

Kent County Council

Broadmeadow

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 13 June 2017 and was unannounced. Broadmeadow is a large purpose built service. It provides intermediate care, short term respite and dementia care. There are 43 ensuite bedrooms situated in five units over two floors. Two intermediate care units and the Channel suite a dementia unit are located on the ground floor. An older persons unit and five flats for respite care for younger adults are located on the first floor. It can accommodate up to 48 people, providing care and support for 35 older people, five younger adults with a physical disability, and eight adults living with dementia. People in residence at inspection was 29.

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

At the previous inspection in October 2014 we found that the provider was meeting the regulations but recommended that staffing levels at night be reviewed. At this inspection we checked to see if they had taken action to improve staffing levels and found that they had.

People are admitted from a range of settings – acute hospital beds, their own homes and temporary residential care. People requiring rehabilitation are predominantly admitted from hospital and there is a joint assessment process from health and social care staff. The service is designed to prevent further admission to an acute hospital, facilitate a prompt return home and prevent admission to permanent residential care.

The service provides regular respite for some people living with dementia to help enable them to remain at home in the community. People assessed for rehabilitation are supported to regain a level of independence to support a move back home. Other people who are unable to return home stay longer until they are found more suitable long term placements or their home circumstances improve.

Service staff work in partnership with health colleagues from the intermediate care team to provide people with a rounded package of support. Health professionals also visit people on the other units as and when required.

Systems to enable the checking and monitoring of operational aspects of the service that ensure people and others were safe, were not robust. People could be placed at risk because fire risk assessment recommendations had not been completed. The registered manager was unable to confirm that outstanding electrical works dating from 2012 had been implemented and completed. Personal evacuation plans lacked detail to inform staff what level of support people might need in an evacuation. Some day and night staff had not attended fire drills in the last 12 months.

There was a risk assessment framework which was generic, some risks people experienced were not adequately assessed by looking at individual needs and people could be placed at risk of not receiving the right support.

Staff were recruited appropriately but their records were in disorder and information was difficult to find. Medicines were managed safely but the good practice of recording start dates on medicines used, needed to be expanded to include 'as required' medicines to improve medicine audit processes and also monitor consistency of administration of these medicines. Care plans lacked individualised detail; important information about some needs was not always located in the same places in care records. This was confusing and could lead to omissions of important information and staff not receiving the information they need to support people appropriately and in accordance with their wishes.

The premises was clean, comfortable and well maintained; there was an award winning environment for people living with dementia located in the Channel suite. The majority of checks and servicing of equipment and installations were carried out routinely to keep people safe. People were provided with the equipment they needed to mobilise or bathe, and grab rails were visible in communal bathrooms and ensembles.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and DoLS and the least restrictive measures were in place to keep people safe and ensure they were not deprived of their liberty unnecessarily. Staff continued to seek consent of people for their everyday care and support needs.

There were enough staff on duty during the day and night to meet people's individual needs. Appropriate arrangements were in place for the induction and training of staff. Staff felt listened to and opportunities were provided for them to meet together in staff meetings and to receive regular supervision and appraisal of their work performance.

People told us they enjoyed the meals they ate and were asked about their food preferences, special diets were catered for. Food and fluid charts had been put in place for anyone causing concern; weights were recorded on a regular basis. People's health and wellbeing was monitored by staff and where necessary referrals made to health professionals for support, advice and guidance.

Staff knew how to protect people from harm and the action to take in an emergency. Staff had received training in safeguarding adults and knew what action to take if there was any suspicion of abuse. Accidents and incidents were appropriately reported and acted upon. The registered manager analysed these for trends and patterns so changes could be made if necessary to reduce recurrence and improve people's safety.

Staff treated people with respect, personal support was provided discreetly to maintain people's dignity, staff spoke to people kindly. People were able to make decisions and choices for themselves about what they did, and where they ate their meals and with whom, people were encouraged where possible to maintain their independence seeking support when needed. People were encouraged to occupy themselves but staff facilitated some activities and some planned activities were provided that people could choose to participate in if they wished.

