Nicholas James Care Homes Ltd

Walmer Care Centre

Inspection report

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

The inspection took place on 23 and 24 November 2015, and was an unannounced inspection. The previous inspection on 4 December 2013 found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care for up to 37 older people who are living with dementia. At the time of this inspection there were 29 people receiving the service. The service is called Walmer Care Centre and consists of two detached properties that share the same driveway. The premises are known as Carleton Lodge and Carleton Mead. Each person has a single room and there are communal lounges with a separate dining room in each of the premises. The service is situated on the seafront of Walmer with unrestricted views over the coast. At the time of the inspection in Carleton Lodge there were fifteen people receiving a service and fourteen people at Carleton Mead.

The service has an established registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Potential risks to people were identified regarding moving and handling, but full guidance on how to safely manage the associated risks were not always available. In some cases there were no risk assessments in place, for example when people were receiving support to be moved with a hoist, or taking a bath. There was also no guidance in place for staff to follow when using equipment, such as handling belts and slide sheets.

Medicines were stored and administered safely. However, people did not always receive their medicines in line with safe infection control procedures because of the way some staff handled the medicines.

People felt safe in the service. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe. They were aware of the actions to

take in the event of abuse and policies and procedures were in place to give guidance on what actions to take.

Records of accident and incidents showed that action was promptly taken to prevent further re-occurrence. Appropriate servicing and safety checks had been undertaken to ensure the premises were safe. Fire drills were held and environmental risk assessments were in place. Plans were in place in the event of an emergency.

Some refurbishment of the premises had been carried out and plans were in place to improve the environment. A maintenance plan was in place to address areas that still required attention.

People's rooms were personalised to their individual preferences.

We observed that people were comfortable in the presence of staff. Staff were compassionate, patient and caring, and ensured that people received the care they needed. The registered manager used an assessment tool to ensure there was enough staff on duty at all times. Staff were recruited safely and there was a structured training programme to ensure that staff had the skills and competencies to carry out their roles.

People were supported to make their own decisions and choices, and these were respected by staff. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes. The manager understood when an application should be made and some people had authorised restrictions in place to ensure that the decision about the restriction had been made in their best interests and was lawful.

People had choices of food, and specialist diets were catered for. Staff understood people's likes and dislikes, dietary requirements and promoted people to eat a healthy diet.

People were supported to maintain good health and received medical attention when they needed to. Appropriate referrals to health care professionals were made when required.

Staff treated people with kindness, encouraged their independence and responded to their needs. People and relatives told us that staff were respectful and their privacy and dignity was maintained.

People and relatives had been involved in the care planning process. Care plans had been regularly updated and relatives told us that they were invited to the care plan reviews when required. The registered manager had recognised that the care plans needed to be more personalised and there was an action plan in place to achieve this.

People had a varied programme of suitable leisure activities as each person had their own personalised activity plans, which were detailed about their life and interests. Visitors were made welcome in the service and were able to visit at any time.

There was a complaints procedure in place, which was on display so that people were aware how to complain. There had been no formal complaints received about the service.

The service sought feedback from people their relatives, staff and health care professionals about the overall quality of the service. Audits and health and safety checks were regularly carried out to ensure the service was safe.

We made a recommendation about medicines administration.

Summary of findings

We found one breach 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.

Summary of findings

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 associated with people's care were assessed. However, further detail was required to mitigate risk when supporting people with their mobility.

Medicines were stored safely by trained staff; however, infection control measures were not always followed when staff gave people their medicines.

Staff were trained in safeguarding and emergency procedures. Environmental and equipment checks were regularly carried out to maintain people's safety.

There were robust staff recruitment procedures to ensure staff were suitable for their job roles. Staffing numbers were maintained to a level which ensured that people's needs and preferences were met.

Is the service effective?

Good

The service was effective.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

There were on-going training programmes for staff. Staff received regular individual supervision and a yearly appraisal to address any training and development needs.

Staff were knowledgeable about people's health needs and supported them to maintain good health.

The service provided a variety of food and drinks to ensure people received a nutritious diet.

