The Island Residential Home Limited

The Island Residential Home

Inspection report

114 Leysdown Road
Leysdown on Sea
Isle of Sheppey
Kent
ME12 4LH

Tel: 01795510271
Website: www.islandresidentialhome.co.uk

Date of inspection visit:
06 February 2018

Date of publication:
19 April 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 06 February 2018. The inspection was unannounced.

At the previous comprehensive inspection on 05 June 2017 the service was rated Requires improvement overall and inadequate in the safe domain. The provider had breached Regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to meet the requirements of the Mental Capacity Act 2005. The provider had failed to ensure that medicines were suitably stored, administered and recorded. The provider had failed to asses and mitigate risks to people's safety effectively. The provider had failed to operate effective systems and processes to monitor the quality of the service. The provider had not deployed sufficient numbers of staff to meet people's needs. We asked the provider to make improvements to meet Regulations 11 and 18 and we served the provider a warning notice and told them to meet Regulations 12 and 17 by 11 August 2017.

The provider sent us an action plan which stated they would meet Regulation 11 and 18 by 30 September 2017. The registered manager continued to send a monthly update to evidence what actions they were taking to monitor and improve the service.

We carried out a focused inspection on 29 August 2017 to check that the provider had met Regulations 12, 18 and 17. We found they had met the warning notice for Regulation 17 and the requirement action for Regulation 18. Many improvements had been made in relation to meeting Regulation 12, however further improvements were still required to ensure people's topical medicines were administered as prescribed.

The Island Residential 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 service was not registered to provide nursing care. Any nursing care was provided by community nurses.

At the time of our inspection, 34 people lived at the service. Some were older people living with dementia, some had mobility difficulties, sensory impairments and some were younger adults. Some people received their care in bed. Accommodation is arranged over two floors. There was a passenger lift for access between floors.

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

At this inspection, people and their relatives told us they received safe, effective, caring, responsive care and that the service was well led.

At this inspection, we found that the registered persons had not met Regulations 11 and 18 as stated in their action plan. However, further improvements were required to meet Regulations 12 and 17. We found a new breach of Regulation 19.

The provider had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Further improvements were required to ensure quality monitoring systems were effective to enable the provider to assess, monitor and improve the quality and safety of the service.

People's care plans detailed most of their care and support needs. Care plans had been reviewed and updated regularly. Two people's care plans did not give staff clear information on how to meet all of their support needs. We made a recommendation about this.

Risk assessments were in place to mitigate the risk of harm to most people and staff. These had been updated when people's needs had changed. Risk assessments did not have all the information staff needed to keep people safe. One person was diagnosed with epilepsy. There was no care plan or risk assessment 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.

Improvements had been made to the management of medicines, but there remained some errors in recording controlled drugs. We made a recommendation about this.

Medicines were only administered to people by staff that had been trained to do so. Medicines were stored securely. Medicines administration records (MAR charts) had been accurately completed.

Appropriate numbers of staff had been deployed to meet people's needs. Staff had attended training relevant to people's needs and they had received effective supervision from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had systems in place to track and monitor applications and authorisations.

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 treated people with dignity and respect.

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.

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

People and their relatives knew who to talk to if they were unhappy about the service. The complaints procedure was available around the service. Complaints had been effectively managed.

People 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.

We found three 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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had not always followed safe recruitment practices.

Potential risks to people were identified and action taken to minimise their impact. However, risk assessments were not always in place to detail how staff reviewed and updated in a timely manner when people's needs changed.

Improvements had been made to the management of medicines, but there remained some errors in recording controlled drugs. Medicines were only administered to people by staff that had been trained to do so. Medicines were stored securely.

Staff knew how to recognise any potential abuse and so help keep people safe.

There were enough staff available to meet people's needs.

The service was clean and practices were in place to minimise the spread of any infection. The service was well maintained.

Is the service effective?

Good

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to make choices about all elements of their lives.

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

The layout of the home met people's needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved with their care. People's care and treatment was person centred.

People were supported to maintain contact with their relatives. Relatives were able to visit their family members at any time.

Is the service responsive?

Good

The service was responsive.

People's care plans had been developed to include people's life history and what was important to them. Most people's care plans contained clear information about how staff should meet their needs.

The provider's care planning records asked people about their end of life wishes and whether they had made any advanced decisions.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

People and their relatives knew how to raise concerns and complaints.

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 service.

The registered manager 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.

People and staff felt the management team were approachable and would listen to any concerns. Staff felt well supported by the management team.

The Island Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 06 February 2018. The inspection was unannounced. The inspection was carried out by two inspectors, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

We carried out the inspection because the service had been rated requires improvement at the last comprehensive inspection. Where a service has been rated as requires improvement we inspect them within 12 months of the report being published.

Before the inspection, we reviewed the information we held about the service including previous inspection reports and action plans received. We 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 also reviewed information of concern which had been shared with us by people who had used the service and their relatives and information from the fire service.