Relatives and friends were made welcome and people were supported to keep in contact with people who were important to them. People were asked to complete a feedback survey upon discharge and their responses were analysed to inform the service what they did well and where they could make further

improvements. The service was transparent about the findings from surveys and published analysis of survey feedback within the service for people, visitors and staff to see. Where necessary actions were taken and staff were asked to contribute their thoughts about how improvements could be made.

We have made one recommendation:

We have made a recommendation about the management of some medicines.

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?

The service was not consistently safe

Improvements were needed to fire safety and some servicing arrangements to ensure people were safe. The management of medicines needed improvement. Some risks to individuals were not adequately detailed to guide staff practice.

There were enough staff to support people, and recruitment procedures ensured important checks were made of their suitability.

Staff knew how to recognise and respond to abuse to keep people safe. Accidents and incidents were recorded and analysis of trends and patterns informed staff practice. The premises were clean and well maintained. The servicing of equipment and installations was routinely undertaken to keep people safe.

Requires Improvement ●

Is the service effective?

The service was effective.

The registered manager and staff supported people in line with the principles of the Mental Capacity Act, and sought peoples consent when they received support.

Staff felt supported and listened to. Staff received appropriate induction into their role, and training to help them provide people with the right support.

People's health and wellbeing was monitored by staff and the advice of health professionals sought when necessary. People enjoyed the food they received and could make choices around this.

Good ●

Is the service caring?

The service was caring

People were treated with dignity, respect and kindness.

Information was made available to people about the service they

Good ●

received. Signage was in place for people who found difficulty with written information.

People were consulted about their care and provided with opportunities to comment about the service. People were encouraged to regain independence skills, goals and targets were set for them to achieve

Is the service responsive?

The service was not always responsive

People were involved in their care planning, however, these did not always contain a clear record of people's assessed needs.

People were assessed before they came to live in the service to ensure their needs could be met. People and their relatives were involved in care planning.

Staff facilitated some activities, and external entertainment was provided on occasion for some events; people were encouraged to occupy themselves with things they liked to do.

People and their relatives felt confident of raising concerns and were provided with information about how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

People could be at risk because monitoring of service quality was not robust. People relatives and staff said there was an open culture and they found senior staff approachable. Staff had opportunities to express their views through staff meetings.

People and relatives were asked to comment on service quality and felt listened to. Analysis of surveys was displayed for people to see.

The Registered manager ensured the Care Quality Commission was kept informed of notifiable events.

Requires Improvement ●

Broadmeadow

Detailed findings

Background to this inspection

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

This inspection took place on the 13 June 2017. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with eight people. Some people were unable to speak with us directly about their views of the service, so we used a number of different methods to help us understand their experiences including 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 spoke with four relatives at inspection, the registered manager, the deputy manager, two team leaders' four care staff, and three members of the kitchen and administrative staff. We also spoke with two health professionals and one social care professional who were part of the intermediate care team whom we met during the inspection.

We looked at six people's care plans, health records, individual risk assessments, and evidence of activities and stimulation. We also looked at medicine records, menus, and operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance audits.

We last inspected this service in October 2014 when no breaches of regulations were found.

Is the service safe?

Our findings

People told us that they felt safe living at the service and with the care they received from the carers. Comments included "I feel safe here, windows secure, they have regular fire alarm testing." "I feel safe. Staff are very good indeed. Building secure nobody can get in." One person told us they had fallen in their home and had been in hospital before coming to the service they told us "Staff are very nice, have shown me how to use the walking frame. I press the red buzzer and the staff help me to stand up and stay beside me until I steady myself." Another commented "There are always staff about to help me. They (the staff) are very careful."

Fire prevention arrangements needed improvement. Internal checks and tests of fire safety systems and equipment were made regularly; however regular visual checks that fire extinguishers were in working order were not made. Servicing of the fire extinguishers, sprinklers and emergency lighting were carried out on an annual basis; the fire alarm system had been serviced at appropriate intervals in the last 12 months. Staff received fire training; they practised with emergency evacuation equipment to help them understand how to evacuate people safely. A number of staff however, had not attended or practiced fire drills in the last 12 months; six of these being members of the night staff. This could place people at risk if staff had not practiced how to evacuate the building and to take appropriate action to keep people safe. We were informed that further fire training for staff had been organised and booked to take place in July 2017.