Is the service caring?

Good

The service was caring.

Staff were kind to people, and spent individual time with them. People were treated with dignity and respect, and staff adopted an inclusive, kind and caring approach.

Staff communicated effectively with people, they were attentive to people's needs and responded to their requests for support.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and preferences.

Summary of findings

People were involved in their local community and participated in activities they enjoyed.

Any complaints and concerns were addressed and responded to appropriately.

Is the service well-led?

Good

The service was well led.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

People, relatives and staff had opportunities to provide feedback about the service they received so that their views would be included in the continuous improvement of the service.

The registered manager led and supported the staff in providing compassionate care for people, and in providing a culture of openness and transparency.

People were encouraged to give their views and feedback about the service.

Walmer Care Centre

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 23 and 24 November 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service, and the expert was experienced in older people's/dementia care.

The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Some people were unable to tell us about their experience of care at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service, the registered manager, ten staff, eight relatives and two health care professionals.

We observed staff carrying out their duties, communicating and interacting positively with people. We reviewed people's records and a variety of documents. These included seven people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

Requires improvement

Is the service safe?

Our findings

People and relatives told us they felt safe living at the service: They said: “I feel safe here”. "This is a safe environment". "I say this because it is calm and the staff are always around". “We do well living here, I feel really safe”.

Relatives said: “Yes without a doubt I feel my relative is safe here”. “The staff make sure everyone is as safe as they can be”. “I am confident that my relative is safe but would not hesitate to speak with the manager if I thought things were not right”.

Staff said: "There are enough staff around so that residents feel safe; most have zimmer frames to give them extra stability".

Moving and handling risk assessments did not always have clear guidance about how to move people safely and consistently. For example, one care plan stated, “Encourage to walk in a safe manner”, but the assessment did not say what was safe for this person. One person’s bathing needs risk assessment stated that the person used the bath, and the control measures were ‘assistance needed’ but there was no information what ‘assistance’ meant to this person. People were living with dementia and so would not always be able to explain what help they needed. Another control measure stated: “use slide sheets to help move position”, but there was no guidance to show staff how to do this safely.

One person was at risk of choking and a risk assessment was in place The assessment identified the reasons why the person may choke but did not have guidance of what staff should do in the event of the person choking. When this was pointed out to the team leader they reviewed and updated the information to include this information.

One person’s needs had changed after falling out of bed. Action had been taken to reduce the risks of this happening again and the person was now using a hoist. However, there was no risk assessment in place to show staff how to do this consistently and safely. There was no evidence to show how this person’s medical condition and dementia had been assessed and what impact this may have when using the hoist.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people. This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Some people required support with their behaviour. Risk assessments described the incidents and any known triggers of people’s individual behaviours. There were strategies in place to minimise their future occurrence so that staff were supporting people consistently to minimise anxieties that could trigger further incidents. Relatives told us that staff were well trained and able to cope with people’s behaviour in a professional manner so that people remained safe. One relative said that the staff knew people well and were sensitive to their needs, especially when they needed support with their behaviour.

Staff supported people to take their medicine, asking each person if they needed any pain relief and patiently waited until they were sure the medicine had been taken. Staff had been trained to give people their medicine and were observed by senior staff to ensure they had the competencies to do this safely. We observed that on three occasions tablets were inappropriately handled by staff. The member of staff popped the tablets out of their packing into a medicine pot and then gave them to people by hand without wearing gloves.

It is recommended that the service administer their medicines in line with the Handling of Medicines in Social Care, The Royal Pharmaceutical Society guidelines.

Medicines were stored appropriately in locked rooms and in medicine trolleys. Eye drops were dated on opening as a reminder that these items had a limited shelf life. Room and fridge temperatures were recorded daily to check that medicines were stored within the required temperatures.

Medicines were recorded on administration records (MAR charts). Records included a photograph of the person to confirm their identity, and highlighted any allergies. MAR charts had been clearly and accurately completed. Refusal of medicine was recorded and contact made with relevant health professionals if this continued. There were suitable procedures in place for destroying medicines which were no longer required, and appropriate records were correctly maintained.