We spent time speaking with nine people who were living at The Island Residential Home. We also spoke with three relatives to gain feedback about the care and support their family member's received. A number of people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, a local authority safeguarding coordinator and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We spoke with eight staff including care staff, senior care staff, the cook, the deputy manager, the registered manager and the provider.

We looked at seven people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, three staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the training matrix, staff and provider meeting records, quality assurance analysis reports, copies of policies and dependency levels data. These were received in a timely manner.

Requires Improvement

Is the service safe?

Our findings

At our last focused inspection on 29 August 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that improvements were required to ensure people's topical medicines were administered as prescribed. We asked the provider to take action to make improvements. The registered manager sent us an action plan on 16 November 2017. This showed that they planned to meet the Regulation by 30 November 2017.

We checked that the provider was following safe recruitment practice. The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. Two out of three staff files contained unexplained gaps in their employment history. One staff member had a gap from leaving school in 1979 through to 2004 which the provider and registered manager had not explored. Another staff member had an unexplained gap between 2011 and 2014. Their interview notes showed that gaps were not discussed and reasons for gaps had not been explored or documented. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for two out of three staff members.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk of a person falling, challenging behaviour, moving and handling, diet and nutrition and developing pressure areas. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment they required when moving around the service, transferring, when moving in bed and bed rails to prevent a person falling out of bed. However, care plans and risk assessments did not have all the information staff needed to keep people safe. One person was diagnosed with epilepsy. There was no care plan or risk assessment 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. There was also no risk assessment in place to detail what extra precautions were in place to support the person with bathing or showering to prevent drowning. Another person's care records showed they had history of self harm. There was no risk assessment in place to detail what action staff should take to keep the person safe. One person was prescribed a paraffin based emollient cream which could act as a fire accelerant; there was no fire risk assessment in place in relation this.

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

Medicines were only administered to people by staff that had been trained to do so and had undergone an

annual review of their knowledge and competency to administer medicines safely. Medicines were stored securely. The temperature of the storage areas had been checked and recorded daily to ensure medicines were stored within recommended temperature limits. There were safe procedures in place for the ordering and safe disposal of medicines.

During the inspection, we observed a medicines round and observed the staff member explaining to people what medicines they were being administered and why. People were given time to take their medicines. They were observed by the staff member while they took their medicines to ensure they had taken the medicines. During the dispensing of medicines the staff member asked people who were prescribed as and when (PRN) required medicines to manage pain relief whether they required any pain relief or not. We observed the staff member check when it was last given, to ensure they were not exceeding prescribed amounts within a set time frame e.g. 24 hours. The staff member wore a red tabard to remind other staff not to disturb them while they administered medicines. This minimised the risk of being distracted and making errors.

Medicines administration records (MAR charts) had been accurately completed. Medicines records for medicines such as topical creams had clear body maps which showed staff where this should be applied. People had received their prescribed creams and lotions as directed from their GP. However, one person's was observed to have dry and cracked heels during the inspection. We checked their medicines records and found that staff had recorded that their prescribed cream had been offered but not required. We spoke with the registered manager about this who agreed to review this straight away.

There was inconsistent practice in relation to records relating to medicines that were classed as controlled drugs (CDs) under the Misuse of Drugs Act 1971. There was a controlled drug book in place to record each CD in stock. The entries were all signed by two staff except when the management team completed their weekly check. The weekly check had only been signed by the one staff member carrying out the check. By not having another staff member counter sign the weekly check they were not following good practice. If a staff member then found a discrepancy they would have no other staff member to witness that the balances were correct. New boxes of CD medicines were not opened to check that each box did contain the amount stated on the outside. As these were new boxes sealed and unopened it is unlikely that it will be incorrect but good practice would be to double check by opening each box so staff can be reassured that the balances are correct. The index in the front of the CD records had not been well maintained there were several entries found where the page number had not been updated correctly. For example, one person's medicine had the wrong page number against their medicine; pages 20 and 26 had not been added. We found this with numerous other medicines within the index.

We recommend that the provider and registered manager reviews practice in line with good practice guidance and the Misuse of Drugs Act 1971 to ensure medicines are recorded adequately.

People told us they felt safe living at The Island Residential Home. Comments included, "Yes I feel safe, It's alright. The girls [staff] look after you. You have a room on your own and everyone has their own keyworker, mine is [name] and she is fantastic"; "It's safe here, I can close my door and people knock before they come in"; "I am safe here, if I had been out there [living in the community] I would have been dead by now. There is always staff about if you need them"; "I am safe here, I know who is here and staff have to open the door before anyone can come in or go out" and "There is staff here, who I can trust and there is a pull cord which I can pull for assistance".

Relatives also told us their family members were safe. They told us, "Definitely safe here. She is happy and there is security with the door so she cannot wander off"; "Yes, he is safe here, he is quite happy, he meets

other people and all his medical needs are met" and "There are security measures on the door, someone now has to open the door before people can exit or leave".