Personal evacuation plans had been developed for people and these should take account of people's individual needs and what level of support they would require to ensure a safe evacuation. However those viewed were inconsistent in the detail provided and did not make clear to staff what support would be required and by how many staff, we discussed the shortfalls with the registered manager at inspection who agreed they were not clear or consistent. A fire risk assessment conducted by an external contractor in June of 2016 highlighted a number of shortfalls and made a range of recommendations with timescales ranging from immediate to nine months, a review of actions taken to address these shortfalls showed that whilst many had been completed others remained outstanding and were now outside the timescales given for completion. The shortfalls could pose a fire safety risk and therefore need to have been addressed.

We noted that the electrical installation of the service was due for servicing this year, having been inspected previously in 2012. The last inspection found there were shortfalls and the installation safety was therefore unsatisfactory. There was no record that these shortfalls had ever been addressed.

Arrangements for the maintenance of installations and systems for the safety of people in the service and the prevention of fire risks was inconsistent and could place people and staff at risk. This is a breach of Regulation 12 (1) (2) a-e of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) (RA) Regulations 2014.

We checked arrangements for the ordering, receipt, storage administration and disposal of medicines. Only medicines trained staff were able to administer medicines. Some of these staff had also been trained to ensure that they knew the procedures for ordering, receiving and booking in medicines. Staff competency

with medicines was assessed on a regular basis. Staff also assessed people's ability to self-administer their medicines safely and, where possible, supported them with this, checking them weekly to ensure this arrangement remained safe. People had safe storage in their bedrooms if they were self-administering. We checked and found that medicines were stored appropriately, Staff administered people's medicines in an unhurried friendly manner taking time to explain to people what they were being asked to take. Staff ensured they did not sign for medicines they had not yet given. Handwritten changes on medicine records were signed and dated.

Locked facilities were in place for medicines that required safer storage; a separate administration record was maintained signed by two staff at each administration. We checked some balances of these medicines and found them to be correct and reconcile with the register. Learning from medicine errors was cascaded to staff through emails and team meetings. Administration Records (MAR) charts were completed properly; a photograph of each person was provided with MAR to ensure the right medicine was administered to the right person. A record of when prescribed boxed and bottled medicines outside of the blistered dosage system were commenced was maintained; this did not extend to 'as and when required' medicines. This practice would help improve the existing medicine audit system which showed a number of imbalances and also help show patterns of administration of these medicines to aid consistency amongst staff. We recommend that the service consider current guidance on recording the start dates of medicines and take action to update their practice accordingly.

We looked at staff personnel files to check that recruitment practices were safe and robust and that documents required by law were available. Staff files were disorganised and information was difficult to find. Information was kept in files and large envelopes with papers loose which meant they were inaccessible and easy to misfile or mislay. The full range of information required by legislation was not evident in six out of seven files viewed. Records lacked evidence of a criminal record check, references from previous employers, a full employment history, statement of health fitness, current photograph and personal proof of identity. Three of the seven staff files for more recently recruited staff were in better order with most but not all essential documents available in two of those three files. The registered manager informed us that checks on new staff now have to be completed through a portal and recruitment applications cannot be progressed without the required documents being in place. Subsequent to the inspection the registered manager was able to obtain proof that all the required information had been held by the organisation within their central personnel department. Record management is an area which requires improvement.

A range of environmental risk assessments were in place to keep people safe. Generic risk assessments were evident in people's files and covered risk areas such as falls, skin integrity, wheelchair use, and risks from specific conditions such as stroke and diabetes. The short term nature of the service meant there was a reliance on this type of generic information to be used to ensure documentation was in place quickly, to highlight potential risks and guide staff in keeping people safe. For people without complex needs these were adequate and were added to in some instances. For example an additional comment regarding low blood pressure for one person was noted and the action staff needed to take, however, this was not routine practice. Generic risk information did not provide staff with enough information about specific health conditions or mental health needs and how these impacted on the individuals concerned; it could also be contradictory with other assessments within the same record. For example one person had a risk assessment in place for falls which stated no action was required in regard to the potential risk of falls and was dated 14/4/17. A moving and handling risk assessment for the same person completed at the same time identified them as someone at a high risk of falls and in June the person experienced three falls.

