

Mr Stephen Castellani







Mont Calm Sturry

Inspection report

Park View
Sturry
Canterbury
Kent
CT2 0NW
Tel: 01227 710897
Website:

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Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Inadequate	
Is the service caring?	Requires Improvement	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Inadequate	

Overall summary

The provider has been in receivership since January 2014 and the receivers have a management company acting as their agents and managing this service and others owned by the provider.

This was an unannounced inspection carried out on 7 and 8 January 2015. Further visits were undertaken on 19 and 20 January 2015. The previous inspection took place on 9 September 2014 and there were no breaches of the legal requirements.

Mont Calm Sturry provides accommodation and personal care for up to 16 older people. It specifically provides a service for older people who are living with dementia. At the time of the inspection there were 15 people living at Mont Calm Sturry. The service is a detached house with 14 single rooms and one shared room. One room has an ensuite and all other bedrooms have a wash hand basin. The service is set over two floors and there is a stair lift so

Summary of findings

that people could access their bedrooms. There is a main lounge, dining room and another small seating area on the ground floor. The third floor contains the office, staff room and laundry.

The service is run by a registered manager, who also manages another service in Margate owned by the same provider, which was also in receivership. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A full time acting manager had been appointed in October 2014 at Mont Calm Sturry to support the registered manager.

People and relatives felt medicines were handled safely. However we found shortfalls in medicine management. A medicine for one person was out of stock and had not been administered. We were unable to ascertain if one person had received their night time medicines one evening. Medicines were not always recorded properly when they arrived at the service. Sometimes where people were prescribed medicine "as required", there was a lack of proper guidance to enable staff to administer these medicines safely and consistently.

Relatives felt the environment was "not one of the best" and that the place "had been run down previously. Further redecoration work had been completed and although some areas within the service were decorated to an adequate standard, other areas were not and required attention. Checks were done to ensure the premises were safe, such as fire safety checks. There were also shortfalls identified in relation to cleaning and infection control practices and procedures.

Risk associated with people's care and support did not always reflect their current needs or action that was being taken was not recorded in assessments. One person that had recently moved in had not had any risks associated with their care and support assessed and therefore staff did not have any guidance about to manage these risks to ensure the person remained safe.

People were not protected by robust recruitment procedures. Staff files did not contain all the required

information. New staff did not undergo a thorough induction programme or receive all the relevant training to their role. Staff had not received their annual appraisals.

Not all staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). One staff member was aware of the process, where people lacked the capacity to make their own decisions, to ensure these decisions would be taken in their best interests. An urgent DoLS application had been made and the assessment took place during the second day of the inspection. However other applications had not been completed or submitted.

People's health care needs were not always met. Two people's health was not monitored properly and a referral to health professionals was identified as required during the inspection.

People and relatives were involved in informal discussions about their care and support, although not always aware of the care plan. Care plans had recently been updated and included people's wishes and preferences and skills and abilities. However they lacked detail and information about the care and support people required with health conditions, such as diabetes.

People and/or their relatives had been able to look round the service prior to people moving in. However assessment information regarding people's needs was not always available or up to date when people moved in.

People and their relatives felt comfortable in raising any concerns, although stated that they did not have any concerns. Relatives told us that the management team were always available and approachable. However there were no formal systems in place so that the service could seek the views of people or those acting on their behalf and staff.

The management of the service was not effective. There was a lack of effective audits and checks to ensure people received a quality service and that shortfalls were identified and addressed on an on going basis. Staff were unaware of the values and vision of the service and were not involved in the development of the service.

Summary of findings

People felt safe living at the service. Staff demonstrated an understanding of what constituted abuse and how to report any concerns. The service had safeguarding procedures in place. People had access to equipment to meet their needs.

People had their needs met by sufficient numbers of staff and although sickness levels were high the service was recruiting at the time of the inspection.

People were relaxed in staffs company and staff listened and acted on what they said. People's privacy was respected. People told us they "like" the staff. Staff were kind and caring in their approach.

People said they "liked" the food. They had a variety of meals and adequate food and drink was available.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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?

The service was not safe.

People did not always receive their medicines according to the prescriber's instructions. There was insufficient guidance for staff about some medicines, to help ensure they were administered safely.

Some areas of the service were maintained and cleaned to an adequate standard, but other areas were not. People had access to equipment to meet their needs.

Risks associated with one person's care and support had not been assessed. It was not always evident that action to reduce risks was happening.

People were not always protected from a robust recruitment checks before staff started working. There was enough staff on duty to meet people's needs.

Inadequate



Is the service effective?

The service was not effective.

Staff had not completed a thorough induction and some had not received relevant training or refresher training for their role. Staff did not have access to proper support arrangements.

People's capacity to make their own decisions had been assessed in some instances. However some people lacked capacity and were subject to restrictions and decisions had been made without staff implementing the best interest decision process nor had a Deprivation of Liberty Safeguard application been made.

People had access to a variety of food and drink. However where there were concerns about some people's health and nutrition we could not ascertain that their needs were being met.

Inadequate



Is the service caring?

The service was not always caring.

People or their relatives were not always involved in decisions about their care and treatment.