Requires improvement

Is the service safe?

During the inspection people were relaxed and comfortable, and staff were attentive to their needs. Staff had received training in safeguarding adults and knew the procedures in place to report any suspicions of abuse or allegations. They understood the whistleblowing policy, whereby staff should be able to feel supported to report concerns about other staff members in a way that did not cause them discrimination. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and was aware of the local authority safeguarding protocols and how to contact the safeguarding team to report or discuss any concerns.

Accidents and incidents were recorded, analysed and any findings actioned to prevent further occurrences and then this was monitored. This information was sent to the head office for further on-going monitoring or action. When people had fallen action had been taken, such as calling the paramedics, and appropriate risk assessments had been implemented, including the use of crash mats and referrals to the falls clinic.

The provider had a business continuity plan in place to deal with emergencies, such as fire or flood. An on call system, outside of office hours, was in operation and staff told us that the registered manager was always available for support and guidance. The service had a 'snatch folder', which included a 'personal emergency evacuation plan' (PEEP) for each person, to give staff guidelines on how to move people out of the home in the event of an emergency.

There were records to show that equipment and the premises received regular checks and servicing, such as checks of the hoists, boilers, electrical system, nurse call system and temperature of the water. Some areas of the service had been decorated and flooring and furniture had been replaced. There was a maintenance plan in place to address the improvements, including redecoration of the service. Relatives told us that the service had received new furniture and continued to improve the environment. There was a dedicated maintenance team who carried out the required repairs in the service. A relative told us that the maintenance person was excellent and responded to any repairs promptly.

The registered manager told us that staffing levels were assessed on the needs of the people so the levels were always closely monitored and changes made as required. Team leaders and seniors completed a weekly dependency audit which was checked by the registered manager. This assessed the needs of each person and identified whether there were any changes to their care needs. These audits were discussed at the heads of department meetings where staffing was assessed to ensure that there were enough staff on duty at all times. The staff rota showed that staff were replaced in times of sickness and annual leave. Staff told us there was enough staff on duty and relatives said there was always staff around to make sure people received the care they needed.

At the time of the inspection there was a team leader on duty in each building, together with the registered manager and two care staff. There was also a care assistant who covered both buildings between 10 am and 6 pm, and a dedicated activity staff for seven days of the week.

Safe recruitment processes were in place. The provider had an employment policy, disciplinary procedure and other policies relating to staff employment. Appropriate checks were undertaken to ensure that staff were suitable to work in the service. When checks had not been received before staff began working for the service, the manager carried out risk assessments to put control measures in place, such as not allowing the staff member to work alone, until a satisfactory check had been received. A minimum of two references were sought, and proof of identity checks were verified.

Good

Is the service effective?

Our findings

Relatives told us that staff were well trained and 'knew what they were doing'. They said that the staff dealt with very difficult situations in a calm and professional manner to make sure people received the care they needed. Staff told us that they received the training they needed to develop their skills.

We observed that people were always asked for their consent when they were supported by the staff. Staff offered people choices of what they wanted to do, and what they wanted to eat and wear. People who were able, signed a consent form in their care plans to confirm they agreed with their care, and where appropriate relatives and representatives were also involved in this process.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The service had people whose liberty was being restricted. They had appropriate authorisations in place with the required related assessments, and the care plans contained guidance for staff to make sure they were complying with the conditions that applied to the authorisations. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of supporting people to make decisions about their care, and when to take action if people's capacity declined.

Some people had made advanced decisions about their care and there was evidence in the care plans that appropriate health care professionals and relatives had been involved in the decisions.

Each staff member had an individual training file and training was being monitored on a central training matrix. Staff had received training in mandatory training relevant to their roles, such as health and safety and moving and handling. Specialist training had been provided such as how to ensure people had fortified meals and drinks in place to boost their dietary needs and supervision skills for team leaders and managers. Staff were also trained in subjects which related to the needs of the people who used the service, such as, dementia, diabetes, challenging behaviour, stroke awareness and malnutrition.