Several people were diabetic but had different routines and treatment such as diet, tablet or insulin controlled. The generic risk assessments did not make clear for each person how the diabetes impacted on

them and how staff needed to support them. Whilst staff understood the side effects of taking warfarin, records of people who were in receipt of this medication did not have risk assessments in place to remind and highlight to staff how this might increase some risks, for example, the risks of bruising and bleeding gums. A person with mental health needs was recorded as self-harming as an outlet for their mental health issues, the self-harming activity was covered within a skin integrity risk assessment and not a behaviour risk assessment to ensure that the risk looked at the root causes, triggers and measures that worked to de-escalate negative behaviours and that appropriate guidance and advice had been sought to minimise the risk of self-harm the person caused themselves. Whilst there was no evidence to indicate people were at any significant risks, the lack of corresponding detail within support plans meant it was difficult to see how measures were put into practice to mitigate or minimise known risks; detail within risk information remains an area for improvement.

At the previous inspection we recommended a review of night staffing and this had been undertaken. A dependency tool was used to inform the number of staff needed on each unit with most having a senior carer and two care staff on each shift. Staff said at times they did feel stretched to give people the attention they needed but this was not evident at inspection and feedback in surveys from people did not highlight staffing levels to be a regular concern. Additional staffing was authorised where higher dependency needs impacted on the support and safety of other people. Staffing on Intermediate care and treatment units providing rehabilitation support to people was enhanced by the presence of occupational and physiotherapy staff; they spent time with people helping them to regain some of their independence.

Staff shortages were covered from within the local authority's own flexible workforce. Only staff that were familiar with the routines of the service and the type of needs supported were used to provide cover; this helped to ensure continuity in the care and support people received. Out of hours on call support was available from the registered manager and deputy manager in the evenings and at weekends to offer support, guidance and advice to staff.

The premises were well maintained. Each unit was clean and provided a comfortable homely environment for people to spend their stay in. People spoke positively and appreciatively about the environment they lived in. Repairs and upgrading were undertaken through an external contractor. Storage was limited but systems were in place to ensure that people were provided with the right equipment to support their needs. Checks and servicing of all equipment and installations were carried out regularly to ensure they were in good working order.

Housekeeping staff were visible and worked to regular daily weekly and monthly tasks to ensure all areas of the service were kept clean and fresh, each bedroom received a deep clean after a person was discharged. Housekeeping staff used personal protective clothing when undertaking personal care tasks.

Accidents were appropriately recorded and acted upon; we looked at accidents for the period of May up to the date of inspection. The majority of accidents were linked to slips, trips and falls with a few incidents of behaviour that could be challenging to others. Staff called best interest meetings when necessary to look at root causes and possible solutions. Accidents and incidents were monitored for patterns and trends and where changes were needed this was discussed with staff to help reduce similar events recurring in future.

Staff had received safeguarding training and were confident that this had helped them to understand how to recognise and respond to suspected abuse and protect people from harm. Staff said that they were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager, the provider or to outside agencies where necessary.

Is the service effective?

Our findings

People told us that staff were attentive; they encouraged them to keep their independence and supported them to make choices about what they wanted to do. People told us that staff treated them well and never rushed them; staff gave people time to decide when and how they wanted the help of staff. One person told us that since he had arrived he could now get himself in and out of bed and now only needed help when having a shower. "The staff help me wash my back and give me a towel to dry myself. They dry the bits I cannot reach. They make sure I am dry before I put on my clothes." Another person said "I prefer to stay in my room and like to have my door open all the time. Staff often pop in to see if I want anything." A third person said "They help me get into the shower. I wash myself and then ask the staff to help me wash my feet and back. They help me get dry and then help."

Staff said they loved working at the service and found the experience very rewarding. "I absolutely love my job. People who come here have great experiences here and working here is fantastic."

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. There was one person whom staff assessed as being deprived of their liberty. Staff had given themselves an urgent authorisation to deprive the person of their liberty and at the same time had applied for a standard application to the local authority to have this authorised. This was in keeping with legal requirements. Staff understood the principles around obtaining consent to care and knew how to work with people with capacity to make their own decisions, including what to do if they refused to have care and support offered.