People's independence and human rights were compromised because people did not receive the right support to maintain their independence.

Interactions between people and staff were generally positive and staff showed kindness and compassion.

Requires Improvement



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

People or their relatives had the opportunity to look around the service before they choose to live at the service. However decisions that the service could meet people's needs were not always based on current or thorough assessments.

Care plans had recently been updated and contained information about people's wishes and preferences and skills and abilities, but lacked detail about people's health care needs.

People did not have access to many activities or a variety of activities.

Is the service well-led?

The service was not well-led.

The acting manager and deputy manager had been used to cover care staff duties due to sickness and vacancies. This had impacted on the time available to effectively manage the service.

Quality monitoring systems were not effective in identifying shortfalls in the quality of care provided.

The service did not seek the views of people, their representatives or staff, so they were informed about the quality of care people received. People were not involved in the development of the service.

Inadequate



Mont Calm Sturry

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 was 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.

The provider had been in receivership since January 2014 and a management company were acting as agents for the receivers and managing this service and others owned by the provider.

This inspection took place on 7 and 8 January 2015 and was unannounced. The inspection was carried out by one inspector. It was in response to concerns raised by a whistle blower; therefore a Provider Information Return (PIR) was not completed by the provider. 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. A whistle blower is a current member of staff or a staff member that has recently left the service. Further visits were made on 19 January 2015 by two inspectors and on 20 January 2015 by one inspector.

Prior to the inspection 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. We also exchange information with the local safeguarding team and commissioners.

We spoke with four people who used the service and four relatives. Other people were not able to communicate their views of the service provided. We spoke with the registered manager and six members of staff.

We undertook observations to help us understand the experience of people who could not express their views. We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, staff recruitment files, the staff induction booklet, training and supervision schedules, staff rotas, medicines records and quality assurance documentation.

Is the service safe?

Our findings

People told us they received their medicine when they should. Relatives felt medicines were handled safely. However we found shortfalls in the medicine management. Where people were prescribed medicines on a "when required" basis, for example, to manage pain, constipation or skin conditions, there was not always guidance or sufficient guidance for staff on the circumstances in which these medicines were to be used and when staff should seek professional advice for their continued use. This could result in people not receiving the medicine consistently or safely.

Medicine administration records (MAR) charts did not always show that people had received their medicines according to the prescriber's instructions. For example, one person had been prescribed a medicine twice a day. However only received this once a day. The person was not taking the medicine according to the prescriber's instruction and staff had not identified this during medicine administration. In another instance a person was refusing to take a medicine and had been for some time. However staff had not referred this back to health professionals for advice and guidance, to ensure the person remained healthy. People's medicines had not always been signed for or a code entered on the MAR chart so we were unable to ascertain if they had received their medicines on those occasions.

People were using medicines they or their families had purchased at the pharmacist, such as paracetamol and various creams. However staff had not checked with a doctor or pharmacist that it was safe to use these medicines and creams with those people who were already prescribed other medicines as stated in the services medicines procedure.

People were found to be out of stock of their prescribed medicines for periods of time. For example, one person was prescribed a meal supplement and this was out of stock between 31 December 2014 and 4 January 2015. The medicine had arrived at the service on 5 January 2015, but still remained not booked into the service according to procedures on the afternoon of 8 January 2015. Although the person had been unwell and as a result would not have taken this medicine during part of this time. This shortfall was pointed out to the acting manager and senior staff by

the inspector on both days of the inspection, before a senior member of staff told the inspector on the second day they would ensure the person received the medicine directly.

Staff told us that the procedure was when the main bulk of medicines arrived at the service four weekly, they checked to ensure people had the right medicines and sufficient for the four week period. This was then recorded on the MAR charts. However this was not consistent practice and some medicines had been booked in and others had not. This meant there was not a clear audit trail of what medicine stock was in the service, which leaves a risk that medicines could be mishandled.

Some medicines, such as eye drops can only be used for a short period of time to ensure their quality. We were unable to ascertain how long a bottle of drops had been in use as it had not been dated on opening as was procedure.

Some medicines were stored in people's bedrooms. However there were no risk assessments in place to ensure it was safe to do so.

Medicines that were no longer required had not been returned to the pharmacy in a timely manner and were not entered into the returns book whilst they remained in the service. This meant there was not a clear audit trail of medicines within the service and left an opportunity for misuse.

This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were clear medicine procedures in place and staff that administered medicines had received training in medicine administration. Medicine administration was undertaken by staff using a patient approach. People were always asked if they required their "as required" medicines, such as pain relief and during the inspection administration followed a safe practice. One relative told us how their family member's medicines had been "sorted out" since they had moved in and how much better they now were.

Controlled drugs were stored safely and entered into the controlled drugs register appropriately. Handwritten entries on the MAR charts were signed, dated and witnessed as good practice.

The environment was not always well maintained. In the laundry room we found three types of flooring, which were

Is the service safe?

in poor condition in that surfaces, were chipped or missing. There was peeling paint on the inside of the laundry window frames. An area of plasterboard behind the washing machine had been cut out, leaving a hole and the plasterboard stood nearby.