We observed that people continued to be protected from abuse or harm. Thirty five out of 44 staff had attended training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated September 2017. 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. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care. The registered manager knew how to report any safeguarding concerns, they had done so in a timely manner.

There were suitable numbers of staff on shift to meet people's needs, meal times were relaxed and calm. The staffing rotas showed that there were plenty of staff. Additional support at key times such at meal times was in place Monday to Friday each week. The support was provided by the management team and activities staff. The registered manager monitored staffing levels and assessed these against people's assessed dependency levels using a dependency tool. This enabled them to review and amend the staffing levels when necessary. Staff told us that the staffing levels were appropriate to meet people's needs.

The service looked clean and smelt fresh. Housekeeping staff carried out cleaning tasks in people's own rooms and communal areas. Thirty six staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. There were clear procedures in place to deal with soiled laundry. One person said, "[Name of cleaner] is marvellous, we have now got a cleaner working at the weekend. I take my bedding and clothes to the laundry in the morning. Always comes back washed and fresh in the afternoon. The girls [staff] help me make my bed again". Other people told us, "Every morning the cleaner comes in to tidy up my room. I leave my laundry in the doorway and it comes back washed. When I want to change my bed, I go down to the laundry and ask them for clean bedding" and "Cleaning and laundry excellent, all you need to do is to go down to the laundry room to see how tidy it is kept and how bedding is neatly stored on the shelves".

Accidents and incidents that had taken place were appropriately reviewed by the registered manager. Actions had been taken such as contacting healthcare professionals, relatives and notifications had been made to CQC. The registered manager monitored accident and incident records to review trends and themes and these were discussed with the providers on a monthly basis.

Twenty nine staff had received training in fire safety. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire. PEEPs were stored within people's care records and within the fire file.

Visual checks and servicing were regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. The last drill had taken place on 26 January 2018. Regular fire alarm testing had also taken place. Maintenance records evidenced that repairs and tasks were completed quickly. We observed maintenance staff carrying out repairs around the service. Checks had been completed by qualified professionals in relation to legionella testing, asbestos, moving and handling equipment, the passenger lift, electrical appliances and supply and gas appliances to ensure equipment and fittings were working as they should be.

Good

Is the service effective?

Our findings

People told us they made decisions in relation to their care and support.

At our last comprehensive inspection on 05 June 2017 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to meet the requirements of the Mental Capacity Act 2005. We asked the provider to take action to make improvements. The registered manager sent us an action plan which showed that they planned to meet Regulation 11 by 30 September 2017.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The 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.

There was a system in place for applying for DoLS for people who did not have the capacity to make specific decisions such as where they received care. The service kept a register of applications which included dates that applications had been made and the status of the applications. We reviewed DoLS applications. They contained information about who was involved in deciding what care would be in the person's best interest and that the person was present for the discussions. Capacity assessments were carried out to determine whether the person had capacity to make decisions about their care. One relative explained, "I was involved in the DoLS meeting with my wife and the staff here. She still has her freedom to wander about, join in activities and go out on trips as long as a member of staff is present". One staff member told us, "It is important people can do what they want and aren't restricted". People had access to advocacy services if and when they needed it. One person had utilised an advocate to help them make a decision about their care and treatment. Advocacy information was on display on communal notice boards.

Permission and consent was sought for a number of decisions such as sharing basic information with other healthcare professionals, care and photographs to be taken. Records showed that people had been involved with making these decisions and had signed to evidence their consent if they were able to. Improvements were required to evidence capacity assessments and decision making in relation to consenting to had bed rails. One person's care records showed that a bed rail safety assessment tool had been completed. This showed that bed rails were required to keep the person safe. It detailed that the person was unable to consent or agree to bed rails in place. However, there was no record to show if a best interests meeting had taken place to decide and agree to the bed rails. We spoke with the registered manager about this who agreed to make sure the relevant documentation was filed to evidence the decision making.

The registered manager understood the requirements of the Deprivation of Liberty safeguards (DoLS), and documents seen demonstrated that the appropriate procedures had been followed.

Staff explained they helped people to maintain some self-care also promoted their feeling of self-worth by promoting independence. People had choices in relation to their care. Care plans covered people's preferences about personal care and personal hygiene needs. Technology was in use to help people be as independent as possible. One person had an adapted telephone which detailed their relative's faces and called them with the press of a button. Some people had powered wheelchairs to help them mobilise in the home and the community. Staff knew people well, and knew when to provide additional support, and when to hang back to try to promote independence. For example, staff would let people walk ahead, but provide verbal reassurance they were close if they were needed. Staff asked people with visual impairments what they would like to wear daily, to ensure they keep their identity. Staff told us how they adapted their approach from person to person, changing voice and tone to suit the individual. We observed staff using these skills. Staff told us of the importance of respecting people's individuality, sexuality and promoting their independence by giving them choices. One staff member told us "We don't make a big thing of it [people's sexuality] because it's normal to us".