Staff told us they had very good training and great support from their seniors. They said they also had regular supervision either monthly or two monthly. We were shown a wide range of mandatory and additional training that staff had received within the past year and in recent years. Staff told us they had taken NVQ training and one staff was currently taking a diploma in care. This was relevant to their role and aspirations. Staff said they felt very supported to perform their roles to the best of their ability, receiving guidance and direction in their supervision meetings. They were given a copy of their recorded supervision notes, signed by themselves and their supervisor.

People's needs in relation to their nutrition and hydration were assessed and recorded in their files. Food and fluid charts were put in place for those who were causing concern until their intake had improved or stabilised. Referrals to the Speech and Language team and also dieticians were made to seek advice and guidance. Meals were cut up or soft and pureed meals offered to those with swallowing difficulties. The service operated a four weekly menu that was adapted to take account of seasonal changes. When people arrived at the service their dietary requirements and preferences were noted and this information was passed onto the kitchen staff. People were asked for their meal choices each day and alternatives were available if people did not like the main meal. We observed mealtimes were relaxed and people ate their breakfast and lunch at a leisurely pace.

The kitchen staff catered to the needs of people with specialist diets for example gluten free, vegetarian or wheat free. Sugar substitute was used where possible to ensure people with diabetes enjoyed many of the same puddings as other people. People were given opportunities to comment about the meals they received and the cooks visited all the units to read the food comment books. Upon discharge people were also given opportunities to comment about food quality and variety and this was aggregated on a quarterly basis and the feedback discussed with units and kitchen staff. Menu information was recorded on a board on each unit. In the Channel suite for people with the onset of dementia some people could no longer read text, pictorial menu information would help them understand the choices on offer and what they had chosen but was not routinely used for the menu board. This was an area for improvement.

People were registered with the local GP on a temporary basis unless their own GP was close enough to visit. People were supported by staff to maintain their health and wellbeing. Referrals were made to relevant health professionals such as GP chiropodist, community nurses, dieticians and speech and language when a problem was identified and their advice and guidance was sought. People were weighed monthly unless there were concerns about recurrent weight loss when this would be undertaken more often. Physiotherapy and occupational therapy support was available Monday to Friday and also some availability at weekends, however, care staff said people admitted on a Friday often did not see a therapist until the Monday or Tuesday. We queried this with therapy staff who said they were not aware of anyone being left for this length of time and that there was cover available at weekends. There would seem to be a lack of clarity about access to therapy staff at weekends and this needed to be addressed to ensure all care staff were clear about therapy support arrangements at weekends.

People had the right equipment to ensure staff were able to move and handle them safely and to enable people to move around the service freely using wheelchairs, Zimmer's and walking frames.

The premises had been adapted to ensure all areas where people were supported were accessible and bathing areas, bedrooms and communal spaces, including the gardens and their security, were suitable for the needs of the people supported.

Is the service caring?

Our findings

People and their relatives told us that they liked their carers and found them very kind and caring. We observed that staff had a good bond with people often putting their arm around their shoulder whilst chatting to them. People told us they were supported to be as independent as possible and they were able to make decisions about the help they needed and when they wanted to do things. Care staff ensured that when people were sitting in their rooms their buzzer was placed within reach either on the bed or table in front of them.

Staff had time to spend with people playing games or chatting. Staff called people by their preferred name and helped to create a light and cheerful atmosphere. During our observation, a staff member responded immediately to find the TV remote control for one person who wanted to watch their preferred programme. Another staff member was playing scrabble with two people. Staff said a strong aspect as to why they particularly liked working in the service was because they felt they could sit and spend time with people and that this was quality time. The caring nature of staff came across in their daily records of care, for example, in how one staff had given two people involved in one incident lots of reassurance.

Staff supported people to make choices and decisions for themselves in their everyday lives and respected their choices. People made decisions about when they went to go to bed, what they wore, or did, whether they stayed in their rooms, where they ate and what they ate.

Within each unit we visited people were relaxed and spent time chatting with others or comfortable in their own space spending time doing what they preferred. In the rehabilitation units and the Channel suite doors to the outside space were open and people could access these areas freely. People spent their time how they wished, choosing where they wanted to sit and who they wanted to spend time with. People felt that staff responded to them when they needed them to and call bells rang infrequently.