People did not always benefit from a well maintained or safe environment. A bath panel was broken, a bathroom ceiling was cracked and plaster and ceiling paper were coming away from the ceiling. There was peeling paintwork on pipework and a wooden toilet plinth. The communal area and bottom of the stairs carpets had areas that were torn or worn. The paintwork on a door was gouged, probably from wheelchairs and staff said this required a metal protective plate. Electrical wires were trailing across a carpet and also hanging loose from a wall, causing a tripping hazard or a risk that people could easily grab others. Four armchairs were ripped (although these had been removed following the start of the inspection) or discoloured. An area of plaster was gouged from the wall at chair height. Staff told us the garden could only be accessed via the kitchen and this was by a steep ramp with no hand rail. Some of the outside of the upstairs windows were in poor condition.

Portable heaters were used in the dining room and lounge to subsidise the heating system, which was not working properly in the lounge area. There were no risk assessments in place to ensure these heaters were safe to use. They were very hot to touch and people would have been at risk of being burnt if they had touched or fallen against them. Not all of them were positioned so that the electrical wires were behind or between chairs, making this another tripping hazard. During the subsequent visits staff told us risk assessments had now been put in place, although we did not see these. A radiator cover had areas that had broken into holes in the surface.

Aids and adaptations regarding the environment had not been considered to suit the specific needs of people. For example, signage for people living with dementia. The registered manager told us that they had ordered memory boxes and a menu board and that these had arrived by the time of our subsequent visits, although we did not see them. Some bedroom doors did display a recent photograph of the person.

This is a breach of Regulation 15(1)(c)(i)(ii) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

A development plan for maintenance and redecoration of the environment was in place. However this did not have any timescales that had been signed off by the management company, so we were unable to ascertain when work would actually be completed. Some checks were done to ensure the premises were safe, such as hot water checks and fire safety checks. Where faults with fire equipment had been identified action had been taken.

Some areas of the service were decorated to an adequate standard. People and their relatives were happy with their individual bedrooms. One relative said, "We are very happy with her room, it's very good". Bedrooms were personalised and staff told us that several bedrooms had been redecorated since the last inspection, as had the seating area and new pictures put up. Rubbish and the guttering had also been cleared and some downstairs outside windows had been painted.

Risks associated with most people's health and welfare had been assessed and procedures were in place in most cases to keep people safe. For example, risks associated with maintaining a healthy skin, falls prevention and mobility. Moving and handling risk assessments did not always contain sufficient guidance to enable staff to move people safely. However this information was recorded elsewhere in the care plan. Risk assessments did not always reflect a person's current needs. For example, one assessment stated that the person required regular repositioning in bed, to ensure their skin would remain healthy. However the registered manager told us this person could move freely in bed and did not require repositioning. In another instance the action to keep a person safe was in place, but not recorded in the assessment. For example, a person had a mattress beside their bed at night. Staff told us this was for their safety and the decision to use the mattress instead of other equipment that could have reduced the risk had not involved any health professionals. This meant the service had not taken proper steps to ensure care and treatment reflected guidance by an appropriate professional. Risks associated with people's care and support needs had not been properly assessed to protect them from receiving unsafe or inappropriate care.

One person who had recently moved into the service had no assessments in place at all, to reduce the risks

Is the service safe?

associated with their care and help ensure they and others were kept safe, some seven days later, despite them displaying behaviours that challenged both other people and staff.

The above is a breach of Regulation 9(1)(a)(b)(i)(ii)(iii) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not protected by robust recruitment procedures. Senior staff told us four members of staff had been recruited since the last inspection although one member of staff had since left. Recruitment records did not evidence that all the required information to safeguard people had been obtained or obtain in a timely way. Prospective employees had all completed an application form, but there were gaps in the employment histories and these had not been checked out with an explanation recorded. There was a lack of documents to evidence that staff identification had been properly checked and there was no recent photographs held. Three of the four files only contained one reference. One member of staff had started working before they had a Protection of Vulnerable Adults (POVA) first check completed. This meant that people were not protected against the risks of recruiting unsuitable staff for their role. A full Disclosure and Barring Service (DBS) check was received after staff had started working. A Disclosure and Barring Service (DBS) check identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. Health checks had been undertaken and staff were on probation for the first six months.

This is a breach of Regulation 21(a)(i)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not protected with adequate standards of hygiene. People and their relatives felt that the service was always clean and tidy. However some areas within the service were not cleaned to an adequate standard.

The laundry was situated on the top floor, which was not cleaned to an adequate standard. The area around the washing machine was not cleaned properly and had evidence of a build-up of split washing powder. The fire extinguisher, call bell point and plastic apron dispenser were dusty. Equipment and staff practices did not support good infection control. There was a waste bin marked 'rubber gloves', but this contained a continence pad and

used disposable gloves and a red laundry sack, the bin was not a pedal bin and the lid required lifting by staff. Staff told us that red laundry sacks should be put directly into the washing machine, to avoid cross contamination, as they would have contain soiled laundry. There was another pedal bin, where the pedal was broken and again this contained used disposable gloves. These bins were replaced by the service with one for clinical waste and another for household waste by the time of our subsequent visits. Paper towels were not contained in a dispenser to ensure they remained hygienic.