Staff received training in areas such as food hygiene, moving and handling, dementia, health and safety, epilepsy, stroke, diabetes and first aid. Most staff were up to date with required training which had been updated in line with the frequency determined by the service. Newer staff were still completing their basic training to enable them to meet people's needs safely. Staff were supported to achieve additional work based qualifications such as diplomas. The registered manage explained how they tailored the training to meet each staff members learning needs. They explained that some staff found Social Care TV training easier to follow than completion of workbooks. Some training was completed in a face to face training sessions such as moving and handling and medicines. The registered manager explained they were exploring additional training in relation to mental health and challenging behaviour to enable staff to meet people's needs. The registered manager was also planning to roll out 'best practice workshops' which were going to be based on real life scenarios, discussions and presentations.

Staff received supervision and appraisals which allowed them to discuss their personal development and performance with team leaders and the management team. Additional supervision sessions were held with staff if it was felt that there was something else that needed to be discussed with them such as learning from a complaint. Staff told us they completed a comprehensive induction that included getting to know people gradually understanding policies and daily tasks expected of them. One staff member told us they had requested additional shadowing sessions to ensure they felt confident that they could meet people's needs and told us the managers were "Extremely supportive" of it.

The cook had devised a menu that met people's likes and dislikes. People liked the meals offered and told us, "I am not a big eater so always offered a choice if I don't fancy something. On Friday I cannot eat fried fish so the cook does me boiled fish with a cheese sauce"; "Always discuss different meals options at residents meetings, recently had curry from the Punjab region where [person] was from"; "If I don't like the mains I'll ask for something different. I like the sausages here"; "Food is good, well cooked. I don't like chicken or pork, I can always ask for something different like a jacket potato with cheese, I don't like vegetables especially peas so the cook does me carrots instead"; "I am a fussy eater, I see cook for an alternative if I don't like something they sometimes do me sausages and onions"; "I asked for roast chicken, mash and vegetables today had to wait an hour and half. It was alright, most of the time the food is alright" and "I generally have chopped fresh fruit and cream instead of hot pudding. Today had some fresh strawberries in my fruit. Lovely".

Relatives said, "Fed very well, proper home cooked meals. Staff always encourage my wife to feed herself" and "Mum loves the meals here, always likes a big portion, always offered extras, never made to feel she is being greedy. My husband and I were invited to join mum for Christmas lunch, it was a beautiful meal. Mum is always offered a choice of drinks but prefers water every time".

The cook explained that they catered for people who had different diets. Staff knew people well and knew how to cater for their nutritional needs. There was clear signage available in both kitchens detailing allergy information as well as peoples likes and dislikes. Staff were aware of peoples cultural requirements in relation to food and drink, and ensured there were alternative options available for people. Staff told us that the provider had cooked spicy curries and food for one person. The cook was able to detail how they adapted food and drink to allow for specific healthcare conditions such as diabetes. They said, "I replace sugar with sweetener, make sure an alternative desert are available and have fresh fruit". People that required their drinks to be thickened to help them swallow had their drinks prepared according to their prescription and guidance.

We observed staff throughout the inspection encouraging people to drink to keep hydrated and maintain good health. People were offered choices of meals at meal times. During the morning we observed the kitchen staff asking people individually what they would like to eat. We observed mealtimes in the service and found that people had their meals where they preferred, some people sat in the dining room with others and some people had their meals in their rooms. Breakfast was self-service and a staff member assisted those who were not able to serve themselves. Meal times were sociable, calm and friendly. The meal time appeared a happy experience with people laughing and chatting together. People and staff joined in singing "Happy Birthday" to one person who had a cake to celebrate their special day. There was plenty of food available and people were offered more if they wanted it. Some people needed help to eat their meals, staff explained that some people needed their food cut up or pureed. People who needed equipment such as plate guards to enable them to eat independently were given this. Staff gently encouraged people to ensure they had eaten sufficient amounts. During the inspection there was a delay to the lunchtime meal. However, people living upstairs we supported to go to the dining room and sit at the table at 12:00. The meal did not arrive until 12:40. This meant some people were getting frustrated. There was no communication as to why the meal was delayed. Staff did their best to engage with people during the delay asking about favourite meals and puddings and talking about people's day.

People and their relatives told us that staff were good at getting medical care for them or their family member. People told us that a member of staff would escort them to the doctors or hospital to help them. Comments included, "My leg was swollen and I spoke to the care worker. They asked the doctor to call and he called an ambulance to send me to hospital for a scan"; "I am pretty healthy, I go to the doctors for a yearly review on my own" and "I have had this cough for a little while and when the doctor came yesterday he was asked by the staff to check me. I was told they couldn't give me anything it would go on its own". People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Community nurses visited people when required to meet people's nursing needs. Records demonstrated that staff had contacted the GP, local authority care managers, occupational therapist, chiropody, palliative care nurses, tissue viability services, mental health team, community nurses, ambulance service, hospital and relatives when necessary. Where people had lost weight, this had been quickly addressed with support, food supplements and referrals to GP's and dieticians as required. Records also evidenced that referrals had been made to speech and language therapist (SaLT) when people had difficulty swallowing. Advice given by the SaLT team was being followed by staff providing care and treatment. People had seen an optician on a regular basis to check the health of their eyes.