We spent time observing staff interactions with people at lunch and at other times, we noted staff were kind and offered support only after consulting the person to see if that was what was wanted. After lunch we noted people on the Channel unit were involved in a reminiscence session. People were engaged and those that were not actively speaking were active members of the group and alert to what was happening around them.

People were supported as required but enabled to be as independent as possible, they were set goals to achieve by therapists to work towards regaining all or some of their previous skills and independence; their progress was assessed each week to determine whether they were responding well to therapies. Staff were responsive to people's needs and adjusted support to suit individual requirements. Some people were assessed as not having the potential to regain independence and were unlikely to return home, these people stayed on the older persons unit until such time as a suitable placement had been identified for them. People were encouraged in all units to do as much for themselves as they could and staff were available to provide supervision and support to ensure people remained safe and did not exceed their abilities. Arrangements could be made to meet people's spiritual and cultural needs if requested.

Staff respected people's privacy and dignity and personal care matters were handled discreetly. Staff were mindful of confidentiality issues when discussing people's needs with other staff. People were encouraged to voice their opinions and decisions. The registered manager and staff took seriously matters of security of people's personal effects and could demonstrate actions taken to try and address some recurrent issues around this.

Information was located on boards throughout the home to inform people about events and happenings. The majority of people were able to make their needs and wishes known but some people living with dementia were unable to read text. Signage was available for them on the Channel suite to guide them to where they wanted to be through pictorial prompts. The environment had also been designed specifically to meet the needs of people living with dementia and offered a light pleasant and comfortable setting.

Staff told us that people's relative's friends were encouraged to visit and were made welcome and offered refreshments. Some people's relatives ate lunch with them at the service. Visiting times were flexible.

Although people were scheduled for a short stay in the service the registered manager and staff ensured that people's end of life wishes were recorded in the event that they passed away during their stay. People coming into the service for rehabilitation or respite were asked if they had made an active decision in regard to resuscitation and this was recorded in their file with the signed authorisation form for the duration of their stay.

Is the service responsive?

Our findings

People told us that if they needed assistance there was someone around who would help. We saw that when one person became tearful a staff member immediately responded and went to check if everything was okay. People told us that when they arrived at the home they were asked how they wanted to be cared for. Comments included: "I was asked what help I needed when I washed myself. I told them I liked to sit at the basin when I wash myself. I have had ulcers and like to wear a compression bandage on my leg to protect them when I am moving about. I was also asked my likes and dislikes." Another told us that he had been asked how he liked to be called "I like being called (name) my full first name and not a shortened version. They asked what I liked doing, I like to keep my brain working, I like scrabble." "I was asked what I liked to do, what help I needed and how I liked to wash. Any likes and dislikes."

Care and therapy staff working in the service spoke positively about the benefits of the joint working arrangements.

Support plans recorded people's preferences on how they wished to be called. They gave brief details of their medical history, the assistance the person required and the equipment they used, consents to photographs and to their care and support plan and a range of generic risk information. Social care plans were being completed, however not in much detail, for example, in one person's file, in response to the question 'routines' –staff wrote, "I don't have any routines" and in, 'things that may worry me', "Finances" was recorded. The support plans were completed in the first person, however in the same plan, they changed to be written in the third person. It was possible, however, to pick up more information about the person's needs and routine in other papers available in the person's file. For example the moving and handling assessment which in some records viewed contained information unrelated to moving and handling needs. One care staff member told us the moving and handling assessments provided more information about people's care. These assessments could be very detailed in relation to moving and handling and some were also seen to incorporate other important information about a person's care needs. However as a record of care they did not for example, bring the care together in a holistic way. For example, staff had raised an issue about one person wandering around. There was no care plan that included how to manage this.

In another person's file, there was no support plan or care plan. On a care plan for someone with mental health needs there was nothing in the care plan to say how this impacted on the person, how they preferred staff to support them around this and guidance for staff on how to deliver support, their self-harming behaviour was referred to in a skin integrity risk assessment. People's care preferences, daily and social activities were not brought together into an overall care or support management plan. As support plans were not always signed or dated it was not possible to know when they were completed or who completed them. Staff said they usually completed support plans within 48 hours of a person being admitted into the service.