In other areas of the service which people used, there were surfaces which were not cleaned adequately to ensure good hygiene. For example, an area of painted brickwork in the lounge was not cleaned adequately. Others areas that were not cleaned adequately were taps, sinks, toilets and doors where there was a build-up of grime, windows and sills were mouldy, ledges and skirting boards were dusty and dirty as was flooring and carpets and other paintwork. In three areas of the service there was an unpleasant odour. Equipment was not suitable to maintain cleanliness and hygiene. For example, there were clinical waste bins located around the service and two did not have proper lids.

The service employed a cleaner/laundry person five days a week, but when they were off though sickness, leave or covering other roles they were not always replaced. The acting manager told us that cleaning schedules for the service had been recently developed by the domestic staff. These did not contain sufficient detail to ensure the adequate cleaning of all areas as they did not included some tasks, such as cleaning windows, skirting boards, pipework and paintwork. Daily and weekly cleaning records, which should have been completed after each task was undertaken by staff, had not always been completed, so we were unable to ascertain how frequently some areas had been cleaned. Two staff had not received infection control training. Training records showed that another two staff had not received any training in infection control since 2008/9. However the registered manager told us this training had been refreshed, but there were no training certificates due to the provider going into receivership. This meant people did not benefit from an environment that was adequately cleaned or hygienic.

Is the service safe?

This is a breach of Regulation 12(2)(c)(i) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

Accidents and incidents were reported and recorded. Staff usually recorded any accidents and incidents in the daily notes. An accident log was also present in the care plan although accidents were not always recorded here as was the services procedure. Accidents identified during the inspection had all been recorded on an accident form, to help ensure management have detailed information in order to investigate or learn from events. Senior staff told us they then reviewed these monthly, to help ensure appropriate action was taken to reduce the risk of further similar occurrences.

The registered manager told us that accidents and incidents were also recorded on reports that were sent to the management company for further monitoring, although we did not see this report. The registered manager told us that it had been highlighted recently that one accident had not been recorded appropriately and action was to be taken to ensure this shortfall was addressed. For example, ensuring staff understood the correct procedure following an accident.

People had access to equipment to meet their needs. The main bathroom had an assisted bath and other equipment in use included a stair lift, wheelchairs and walking aids, pressure relieving mattresses and cushions. The service had a mobile hoist. There were records to show that most equipment received regular checks and servicing. A portable electrical bath seat was present in a bath; however this had not been serviced and therefore was not safe to use. Staff told us this was not used, but there was a risk staff may use it as it was positioned in the bath, when it was not safe. Staff used a wheelchair to move a person during the inspection; however this was not safe as it was not fitted with any footplates.

People had their needs met by sufficient numbers of staff. People and most staff felt there were sufficient numbers of

staff on duty. During the inspection staff responded when people approached them and were not rushed in their responses. There was a staffing rota, which showed there were three staff on duty during the day (8am to 8pm) and two waking staff at night. At times due to sickness and vacancies this had dropped to two staff over the previous month. There was an on-call system covered by management. The service used existing staff and management to fill any gaps in the rota and occasionally an outside agency was used. The acting manager and senior staff told us they had had to use their allocated management hours to cover the shortfalls in the rota and this had impacted on the tasks they usually carried out during this time. At the time of the inspection staffing had been increased for agreed periods of time to meet the needs of one person staying at the service. The registered manager told us that staffing numbers were not calculated using any formal tool based on the needs of the people and the environment, which would be good practice. The service was recruiting at the time of the inspection.

People told us they felt safe living at the service and knew who they would speak to should they have any concerns. Relatives also confirmed that they felt their family members were safe living here. One relative said, "We can sleep at night knowing she's here. We are relaxed about here". During the inspection the atmosphere was relaxed and calm. There were good interactions between staff and people and people also chatted happily to each other. Staff were patient and people were able to make their needs known. Most staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a safeguarding policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority safeguarding protocols and how to contact the local authority safeguarding team.

Is the service effective?

Our findings

People told us they were happy and “liked” living at Mont Calm Sturry. Relatives were very satisfied with the care and support their family member received.

People’s health care needs were not always met. People’s nutrition needs had been assessed and guidance about how to meet these needs were recorded in their care plans. People’s weight was monitored periodically and where there were concerns some referrals had previously been made to health professionals. However one person had been referred to a dietician and information the dietician had supplied was not available to staff, but was found on the second day of the inspection. At least some of these recommendations had not been implemented and others we were unable to ascertain from records whether they had or not. For example, they should have received a meal supplement drink twice a day and they did not, they should have had four small meals a day and snacks should have been encouraged, there was no evidence that this had happened.

This is a breach of Regulation 9(1)(b)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Despite the dietician stating that the person was ‘not meeting their nutritional requirements with their current oral intake’ of food and therefore being at risk of poor nutrition, the person’s health was not monitored properly. There were no proper food or fluid intake charts in place. A record of food was in place, but had not always been completed. They had not been weighed since November 2014. The lack of monitoring by the service had allowed the person to be placed at further risk of poor health.