Training was delivered by mixed methods, some was on line e-learning, some was classroom based and the manager had introduced sessions where she went through training with staff to give staff the opportunity to discuss the relevance to their role and the service and to ask questions. This also gave the manager the opportunity to assess each staff member's competency level.

New staff had a six week in house induction which included, attitudes to and principles of good practice, the MCA, equality and diversity and privacy and dignity. The induction also covered relevant policies and procedures and the relevant documentation to use. New staff spent time shadowing existing staff before they worked on their own. Night staff completed two or three shifts during the day to get to know the people before they started working with them on night shifts.

All new staff had also been enrolled into the care certificate (an identified set of standards that health and social care workers adhere to in their daily working life) which provided them with the knowledge and understanding needed to fulfil their roles. Established staff also completed the care certificate self- assessment tool which gave them an understanding of any training needs they may have and suitable training was organised, however, if the manager agreed that they were competent, there was no need for them to repeat the training.

Staff received regular supervision and records showed that some staff had it more regularly according to individual needs. Records showed that staff were able to discuss if there were any areas that they lacked confidence, or they wanted to improve their skills and knowledge, as well as receiving feedback from supervisors.

Good

Is the service effective?

Staff told us that they had discussed their development needs and told us they had been supported to develop their skills and gain promotion within the organisation.

People and relatives told us that the staff acted promptly when medical advice was needed. The registered manager said that the staff had a good rapport with the local surgeries and community nurses visited the service regularly to support people with their health care needs, such as wound dressings, flu injections and blood tests. Referrals were made to other health professionals as needed, such as dieticians, physiotherapists, the mental health team and occupational therapists. Some people were able to go to the surgery or home visits were arranged.

People living with diabetes had clear instructions in their care plan about the risks and symptoms to look for if their sugar levels were above or below their usual reading and when to call for medical assistance. People had received a review from their local doctor with regard to their medical, physical and dementia needs. Care plans showed that people received visits from the chiropodist, dentist and optician, and there was also an information sheet to go with people, should they need to receive hospital treatment.

The outcomes of visits from health care professionals were recorded, and care plans showed that treatment was given according to their directions. One health care professional told us that the service was good at contacting them if they had any concerns about people's health care needs. They said that staff carried out their advice and people were supported to remain as healthy as possible.

People told us that the food was good. One person was seen telling the cook how they enjoyed their meal. Another person said: "I like the food it is really good". "The food is good and I always clear my plate". "The food is good here and I don't have to cook it".

Relative comments: "From what I have seen of the food it is excellent". "There is always plenty of food and birthday cakes are always provided".

People's nutritional needs were discussed and assessed when they came to live at the service and this information was clearly recorded in their care plan to ensure that people received the diet they needed. People's weights were taken monthly, or more frequently if there was a concern, and we saw appropriate referrals had been made to the doctor if people had lost weight. All staff had received training in how to fortify food and drinks, which were available to boost people diets. Some people had supplements, such as cream added to potatoes, custard or cheese flans to increase their calorie intake.

The cook was familiar with people's different diets and ensured that people had a varied menu to choose from. There were food and fluid charts in place for staff to monitor if people were not eating or drinking enough.

Each week a member of staff discussed the menu with the people in the service to make sure they were able to make comments about the menu. The menu of the day was on display each day.

People were provided with choices at each meal, and if they did not eat the meal, alternatives were offered. We saw that one person did not eat their dinner and staff provided a sandwich to encourage them to eat. We also saw that the doctor had been contacted to discuss the person's lack of appetite. We observed the meal at lunch time, which was well presented and mid-morning and afternoon drinks were served with biscuits and home-made cakes, and fruit was always available. Staff made people a cup of tea when they wanted one throughout the day. Lunch time was relaxed and people were encouraged to eat their meals without rushing. Staff supported people sensitively if they needed assistance to eat, and coloured plates and plate guards were available for people to help them to eat as independently as possible.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were caring, companionate, polite and very respectful. People said: “The staff are kind”. “I like people here, the staff talk to me”. “The staff are polite and respectful”. “The staff always come when I need them” “Staff are really nice to me and my family”.