The layout of the building met people's needs. One person told us, "I prefer to go the toilet myself. They have handles in the toilet to hold onto so I can manage myself". The service had dementia friendly signage to help people find their bedrooms, bathroom or toilet and the lounge. People were creating a sign for the new activity room at the arts and craft session. The provider had involved people with reviewing and changing the arrangements for people who smoked. This meant that the home was now smoke free. A smoking area has been installed outside, with lighting and heating for the people who smoke. The ground floor room that had previously been used as a smoking room had been decorated and was now an activity room. The upstairs room was a quiet lounge. The registered manager told us they had further plans to adapt the quiet lounge into a treatment room, for hairdressing, healthcare appointments and personal appointments. The provider was planning further improvements. They planned to replace and update all the bathrooms this year. One relative told us, "My wife settled in quickly, she knows where her room is. The owners have spent a lot of time and money updating things making it brighter for people". Another relative said, "The home has undergone a lot of updating and improvement".

Good

Is the service caring?

Our findings

People told us that they found the staff kind and caring. Comments included, "They are great staff. I love them to bits. This is my home now and they are my family now"; "First class staff. They feed me. Always chat and ask how I am. Always make my family feel welcome"; "Staff are good. I have been here a long time. Staff are more like friends now. Always ask how I am. I always have a bit of fun with the staff, they always stop and have a quick chat"; "Care staff overall are good. They are kind to people always listen to what people have to say"; "Staff are excellent, genuinely concerned about the care they give us. Always very respectful"; "Staff will do anything for you. All you have to say is 'Can I have something' and they will help" and "Staff are very kind and caring to me. They don't make me feel that I am treated badly. They give hugs if I'm feeling sad, I can talk about anything, they are not judgemental".

Relatives also gave us positive feedback. One relative said, "Staff are gentle and caring. I am impressed with their compassionate, caring and empathetic attitude to my wife". Another relative told us, "Girls [staff] are 100%, my brother is well looked after, we couldn't manage to look after him, staff are great". Another relative said, "Staff are not overbearing which is what mum likes. She has had experience of other care homes, she prefers it here she likes doing things for herself, but knows she just has to ask for help if she needs it".

Throughout the inspection, we observed staff initiating conversation addressing people by their preferred name, in a friendly, social manner asking them how they were, enquiring if they were going out shopping in the afternoon when it was warmer and checking with some people if they had made a list of what they wanted to get. Whilst staff were chatting with people they had smiles on their faces and made sure that they had eye contact with the person. Sometimes they stroked the person's hands or rubbed while they were talking to people.

The atmosphere in the service was relaxed and calm and there was good interaction between staff and people with a lot of laughter.

People were keen to assist staff by assisting with duties. One person who used a wheelchair pushed the breakfast trolley back to the kitchen when everyone had had their breakfast. Another person laid out the table mats and cutlery and glasses on the tables for lunch and another person cleared the mats away when everyone had left the room. People were rewarded with a thank you and smiles for their assistance. It was one person's birthday. Staff made a fuss of the person, some staff visited to wish the person happy birthday. Staff tied balloons to the person's wheelchair; this enabled the person to be centre of attention for the day. We watched the person smile as people and staff approached with birthday wishes. As staff walked past, they would stop and chat, gently stroke the person's arm and ask if they were having a lovely day.

People's bedrooms were individualised with photos, individual bedding and curtains. One person had a piano in their room; staff told us music was important to this person. A relative told us, "My brother was offered a room change to a much brighter room but refused quite happy with his room. Staff didn't try to make him change his mind".

We observed that staff respected people's privacy. Staff were seen to knock on people's doors before entering. We spoke with staff who said that they would ensure privacy by making sure that the door was closed when they gave personal care, closing curtains in bedrooms when assisting people to wash and dress. People and their relatives told us that the staff preserved their privacy and dignity. People told us, "If I want privacy I go to my room and close the door. Staff knock before they come in. If someone is not properly dressed staff sort them out straight away without a fuss and save their embarrassment"; "I go to the bathroom in my dressing gown. When they help to get me in to the bath in the bath chair they cover me up with a towel over my lap. They stay with me and when I ask them for help they will wash my feet and back for me. I prefer to wash myself it might take a bit longer but I prefer to try"; "As you can see I like talking, I do have the odd down days when I don't want to speak to anyone and would rather keep myself to myself. Staff knock on the door and come in and check to see how I am" and "Staff don't degrade you. They very good at protecting my privacy".

People's personal records were stored securely in the offices. Staff were respectful of people's privacy and knew to discuss confidential information behind closed doors and not in communal spaces. Relatives told us, "Staff have never talked about [family member] in front of any other residents, they speak to me privately" and "I have never heard them discuss any other resident's personal information whilst I have been here. I visit regularly at different times of the day". One person said, "I am always moving about the home. I have never heard any information about another resident being discussed openly".