Another person who was at risk of poor nutrition had been prescribed a meal supplement drink, but they had refused to take this and they had not been weighed since November 2014. Staff told us they had not referred this back to the health professional for further advice and guidance. Once the inspector had pointed this shortfall out staff tried to weigh the person, but were unable due to their balance and staff were not aware how to assess the person’s weight using a different method. This was rectified by the time of our subsequent visits. If the service had proper systems in place to monitor people’s health it could

have detected earlier and put in place remedies to reduce the risk of deteriorating health. The lack of monitoring by the service had allowed this person to be placed at further risk of poor health.

Relatives told us that any health concerns were acted on “straightaway”. People and relatives told us that if people were not well staff were quick to call the doctor. Relatives felt they were kept very well informed about their family member’s health and any concerns. However we could not be sure that people’s health care needs were met. People had medical conditions, such as diabetes, but there was no information in care plans about the signs or symptoms if a person was to become unwell due to their diabetes. One care plan did inform staff that they should test a person’s blood sugars twice a day, but although staff told us this was the case, records indicated otherwise. For example, over a period of 15 days only 11 tests were recorded. Records showed that one person became unwell and their blood sugars levels increased. Staff told us that when the levels reached 16.0 they would call for professional advice and guidance. However records showed that there was poor monitoring of the blood sugar levels and during December 2014 the person’s blood sugars had reached 20.8 and although staff said they reported this to management no other action was taken until the levels rose to 29.8 when health professional were called and attended. There was a lack of appropriate assessment of some health needs and there was no care plan to ensure their care in relation to diabetes was planned in such a way so as to protect the health, welfare and safety of people.

This is a breach of Regulation 9(1)(a)(b)(i)(ii)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff said they understood their roles and responsibilities. Staff told us they had completed an induction, which included familiarising themselves with people, the building and practices and shadowing experienced staff. We asked the acting manager for the induction training records and they told us there were no records of the induction undertaken. The acting manager told us staff should have completed Skills for Care common induction standards, which are the standards people working in adult social care need to meet before they can safely work unsupervised. However for the last two care staff recruited neither had completed these some five to eight months later. The recommended timescale for completion by Skills for Care

Is the service effective?

induction is 12 weeks. This meant there was no evidence of any induction training and the registered manager told us that essential training course would not be completed until staff had been in service six to twelve months. For example, a member of staff recruited in October 2014 had not completed their induction standards and had not received training in moving and handling, infection control, first aid and mental capacity. Staff were not properly trained and had not had their competencies checked to ensure they had the relevant knowledge, skills and experience to meet people's needs.

Some staff had received training in subjects, such as food safety, health and safety, fire safety, moving and handling and first aid. However there were shortfalls where some staff were not trained in some areas, such as food safety, safeguarding adults, first aid and moving and handling and other staff had had training some time ago and this had not been updated. However the registered manager told us that some staff had undertaken training that was not detailed on the training record because staff had never received their certificates following the provider going into receivership. Only six staff had received diabetes training and only seven staff had or were undertaking dementia training. Six care staff were not trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were not trained to managing one person's behaviours that challenged. People were not protected by appropriately trained staff.

Staff told us that they tested a person's blood sugars twice a day using equipment supplied by health professionals. Senior staff told us only two staff had received training and had their competency assessed by a health professional, which meant other staff were undertaking the tests that had not received training and had not been assessed as competent by a health professional. This meant there was a risk that this test would not be carried out correctly leaving a risk to the person's health.

This is a breach of Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff said they felt supported and had received one to one meetings with their manager where their learning and development was discussed. The registered manager told us that no appraisals had taken place since the last inspection.

This is a breach of Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were not all sure if they had received training, but did understand that people had the right to make their own decisions. Care plans contained information to show staff how to best facilitate people's decision making, such as explain choices using short sentences and use physical signs like pointing. One staff member understood the process should someone lack the capacity to make a decision. The registered manager demonstrated that they understood the implications of the Supreme Court judgment and how that affected people within the service and had submitted an application for an urgent DoLS authorisation and the individual was assessed by professionals during the inspection.

Some capacity assessments had been undertaken by staff and these were held on care plan files. These related to people's capacity to make decisions. For example, about having a flu injection or opening their post. The registered manager told us these were in place for each person. There was no evidence anyone else involved in the person's care had been involved in the assessments or the decision making, to ensure the decisions were taken in the person's best interest.

Both bedroom corridors on the first floor could only be exited using a coded key pad system. Other restrictions in place were that once people went downstairs in the morning they were locked into the communal areas and again access was via a coded key pad. Risk assessments were in place for these locks, but there was no evidence anyone else involved in the person's care had been involved in the assessments or the decision making, to ensure the decision was taken in the person's best interest. The registered manager told us that only one person had the capacity to agree to these restrictions. However where

Is the service effective?

people did not have capacity no applications had been completed or submitted to apply for a DoLS so these restrictions could be authorised by the local authority as being required to protect the person from harm.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection staff had taken appropriate action and a prompt referral was made to the doctor following staff noticing a problem with one person's leg and another person was referred promptly due to an eye problem and the doctor visited and prescribed an eye cream. People also had access to appointments and check-ups with the chiropodist and opticians. Some referrals had been made to health professionals, such as the dietician. One relative told us how their family member's mobility had improved since they had moved in. Another relative told us how their family member had had a fall and "medics were in here and we were informed directly, within half an hour and the nurse came in afterwards".