A relative commented that they were impressed the way that staff calmly and kindly dealt with people who became anxious. They said: “The staff are never rushed and they are calm and kind".

”The staff deal with difficult situations in a professional, calm manner and made sure everyone felt safe in the service”. “This is an excellent family home”. “I cannot fault the care provided to my relative”. “There are always staff around and they do seem kind, my relative has settled in very well and joins in things"

Relatives told us that the manager and staff were ‘excellent, affectionate and very good’. “This is a lovely place; my relative is always offered a tot of whisky at night, which they really enjoy”. “I am confident my relative is well cared for, I would know if they were unhappy, but they are very settled here”.

Staff were observed speaking with and explaining things to people. They used straightforward terms and were very patient until they felt the person had understood what they were saying. People were offered choices and their preferences were recorded in their care plans. One person said: “I choose exactly when I go to bed and get up”. “I can do what I like here”. We observed a staff member helping a person to drink a cup of coffee. They told the person not to rush and patiently helped them to drink explaining every move to make sure they enjoyed their drink.

Staff told us how they needed to know people ‘down to half a teaspoon of sugar in their tea’. They told us that they had information about people and chatted to them about their life to ensure they were able to talk with people about what was important to them.

People were called by their choice of name, and staff spoke with people as they carried out their duties, to make sure they had everything they needed. People who liked to move around the service were monitored sensitively and encouraged to go where they wanted to be. Staff listened to what people wanted, such as something to eat or drink, and responded to their requests promptly. One person told staff they were cold and a blanket was found straight away, another person asked for something to eat and a sandwich and mousse was provided.

Communication assessments were part of the care plan and there was guidance for staff to follow to make sure they could interact with people and understand their needs. For example, one plan stated that a person spoke very quietly and staff had to be patient and repeat what they had heard to confirm they had understood the person.

Staff supported people with their mobility with care and consideration by reassurance and conversation, to make sure people feel at ease. When people were anxious about moving from the dining room to the lounge, the staff were patient and kind until the person was able to move and be more comfortable in their personalised chair. Staff attentively helped people with their mobility by offering them a guiding hand or making sure that they had their walking aids to move as safely as possible.

People said that they liked their rooms, and these were personalised according to their choice. There an outside door knocker and a photograph of the person on each door to support people to recognise their room. Staff knocked and waited to be invited into people’s rooms before entering. People said: "I have a nice room which is comfortable”. "My room is very nice and I sleep well as the bed is comfortable”.

At the time of the inspection no one was using advocacy services although there was information in the service if people required this support.

The service was part of the dignity champion national scheme. Dignity champions ensure that everyone is treated with dignity as a basic human right, not an optional extra. The ten point challenge, which describes the values and actions, to provide quality services was on display to remind staff to ensure people were treated with dignity and respect.

People told us they were treated with privacy and dignity. People told us that the staff made sure they received their personal care in private, by closing doors and curtains. Screens were available for people to use if they needed to have additional privacy. One person’s care plan stated “Ensure my privacy and dignity is respected. I like my own space, offer me music or TV in my room”.

Good

Is the service caring?

Relatives told us that the staff were very good at maintaining privacy and dignity. They felt that their relatives were treated with the utmost respect and always treated as individuals.

Records showed that people were encouraged to remain as independent as they could, for example, we saw one person cleaning and polishing their shoes and another person told us how staff helped them to wash and dress but emphasised that they could do most of it themselves.

People told us that they could see their visitors in private if they wished. Staff told us how they tried to get the residents involved, for example, folding napkins, laying the table or dusting. Staff said: “It is encouraged as these are things people have always done so why do they have to stop because they are here, this is home".

Visitors were made welcome in the service and were given the opportunity to have meals with relatives. As part of people’s activity plans they were supported to access the community and go for walks on the sea front. Relatives confirmed that the service was always welcoming, provided them with refreshments, invited they to events held throughout the year and they were also booked to have Christmas dinner. One visitor said: “I visit anytime, the staff always make me welcome and I am offered a cup of tea”.

Good

Is the service responsive?

