every worried there is always someone to listen to me and try to help".

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team. Following our inspection the registered manager intended on meeting with the provider to review and amend the complaints policy and procedure and the restraint policy to ensure that information was clear to those reading.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager and the provider had notified CQC about important events such as deaths and serious injuries that had occurred

since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and on their website.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us that communication between staff within the service was good and they were made aware of significant events. There were various meetings arranged for staff. These included daily huddle meetings. The staff meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them.

Staff told us they had lots of support from the management team. Staff said, "[Registered manager] is a supportive manager I can go to her at any time including out of hours" and "There is more management presence in the home now".

Staff were all passionate and committed to their roles. Staff told us how happy they were and they enjoyed their jobs. A staff satisfaction survey had been carried out in September 2017. The provider had received 23 responses to the survey. The results showed that staff felt they worked well as a team, they felt the service was a friendly place to work and they had training to do their jobs. Staff felt confident that the management team discussed their training and development needs with them and encouraged them with training.

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<br><br>Personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>The provider had failed to provide accessible information and failed to operate an accessible complaints system.<br>Regulation 16(2) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider failed to operate an effective quality assurance system to ensure the quality and safety of the services provided. Records were not always accurate and complete.<br>Regulation 17(1)(2)(a)(b)(c) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Registered persons had not provided staff with training and supervision to enable them to carry out their job roles effectively.<br>Regulation 18 (1)(2)(a) |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care |
| Personal care | The registered manager and provider had failed to plan care and treatment to meet people's needs and preferences<br>Regulation 9 (1)(a)(b)(c)(3)(a)(b) |

**The enforcement action we took:**

We served a warning notice on the provider and registered manager and asked them to meet the regulations by 15 December 2017.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Personal care | The registered provider had failed to ensure care was delivered in a safe way.<br>Regulation 12 (1)(2)(a)(b) |

**The enforcement action we took:**

We served a warning notice on the provider and registered manager and asked them to meet the regulations by 15 December 2017.