There was a lack of consistency on where important information about people's needs was recorded. The Registered manager told us that care and support plan formats had recently been reviewed with therapy staff and those in the Channel suite and older persons unit were also due to be reviewed. We acknowledge the throughput of people through the service, many of whom will not return, means care information needs

to be pulled together quickly. Care plans failed to document the personalised support people received to ensure their needs were fully understood by staff and people received the support they require. This is a breach of Regulation 9 of the HSCA 2008 (RA) Regulations 2014.

There was a pre-admission assessment process for entry to the service. Before admission to the rehabilitation service a joint health and social care pre-admission assessment and referral via hospital social care and therapy staff was undertaken. These referrals were discussed by the in house therapists and the registered manager each week, to assess whether the service could meet each person's needs. For those in receipt of regular respite or needing assessment in the Channel suite, referrals for this service came via care managers. People referred for a period of convalescence before moving to another placement or having been referred for intermediate care and not shown that they would be able to regain sufficient independence to return home were supported in the older persons unit and their admission came via several routes.

A nominal discharge date was established for those on the intermediate care units so their rehabilitation could be planned and their progress monitored; some people were able to leave earlier than the planned date and others needed a longer period of support to regain a level of independence. Arrangements were made for people in the intermediate care units to visit their homes in the company of therapy staff to assess their ability to access areas of their home and undertake daily tasks there. This informed therapists how much support the person would need to return home successfully. The present joint assessment and working arrangements worked well; the in house team were able to reject applications when they received them if they thought someone was unsuitable for the service. On rare occasions people referred and admitted became stuck due to unresolved housing or social care issues; they remained at the service for long periods until these matters could be sorted out and the service offered an important safety net for them. There were also good transitional arrangements in place for those who were awaiting placement elsewhere.

There is a day centre on site for people living with dementia but this was only available to people from the community. Day centre staff spent time on the Channel suite and other units to help facilitate activities for people when they had capacity to do so. People were encouraged to occupy themselves on the rehabilitation and older persons units and could bring in things to occupy themselves that they enjoyed doing at home for example knitting, puzzles, books or new technology such as tablet computers. Staff also facilitated activities for people by reading to them, helping them with exercises or accompanying them on a walk in the garden. On occasion special events were organised and visiting entertainment was provided and visits from local schools. Although for most people their stay in the service would be less than six weeks, some people had been at the service for much longer; no organised plan of activity had been implemented for them to ensure they had adequate stimulation and there was no evidence this had been discussed with them. This is an area for improvement. The service staff also worked with local organisations who visited to provide activities including a local charity Caring All together on Romney Marsh CARM who provide reminiscence groups for people on the Channel suite. We observed a session during the inspection this was well attended and people were engaged, sitting together listening and contributing. The Provider Information Return (PIR) also told us that more music based activities were planned for the Channel suite and musical instruments were being collected to assist with this.

People were provided with a copy of the complaints procedure in their information pack when they arrived that included a statement of purpose. They were encouraged to comment about aspects of their support during their stay for example food quality, and through user meetings when held. People and relatives told us they felt confident about raising concerns if they had them. The complaints log showed us that there was a low level of complaints. The PIR sent to CQC reported only two complaints within the previous 12 months. At inspection this number remained the same. The information in the complaints log showed that actions

had been taken to address these complaints but the log sheet would benefit from confirming when complaints were resolved. Following a spate of incidents involving security of people's personal effects the service had actively sought advice from other agencies to resolve this matter, revising personal inventory records. The registered manager had reinforced to staff the importance of accurate recording of property upon receipt and on discharge and promoted the use of lockable personal storage on admission. People using the service were therefore empowered to take personal responsibility of the safe keeping of their personal items.

Is the service well-led?

Our findings

People told us that staff listened to them and were good at keeping them informed. One person told us "Now I am able to talk with staff, they are always happy. I can have a bit of a laugh with staff". A relative told us "Everything appears to work so well. The Occupational Therapist (OT) has been in contact about a home visit to look at a package of care, the staff are encouraging her to follow the physiotherapist techniques to get up and walk. It's really good", another told us "This place seems well managed and there is a good, happy atmosphere in the home. The staff always let me know on how mum's is coping." "Mum is being well looked after, we have no worries, only wish she could stay here permanently."