People told us their relatives were able to visit at any time. We observed relatives visiting throughout the day. We observed staff gave people and their relatives space to be together without intruding on their time together. People said "Staff make family feel welcome when they visit me, always make them a cuppa"; "[Provider] arranges a car for me to take me to my sister's house and my brother comes and meets me there" and "My brother and sister have been to see me. Really pleased with how I am doing and able to have a good conversation with me". A relative told us, "Always visiting mum, tend to come at different times of the day. Staff always make me feel very welcome. My husband and I were invited to join mum for Christmas lunch".

People and relatives told me that staff always listened to their views on how they like to be cared and treated them respectfully. Comments included, "I am quite a capable person, my right leg was causing me problems and I asked the staff if they felt the doctor would get me some physio [physiotherapy]. The physio visited and has helped to straighten my leg and have been given some exercises. Staff always respectful to your wishes"; "I can go and have a shower when I want one, sometimes I want a bath I just check with staff that it is not going to be used by one of the other residents" and "I cannot sit up for too long so go to bed when I want to. Staff very respectful of your wishes it is your choice what you want to do. I listen to my music. I have my computer and keep myself busy skyping and emailing people". People had been asked their views about their care. People had been given questionnaires to complete in December 2017 to ask for feedback about the service. Seventeen questionnaires were completed and returned, the feedback received about the service, was positive. Records evidenced that people attended frequent 'residents meetings'. These were held on a bi weekly basis, one week they were held upstairs and the following week they were held downstairs which gave everyone an opportunity to join the meeting if they wished. During the meetings people voted on issues surrounding the service, such as to get rid of the smoking rooms, and introduce an activity room.

Staff showed concern for people's wellbeing in a caring and meaningful way, by responding to their needs quickly. We observed a staff supporting a person who used a wheelchair to move away from the dining room table. The staff member knelt down beside the person which enabled them to talk with them at eye level, asking what they would like to do offering either to help them go into the lounge or go back to their room.

The person had a cushion on the foot rest of their wheelchair which they used to rest their feet on whilst sitting at the table. Before moving the wheelchair away from the table the staff member said to the person "Let me check your feet and see if the cushion is okay before we move you". People told us "If staff see I am a bit down they will put an arm around my shoulder for comfort and sit down and talk. [Staff member] my key worker is marvellous she is always saying if I want to sit and talk I only need to ask" and "Staff are genuinely concerned about our well-being".

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. People gave us examples of how quickly staff responded to their requests for help. People told us that they had a call bell in their room and staff responded quickly. Comments included, "Staff are quick at responding. I usually get myself into bed, one night I could not support myself and buzzed for some help"; "I need help to get from the bed to my wheelchair. I just press the buzzer and they come straight away" and "I have a buzzer at the bottom of my bed. I forget to use it, if I need help I come out and find one of the staff".

Relatives told us that they had been involved with the assessment and review of their family member's care. Comments included, "[Person] is involved in the care planning meetings. My wife was able to say what she liked to do and staff encourage her to do as much as she can for herself with some prompting" and "Fully involved in her care needs along with the social services mental health team. Mum is fully involved at these meetings and is able to say what she needs help with".

Before people came to live or stay at the service, the registered manager visited the person and/or their relatives, to undertake an assessment as to whether the service could meet their needs. Assessments included information about people's health, social and personal care and this information was developed into a written plan of care. One person had recently been diagnosed as visually impaired. To reduce the anxieties the person was experiencing staff gave them lots of reassurance and looked for new activities to keep the person's mind occupied and stimulated to reduce the anxiety.

People told us that they were fully involved in helping to plan their care. Comments included, "My key worker discusses my care plan with me. I speak my mind when it comes to what help I need and want from the staff"; "I have a care plan. I tell them what help I want and then sign it" and "At my care plan meeting I decided to have only three cans of drink [alcohol] a day. I have followed the plan and surprised myself". Care plans contained basic guidance for staff about the support people required in relation to all daily living, including, nutrition, continence, skin care and social and faith needs. Some people were diagnosed with epilepsy. One person had a clear and detailed care plan in place which detailed what a normal seizure looked like, how and where to record them and side effects of medication. This gave staff good information about to support the person should they have a seizure. However, another person who was also diagnosed with epilepsy did not have any care plan in place to detail what staff should do to meet their needs when they experienced a seizure. Another person's care records evidenced that they had a history of self harm. There was no care plan in place to detail what staff should do to support the person.

We recommend that the provider and registered manager reviews care plans and documents to ensure that they relate to people's assessed care and support needs.