Our findings

People were happy with the care and support they received. Some people had been involved in writing their care plans, whist others had been supported by their relatives. People told us that the staff responded to their calls quickly. People said: “The staff are really good here”. “We are lucky here, the staff come when you need them, they check to see I am OK”.

Before people came to live at the service they received a pre-admission care needs assessment to ensure that the service would be able to meet their individual needs. This information was used to form their care plan. People and their relatives were invited to look round the service before making their decision to live there.

Relatives told us how they were invited to their relatives review and were kept informed of any changes to their care. They said that communication with the service was very good and staff spoke or telephoned with them on a regular basis.

Each person had a care plan that was individual to them. People’s needs were included with the action staff should take to meet those needs. One person’s care plan stated that they should be offered drinks and snacks throughout the day and this was observed during the inspection.

People’s skin was monitored to ensure it remained as healthy as possible. There was information in the care plans to ensure that people were checked for pressure areas. One person’s plan stated that they needed to be repositioned every two hours on their air flow mattress to reduce the risk of pressure ulcers. These checks had been programmed into the nurse call system so that staff consistently responded to these checks, which included re-positioning the person and monitoring their food and fluid checks. A health care professional stated that staff were responsive; they knew what was going on in the service and were proactive in reporting any changes in people’s health care needs.

The service had a very good activities programme in place. There was dedicated activity staff on duty for seven days of the week. Each person had as individual activity plan which detailed their preferences and interests that they like to participate in. People were encouraged and enjoyed the activities provided.

During the inspection people were being encouraged with activities such as craft and arts, together with hand massages, quizzes, colouring pictures and looking at newspapers and magazines. People said: “Things do go on here and I join in if I feel like it or I just sit here instead”. "There are always things going on here which I join in if I want to". A relative commented: "I take my relative out regularly and I can visit at any time, she also joins in the activities if she feels like it".

There were areas and a ‘memory lane’ for people to remember their lives, which were filled with their personal photographs such photographs of their wedding days and special events in their lives.

The service was providing a creative activity programme called ‘Ladder to the Moon’ to help develop personalised care activities for each person. Ladder to the Moon supports organisations to place activity, creativity and wellbeing at the heart of care services, with a focus on developing staff attitudes and skills. There had been a musical and fashion show and other activities provided, and people had an ‘activity box’ which was individual to their preferred activities.

Staff told us that they had regular music sessions for people to join in exercise sessions, sing along and a session on "who would you be if you could, for example the Queen, a film star or explorer", they told us that this was enjoyed by all and there were several photographs around to indicate that people had taken part in these activities. There were also photo boards of visits out, annual events such as a summer garden party with staff and relatives.

The local branch of the British Legion took part in coffee mornings in the service and the local Catholic, Church of England, Church of Scotland and Jehovah Witness representatives visited the service on a regular basis so that people were able to follow their religious beliefs. There were also links with the local theatre and people attended shows and the monthly tea dance.

Staff also spent ‘one to one’ time with people in their rooms to make sure people had the opportunity to enjoy their preferred activity. People’s life histories were also kept in their rooms so that all staff could speak to people about what they enjoyed in their lives.

Good

Is the service responsive?

The service had volunteers who supported people to access the community and enjoy the local surroundings. One person was being supported to walk to the coffee shop where they were going to meet some old friends.

People told us that they did not have any complaints about the service. One person said: “This place is really friendly, I have no complaints”. Relatives told us that the registered manager would listen and act on any concerns. Staff were confident that the manager would resolve any issues promptly to ensure people were happy with the service.

There had been no complaints this year. The registered manager said that any concerns are investigated and resolved to ensure that people are satisfied with the service. There were systems in place to respond to complaints in a timely manner and information on display in the service so that people knew the process to complain.

The service had received thank you letters from relatives to say thank you for the good care the service provided. Recent comments made about the service included: “My relative was extremely well cared for, The staff are wonderful, they demonstrated excellent person centred care and communication skills”. “We would highly recommend this service and cannot express our thanks enough to the manager and her team”.

Good

Is the service well-led?