The operation of the service was monitored through a range of audits. External contractors took responsibility for ensuring fixed installations such as the fire alarm, electrical installation, and nurse call systems for example were routinely serviced. Audits and checks however were not always being conducted robustly such as care plans, medicines and health and safety audits. Confirmation that servicing of installations had been checked was not readily available to assure the registered manager this had been done. A monthly registered manager audit check had not been completed since December 2016. Gaps in monitoring had occurred and issues identified had not been chased up or action taken to address them and where this had occurred this was not always well documented and led to uncertainty. Medicine audits had reported regular imbalances of tablets and although medicine errors featured as a discussion point on some staff meetings, actions taken to address this recurrent issue had not proved effective and nothing was in place to review what else could be done.

There was a failure to ensure care plans contained and recorded information to the same level of detail and in the same locations within the care records on each unit or even within units. An audit of care plans was conducted monthly but records showed these were in fact less frequent with audits made on August 2016, December 2016 and then again in February and April 2017. Staff records were in a poor state and lacked all the required documentation to demonstrate a thorough recruitment process was undertaken. The provider information return informed us that in a 12 month period only one provider visit had been undertaken to provide assurance that the service was operating effectively.

People could be placed at risk because systems for the oversight and monitoring of the service to assure service quality were not robust. This is a breach of Regulation 17 of the HSCA 2008 (RA) Regulations 2014.

Since taking on the role the registered manager had identified a number of areas for improvement; they had developed a list of actions they wanted to take as part of their improvements to the service. They were able to demonstrate that they were working through these albeit slowly. Delays to the delivery of some improvements had been due to uncertainties regarding the management structure; this was now resolved and the registered manager now felt confident of progressing the improvements to address identified shortfalls.

There was a clear management structure with a senior team leader who deputised for the registered manager and team leaders in charge of each shift on each unit. Staff said they felt listened to by their team

leaders and felt their views and opinions were valued at staff meetings. A joint staff meeting of all care staff was held on a regular basis. Staff meetings were also held with groups of staff for example, night carers, team leaders, kitchen staff, to look at specific issues affecting them and their work. Meetings were recorded and staff told us copies of the minutes were made available to staff that had been unable to attend so they were kept informed about discussions held. Some staff suggested improvements to the records of staff meetings could be that they were more reflective of the discussions held on certain matters and also make clear the outcomes of issues raised. Staff thought that an open culture was promoted within the service and they felt confident of approaching any of the senior staff if needed. Staff felt communication was good between staff and with therapy staff with whom they worked closely.

Staff reported that they had a good relationship with their line manager and that they felt supported by the management of the organisation as a whole. They felt they had plenty of opportunity to air and report any issues or concerns and that the management would find a way to address them. This made them feel more valued and helped to improve their experience of working in the service. The provider information return informed us that Broadmeadow staff were recognised for the good work they undertook with people to provide them with a good experience when they spent time in the service; they were nominated for 'because of you' a Kent County Council thank you award.

A system was in place whereby people approaching discharge were routinely asked for their views about the service; this was through surveys. The registered manager used the analysis from survey feedback to understand what the service was already doing well and those areas where improvement needed to be made. When batches of questionnaires were analysed staff were kept informed of trends or themes that emerged and were asked about how things could be improved for people. An analysis of feedback from people was undertaken and the outcome of this was displayed on the notice board for people to see.

People we met on all units were in relaxed moods and comfortable. The atmosphere over the whole service was one of calm with staff demonstrating they knew their job, understood people's needs; the culture was open and inclusive. Staff worked in accordance to people's routines and support needs.

The provider information return submitted to CQC from the service told us that the registered manager kept herself updated through regular attendance at Registered Managers meetings and Care Standards forums where guest speakers often shared items of good practice or the most up-to date research. The registered manager also used links to information published by the Skills for Care organisation and other research or published information regarding service provision.

The registered manager ensured that the Care Quality Commission was notified appropriately of events that occurred in the service.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans failed to document the personalised support people received to ensure their needs were fully understood by staff and people received the support they require.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because arrangements for the maintenance of installations and systems and the prevention of fire risks was inconsistent. Regulation 12 (1) (2) a-e.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People could be placed at risk because systems for the oversight and monitoring of the service to assure service quality were not robust. Regulation 17 (1) (2) a-d.