The provider's care planning records asked people about their end of life wishes and whether they had made any advanced decisions. Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants. Some records held detailed if people had a pre-paid funeral plan and basic information about people's preferences and wishes to ensure that their wishes were documented in

preparation for when their health deteriorated further. The registered manager was sensitive to people's end of life needs. Some people who were approaching the end of their life had end of life care plans in place. The service had worked with the local hospice to ensure people's wants, wishes and preferences were documented in a 'my wishes plan'. Relatives had been supported when their family member's had passed away. Staff supported people to make arrangements to travel long distances to attend their relative's funerals. Staff were provided with counselling and support when required. Staff had organised a ceremony at the service to celebrate a person's life who had passed away. A plaque was placed in the garden in memory of the person, this enabled people, staff and visitors to remember the person. Further improvements were planned by the registered manager to ensure people's end of life wishes were discussed with people in a planned way so that wishes were captured in case people's health suddenly changed.

Activities took place in the service. We observed people and staff singing along to music of their era, people had smiles on their faces and looked happy. People told us they had opportunities to keep active and stimulated through planned activities. People who had capacity to leave the home without care and support were observed leaving the home to utilise community resources such as the local cafes, pubs, the beach and shops. People were supported to attend events planned in the home such as barbeques and parties. A Valentine's day party was planned for the following week. People were also supported to go on trips into the wider community such as trips to London. Activities were displayed on a calendar in communal areas on both floors of the home. The activities coordinator told us how important it is to ensure everyone is given the opportunity to be as involved with the activities as they like. For example, over the Christmas period a person was taken to a garden centre, where they enjoyed the visual sensory from the lights.

The activities coordinator had created a wishes board for people. This captured people's wishes and dreams in relation to activities which were meaningful to them. Recent trips people had requested had been fulfilled including trips to the sea life centre, cinema, planetarium and the zoo. Staff told us activities were chosen by people during the residents meetings. The wishes board gave people opportunities to reflect on activities and trips they had taken. The wishes board also took into consideration people's birthdays. For example, one person had stated that they wanted kippers for breakfast on their birthday, whilst another had chosen to go on a shopping trip. Staff told us that they took people out to enjoy an evening meal out. They explained "It is important people have the same experience as you or I".

People told us enthusiastically that over the Christmas period the activities coordinator had organised a travelling performing pantomime which had been performed at the service. Feedback included "The best activity they have done in the 16 years I have lived there". One person who was colouring picture in their room showed us pictures they had already completed displayed on the first floor corridor walls. They said, "Since I started colouring these pictures I have got hooked. Never did anything like this before". Other people commented, "We make suggestions for activities at the residents meeting. I like the coach trips, lots of lunches out. Recently went out to the healthy living centre had coffee and cake and had our nails painted"; "I like watching TV go to the shops and get TV magazines to see what is on"; "I had the best Christmas ever, I had presents, I decorated my room. Christmas eve just out of this world. Lots of lovely food" and "I try to keep myself occupied, I have a book and laptop. They have singers which I don't like, it's too loud. I hide away on my room, I have been out in the car to go shopping". Relatives told us "[Family member] goes out quite regularly with others on the coach, staff always tell me that she enjoys the trips out" and "[Family member] really likes getting involved in everything that is going on at the home Goes out shopping in the mini bus. Likes the hair and beauty treatment sessions".

The newly activities room had been opened a few weeks before the inspection. The activities staff talked about the importance of having a designated area for activities, so that did not have to work around lunch

or dinner. The activities staff member told us "I want it to be a social hub for people. Having our own area gives the opportunity to be more effective, spend more time with people and less time putting away". The registered manager explained that there were future plans to have a sink in the room, with cooking facilities to open up baking activities. The activities staff member talked passionately about making a difference for people living with dementia, learning from training they had attended. They explained they helped people reminisce about their past through discussions about including art work, music and colours.

The service had purchased an application which enabled them to use an interactive technology to support and facilitate reminiscence with people. This application can be programmed to be person centred and specific to each person's life which enables interaction, memory prompts and can involve the person's relatives too.

Signage around the service showed that there were church services held. Staff shared that a church visited once a month to conduct a service for people who wanted it.

The provider's care planning records and admission documentation asked people about their end of life wishes and whether they had made any advanced decisions. Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants. Some records held detailed if people had a pre-paid funeral plan and basic information about people's preferences and wishes to ensure that their wishes were documented in preparation for when their health deteriorated further.

Guidance about how people should complain was on display on notice boards around the service. People also had a copy in their bedrooms. We reviewed complaints received by the service. There had been one complaint since the last inspection which had been dealt with appropriately and according to the provider's policy. People and their relatives told us they knew how to raise concerns and complaints. Comments included, "At our weekly resident meetings we are able to raise any issues or complaints, my key worker is excellent and listens to me if I have any grumbles"; "Food on time, laundry done, what can I complain about" and "When I moved here I had a problem of water coming in after heavy rain. The wall was soaking wet. Spoke to the office and maintenance dealt with it straight away". One person explained they had reported to the manager and provider that some people were smoking in the bathroom. They told us, "I was told they are taking action against people. It seems to be slow at being dealt with. I know the manager tries but people choose not to listen". Relatives said, "No complaints. Never had any problems, when I have talked to staff about anything they have always taken time to give me a clear response" and "No complaints about the staff or home, [family member] is looked after very well. Today he is unshaven and he tells us that he has lost the two pin plug for his razor. We will speak with the office before we leave. I am sure that it will be sorted. When we had a social services meeting recently he was very well presented".