People had access to a variety of food and drink. People and relatives told us the food was "really nice" and "very good". One relative said, "Mum always likes what's on the

menu" and "If she asks for a drink it's there". Staff were unable to produce previous menus and the record of food people had eaten was not always fully completed. However based on discussions and the records available people did have a varied diet. Lunch was the main meal and there was a choice of two options, which people were asked in advance. Where people did not fancy what they had ordered staff offered other options, such as sandwiches and these were then enjoyed. On the first day of the inspection lunch was cottage pie or beef casserole with peas and cauliflower, which looked appetising and people said they enjoyed. Desert was jam roly-poly and custard. People were offered a choice of drink with their meal and later offered a top up. One person used a plate guard to aid their independence. Staff told us supper was either sandwiches or a meal and this depended on what people had had for lunch.

People smiled and chatted to staff positively when they were helping them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, where they wanted to sit or what they wanted to drink or eat. One person told us how they liked to stay in their room and their decision was respected.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily. Relatives were very complimentary about the staff and said they were always made welcome. Their comments included, “the team are amazing”. “They treat people like their own family”. “I trust them implicitly”. “They are doing a really great job”. “The atmosphere is good here, it’s homely” and “the staff are very caring and very helpful”. One relative said, “I get a lot of feedback, there are always staff to talk to, who are open about any incidents and how they have dealt with it”. Another relative said, “The staff seem to have a holistic approach. The deputy has a good approach and they work well as a team” and “I knew it was right here”.

People’s care plans contained details of their life history and family life. Both staff and relatives told us that some relatives had recently been asked for information regarding people’s history and life. One relative also told us they were doing a memory book for their family member, which had been suggested by staff. This would help enable staff to understand people and what was important to them.

Relatives told us they had been involved in discussions, either by phone or on visits, about their family members care and support. These discussions were a direct result of any current issues or concerns about their family member’s health and well-being. Only one relative was aware of their family members care plan. Relatives told us they had not been involved in the planning of their family members care and support. There were no formal arrangements to involve relatives, where appropriate in planning people’s

care and support. Staff talked about how they encouraged people to make their own choices and may have to facilitate this by offering a choice of two items, such as clothing or food.

During the inspection when a person became distressed staff responded quickly reassuring them and engaging them in conversation. At lunchtime staff sat down with people at the table and engaged in conversation, whilst taking a patient approach and explaining what the meal was, when the person needed assistance with their meal. However at other times during the inspection staff were present in the communal areas, but did not take this opportunity to sit and talk or engage in other ways with people in a caring and compassionate way.

Staff told us for safety reasons most people remained downstairs in the communal areas during the day. However this restriction meant that people might not be as independent as they want to be and their human rights may not always be understood by staff and therefore not respected. One person was able to access their room as they chose. Another person whose room was downstairs chose to always stay in their room. During the inspection people accessed the downstairs communal areas as they chose. People could choose to eat their lunch in the dining room or some remained in the lounge.

People’s family and friends were able to visit at any time. People had their privacy respected. Staff told us they always knocked on doors and asked if they could come in before entering. Relatives told us that people’s privacy and dignity was always respected. During the inspection staff ensured that information was treated confidentially when taking telephone calls and went somewhere private to take the calls, such as from the doctor.

Is the service responsive?

Our findings

Relatives told us had been involved in discussions about their family members care and support, but were not aware of their care plan.

Two relatives told us they had had the opportunity to look around the service before their family members moved in and that senior staff had visited their family member in their previous placement or at their home. Relatives talked about how their family members had “settled here really really well”. One relative told us that they liked the feeling here, as it was “warm and smaller”. Another relative told us “residents are compatible with each other here”. The registered manager told that two of the last three admissions had been emergency admissions and the decision that the service was able to meet the individual’s needs was based on information supplied by social care professionals. However in one case this information was sixteen months old and the registered manager told us they had not noticed this at the time they made the decision.

The acting manager told us that care plans were developed from pre-admission assessments. However where senior staff had visited one person in their own home to assess their needs, which may involve family members, prior to them moving, this assessment information was still not available in the service some months later, so was not used to develop the care plan. This meant key information gained from the assessment visit or from family members, which may help settle people when they first moved in was not available to staff. Another person who had moved in recently did not have a care plan or any risk assessments in place on the first day of the inspection, which was seven days after their admission. Therefore the staff only had the information from the local authority, which was sixteen months old. A basic care plan was put together by the second day of the inspection. This meant the person had not received an appropriate assessment of their needs and there had been no care plan to ensure their care was planned in such a way so as to protect their health, welfare and safety and the safety of other service users.