Our findings

Relatives and staff told us the service was well led. They said “The registered manager was always available and approachable with any concerns”. “This place is amazing, I am very happy with the service my relative receives”. Relatives told us that they would not hesitate to recommend the service. They said: “This is a good service here”. “This is the best place for my relative to be”.

People and relatives were encouraged to be involved in the service through regular meetings, newsletters and events within the service. Staff were encouraged to voice their opinions through staff meetings, one to one meetings with their line managers and staff surveys. Staff told us morale was high within the service, they worked well as a team and received good support from the registered manager and senior staff. Staff said “I know my manager listens to me and takes action, we have a good manager”. "I feel very much a part of the team and the manager is very approachable". "The manager is very hands on and approachable". "I feel part of a team here, the atmosphere is relaxed and we all get on well". “The staff work well together”. Senior managers visited the service regularly to check on the quality of care provided. Staff told us that these visitors were approachable and talked with people about the care being provided. The registered manager completed a weekly compliance form which included information on accidents/incidents, care plans, medicine, hospital admissions, and documentation which was forwarded to the head office as part of the monitoring of the quality of the service. Any action identified was then checked and progressed by head office to confirm improvements had been made.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines records, health and safety checks and an area of the ten point dignity challenge to identify improvements that would benefit people. The registered manager had identified through these checks that the care plans required more information to demonstrate person centred care and there was an action plan in place to achieve this improvement.

People, relatives, staff and health care professionals were encouraged to voice their opinions through surveys and meetings. The last quality assurance survey was carried out in June this year. Results were positive and showed that people and relatives were satisfied with the service, Comments from health care professionals were: “The staff work with the primary health care team and are supportive”. “The service is very caring and sometimes ground breaking. A thoroughly well thought through and up to date approach a thoroughly well thought to people living with dementia”. “An excellent care home”.

Staff understood the visions and values of the service as they were made aware of them through their induction, training and staff meetings. Staff told us about the ‘six c’s, Caring, Compassion, Confidence, Competency, Courage, and Communication, which is the organisation ethos on providing a quality service. Staff commented: “We are all aware of the ethos of the organisation”. “This place is like a home from home, we provide a safe, comfortable homely environment”. “I really enjoy my job, I love coming here to work”.

Another member of staff said: “I love my job; we are always here for the residents”. We have regular staff meetings and understand our roles and responsibilities. Staff morale is good, we are supported by the registered manager and work well as a team. Communication is effective and we have detailed handovers to keep up with the changes in people’s care needs. There is an employee of the month system in place and staff are recognised for good practice.

Staff told us that the management team were approachable and they felt supported by them.

Staff and managers told us that the organisation was supportive and on occasions the directors would visit the service. The provider had another five locations and managers were able to meet to discuss all aspects of the services and exchange good practice to work towards continuous improvement of the care being provided. Managers were also being given the opportunity to develop their skills by participating in leadership qualifications.

There was a business development plan in place which had identified the areas in the service highlighted in the report that needed attention. For example, there were plans for the ongoing decoration of the service and some furniture in the communal areas had already been replaced. In addition, there were plans to make the gardens more secure so that people could have more opportunities to use the garden.

The registered manager and team leaders were visible during the inspection. They knew the people well and

Good

Is the service well-led?

supported staff when they needed to. Staff told us that there was an 'open door' policy and that that there was always a manager to speak with if they needed to discuss the service. Staff told us that the registered manager or senior staff were always on call should they need guidance and advice twenty four hours a day, including weekends.

The service has links with the local community such as the Deal Dementia Alliance and had been involved in the local dementia project to encourage people to be a dementia friend. There was a dementia information day organised in the service to encourage people to gain further understanding of dementia care. The day included information about the dementia champion scheme.

Visitors, people and their relatives were invited to attend to participate in a question and answer session. The service was also in the process of hosting a forum with the Kent Care Home Association.

Relatives told us that they had received satisfaction surveys and confirmed they were entirely satisfied with the service. They said they would have no hesitation in recommending the service.

Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access, and only senior staff had access to staff files.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people. Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014