The provider was in the process of implementing a digital suggestion box which will allow people, relatives and healthcare professionals to provide anonymous feedback directly to the directors of the service.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us that they knew the registered manager and found them easy to talk to. People told us that the registered manager would help out when they were short staffed. Comments included, "[Registered manager] is always about. Still getting to know him. Always stops, chats and listens"; "[Registered manager] is good, always listens. Always go to the residents meetings, the manager and owner ask for suggestions"; "[Registered manager] and [deputy manager] do their job well. Overall I say I like here it and would rather stay here than go back to London" and "The home is well run, I have been here four years so I must like it".

Relatives told us, "The manager is very friendly and easy to talk to. [Family member] has now refused to go to the hairdresser. Rather than upset her more I have agreed with the manager that the staff will do her hair for her"; "[Registered manager] is easy to talk to. Just discussed having another social services assessment for [family member] as the disease is progressing. The home seems well managed. The owner is really friendly, comes in and sees us when I am here" and "Management are very approachable, there is always a smiling face when I come in, everyone is kind. The home is well managed and always clean".

Staff told us they had good support from the management team. Comments included, "Management are always on hand to provide support"; "The managers always muck in" and "No matter what, there's always someone to support you".

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included checks of people's care plans, risk assessment and consent records, staff file checks, medicines checks, training, health and safety and Deprivation of Liberty Safeguards. However, the audits did not always pick up the issues we found during the inspection. For example, the staff file audit conducted on 07 January 2018 had checked one of the staff files we selected for review. The audit had not identified that the staff member had unexplained gaps in their employment history. The medicines audits had not picked up that the controlled drugs records were not accurate and complete. We spoke with the registered manager about this. They agreed they needed to review their audits systems and processes and map the audit tools against the regulations to make sure the checks were robust. It was not always clear what action had been taken as a result of audits. An action plan was created in most cases, however some actions relating to medicines had not been added on to the action plan.

The provider and registered manager were required to make further improvements to the quality monitoring process to ensure that they had a clear overview of practice within the service. The failure to effectively operate quality monitoring systems and processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Healthwatch Kent had carried out a review and check of the service. The report of this check showed that it was a positive visit. Healthwatch Kent shared that they met with people, relatives, staff and the registered manager. They carried out observations and checked records.

The provider detailed 'Staff share a value of treating residents with respect throughout the day with communication always being polite and respectful'. The provider's vision and values were deeply embedded and it was clear that the provider, management team and staff were passionate about providing good quality care and support to people and their relatives.

The provider had developed a presentation to evidence how the service was meeting the Regulations and giving examples of what achievements had been made since the last inspection. This included examples of the service and people being involved in local community events such as the Leysdown carnival. The service also made links with a local transport service which enabled the service to increase the community activities and trips out to include more people. This enabled a large group of people to visit a castle in the summer. The service had arranged to support a charity of the year and through fund raising they had raised £200 for a local hospice across 2017.

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. The registered manager and provider were committed to reviewing care documentation and policies to ensure that the service continues to meet people's equality, diversity and human rights.

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 they had regular meetings and daily handovers between shifts. Records evidenced that staff meetings were held frequently. Staff had opportunities to provide feedback about the support they have. Staff were surveyed in December 2017. Staff mainly feedback positive information, where the feedback was negative the registered manager had allocated a task to review practice. For example, staff were asked to provide feedback about the statement 'I have been trained in the management of challenging behaviour'. The answers were very mixed. The registered manager had added a statement, 'The result of this statement suggests that more training on managing challenging behaviour is required as 4 respondents did not agree with the statement'.

The registered manager and provider celebrated great achievements for staff. A hero of the month award system was in place which recognised excellence. Staff members awarded hero of the month were presented with a certificate and a gift card. They were presented with these by people who lived at the service.

The registered manager and the provider engaged with other providers and registered managers at forums held by the local authority and external organisations. This enabled them to network with others and to share and receive information and news about good practice and innovation. A local authority representative told us, 'They [the management team] have been actively engaging with the local care home forums etc.'

Relatives were sent annual surveys so that the service could gain feedback from them about their family members care. The last surveys were sent out in April 2017. These were due to be sent out again soon.

The service had received positive feedback through online reviews. Three positive reviews had been added by relatives of people since we last inspected. The most recent comment stated, 'I cannot praise enough all the staff and management for the excellent way they looked after my darling wife. Being my first experience

of respite, I was to say the least very concerned - all my fears seem to have been unnecessary. My wife looked very content and relaxed when I picked her up - well done everybody'.

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, safeguarding concerns 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.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage care and treatment in a safe way. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively operate quality monitoring systems and processes. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures. Regulation 19(1)(2)(a)(3)(a)