This is a breach of Regulation 9(1)(a)(b)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The acting manager had over recent months reviewed and rewritten care plans. Care plans contained information about people’s wishes and preferences, what they could do for themselves and what support they required from staff in areas relating to personal care, mobility, eating and drinking and communication. Care plans lacked detailed information about some health care needs and how they should be managed. For example, the management of people’s diabetes.

Care plans also lacked detail in some areas to ensure people had their needs met. For example, one care plan stated that a person should be ‘regularly’ supported to use the toilet during the day and supported with their incontinence needs at night. Records showed that as the care plan did not describe accurately what staff needed, to do to make sure the person received personalised care to meet their needs, the standard of the delivery of care varied, and resulted in the person receiving support for their continence needs between one and five times in a 24 hour period.

This is a breach of Regulation 9(1)(b)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a list of activities people had either participated in before moving in or enjoyed recorded in their care plans. There was a programme of planned activities display within the service. One relative told us that their family member “had been stimulated more here than at home”. However we did not see any activities taking place during the inspection, apart from on the second afternoon music was playing in the lounge. Staff told us an outside music entertainer came in each week, which people enjoyed. Records indicated that for the period 17 December to 8 January 2015 a music entertainer came in once and otherwise people watched television. Staff and relatives told us that there were some activities and talked about some cooking sessions and a film night with popcorn, although there was no other evidence of this in records. Relatives talked about a recent Christmas party that had been very well attended and thoroughly enjoyed by everyone.

Relatives told us that staff were always available and approachable. However there were no formal ways to encourage people or their representatives to voice their views on the service provided, such as resident and relative meetings.

Is the service responsive?

People and relatives told us they would speak to a staff member if they were unhappy. They felt staff would sort out any problems they had. There had been no formal complaints received by the service in the last 12 months. Staff told us that any concerns or complaints would be taken seriously and used to learn and improve the service. Relatives told us they did not have any complaints, but felt

comfortable in raising any concerns that might arise. One relative said, 'If I have got any concerns I can mention it and someone will come and deal with it'. Another relative said, 'Never been any issues'. The service had a complaints procedure, which included timescales for responding to people. However this was not displayed, so that people had access to information on how to complain.

Is the service well-led?

Our findings

People and relatives felt that the management team were approachable and listened. One relative said, “(the acting manager) is always on hand. We have got access when we want it”. Relatives told us they would recommend this service to other people.

The registered manager also managed another service in Margate owned by the same provider. She told us she spent two days a week at this service. The day to day running of the service was led by the acting manager. The acting manager worked full time and the deputy manager had 10 management hours a week. However we were told due to recent high levels of staff sickness, vacancies and instruction from the management company to reduce the costs of agency staff, both the acting and deputy manager’s told us they had spent all their time as part of the care rota and not on management tasks and this had impacted on the management of the service. The registered manager told us that there had been a number of staffing issues over the last few months and action had and was being taken to address these, such as high sickness levels and staff underperforming.

There were no audits in place that had identified the majority of shortfalls identified during this inspection. For example, the acting manager had introduced a new daily recording record where a person’s blood sugar levels should be recorded, but this had failed to be implemented properly and staff were still recording blood sugars in different places, making it difficult to monitor, but this had not been identified in any audit undertaken by management. Staff were failing to complete a record of food for each person and this had not been identified by management. This meant management had failed to identify the information contained in records about known risks to service user’s health and welfare was monitored effectively.

The acting manager told us that domestic staff had developed cleaning schedules. However they had not had time to check or work on these any further. These did not contain all the required tasks in order to maintain an adequately clean service. For example, the monthly deep clean of the bathrooms and toilets did not include cleaning

any paintwork, pipework, skirting board or windows. Management had not identified that cleaning schedules were not adequate in that the service was not cleaned to an appropriate standard.

The medicines had been audited by the local Pharmacy in May 2014, which resulted in the service receiving an action plan. However the service had failed to implement some of this action plan and as a result the actions remained outstanding at the time of the inspection. For example, failing to ensure all medicines received at the service were signed as received on the MAR chart and ensure that all medicines administered were signed on the MAR charts. The service was failing to ensure that the management of the medicines were regularly assessed or monitored to ensure that people were protected from the risks of unsafe care and treatment.

Systems were either not in place or were not effective to ensure people received a quality service. Senior staff told us they undertook a two weekly health and safety audit and this information was fed to a monthly audit and action plan and also back to the management group in meetings. Records showed that this audit only related to the environment and timescales for the work to be completed had been identified. However items recorded, such as replace cracked glass in a bedroom window, on the September 2014 audit had a timescale of one month and was still appearing on the December 2014 audit with a timescale of one month. Therefore appropriate action had not been taken to improve the service in a timely manner.

Items that were identified following the health and safety audit were not properly prioritised to ensure risks to people were minimised appropriately. The September 2014 audit identified 92 items that needed attention. However only 16 items had been addressed and not always in a timely way. For example, the audit was dated 1 September 2014 and stated ‘attend to leak on the toilet cistern, replace flush’, this had a timescale of two weeks, but the work was not completed until 6 October 2014. In another case the audit stated ‘floor board by 5-5a (bedrooms) needs replacing urgently as it is weakened and starting to make a whole’. This had a timescale of two weeks and was completed on 29 October 2014. All of the work undertaken was completed by staff at the service, but there were no effective systems to ensure the most urgent work that may put people at risk was undertaken as a priority.

Is the service well-led?

We found the health and safety audit had not been effective and had not identified shortfalls that were identified during the inspection. For example, the broken bath panel, the cracked bathroom ceiling, missing plaster board in the laundry wall and the trailing wires and hot to touch portable heaters in use in the lounge. There was no development plan with timescales that had been signed off by the management group so we were able to ascertain when work would actually be completed.

The acting manager undertook an 'infection prevention and control self-audit and toolkit' process in December 2014. Shortfalls had been identified, but no management action had been taken one month later. For example, there were bathrooms without pedal bins, there were no posters displayed demonstrating the correct hand washing techniques and commode and commode frames were not in a good state of repair. In others areas shortfalls in infection control identified during the inspection had not been identified in the audit. For example, the clinical waste bins did not have proper lids, bathrooms were used to store a bath seat that was not safe to use, and a foot operated pedal bin was not available for disposal of paper towels in the laundry. The audit did not identify the poor cleaning standards, such as the build-up of brown/black residual around toilet and taps, mould in the bathroom on the windows and other paintwork and the build-up of dust and dirt around the edges and in corners of carpets. Therefore the audit did not protect people against poor standards of infection control.

The registered manager told us they were not sure if the service currently had any vision or values although they knew they had in the past. Every organisation registered with the Commission must provide a Statement of Purpose, which included the vision and values of the service. This enables people to have detailed information of what to expect from the service. The inspector requested a copy of the services Statement of Purpose and this could not be found, but was later sent to us. The service has failed to provide a service to people in line with their statement of purpose. For example, there are failings in, but not exclusive to 'providing buildings and grounds in safe condition', 'making detailed arrangements for the communal areas of the home to be safe and comfortable' and 'ensure that the premises are kept clean, hygienic and free from unpleasant odours, with systems in place to control the spread of infection'.

This is a breach of Regulation 10(1)(a)(b)(2)(iv) of the Regulated Activities Regulations 2010.

The service had no systems for seeking the views of people, their representatives or staff. There had been no quality assurance surveys undertaken, to enable the service to have an informed view as to the standard of care and support provided to people. There was no evidence to show how people, their representatives or staff had been actively involved in developing the service. There was no development plan except for the environment in place for continuous improvement of the service.

This is a breach of Regulation 10(2)(e) of the Regulated Activities Regulations 2010.

The provider's supervision policy stated that staff should receive supervision meetings with their manager at least six times a year, which would include an appraisal. No management action had been taken to ensure that an appraisal had taken place. There were no records of any staff meetings held in the last 12 months. A consequence of this not happening was that staff were not clear about their roles and responsibilities and in some cases were not following the provider's policies and procedures. For example, the procedures identified within the medicine policy. There was a lack of leadership in the service to make sure staff had a clear understanding of their responsibilities and the service policies and procedures. The registered manager had not recognised the key challenges ahead until shortfalls were highlighted as a result of the inspection.

This is a breach of Regulation 10(2)(d)(i) of the Regulated Activities Regulations 2010.

Staffs training was monitored by the use of a training matrix, but management action had not been taken to address the shortfalls in staffs knowledge and skills. At the time of the inspection the registered and acting manager told us that no further training was booked or dates planned for staff, to ensure staff were trained relevant to their role and able to meet people's individual needs. The registered manager told us that some refresher training had taken place that was not reflected on the training matrix, this was because staff had not received certificates for training course complete when the provider went into receivership. However no attempts had been made to put together a list of the staff and the course this affected or to rebook the courses.

Is the service well-led?

The registered manager told us they were supported by the members of the management group who had specific responsibilities for areas of the service. Members of the management group visited the service regularly and a report was produced following this visit. The latest report available was November 2014. The report stated that the member believed the service was compliant with regulations and audits were being carried out with any shortfalls identified being dealt with. However there was no evidence that people, relatives or staff were spoken with or what checks they had undertaken, so the members could assure themselves that people were receiving a quality service and the service was running effectively.

During the inspection the judgement that the service could meet a person's need made by the registered manager had not been based on an assessment of their current needs. Management had then failed to produce a care and risk assessment in order that staff had the information they required to direct them on how to meet their specific care needs despite the presence of both verbal and physical aggression displayed by the person.

This is a breach of Regulation 10(1)(a)(b)(2)(d)(i) of the Regulated Activities Regulations 2010.

The registered and acting managers were unable to produce documents required during the inspection; other records were not easily accessible or incomplete. For example, accurate records in respect of people, such as the records of food people had eaten, initially recent records could not be found and then records that were found had not always completed and were not dated. Cleaning records had only been completed for two days in one week examined. This meant people could not be confident that information about them was held or kept securely.

This is a breach of Regulation 10(1)(a)(b)(iii)(2)(e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 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	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The registered person did not, so far as reasonably practicable; ensure that appropriate standards of cleanliness and hygiene were maintained.</p> <p>Regulation 12(2)(c)(i)</p>