

Hawkinge House Limited

# Hawkinge House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 20 and 21 July 2017 and was unannounced. Hawkinge House is a purpose-built modern building and provides accommodation and nursing care for up to 80 people; a total of 92 people can live and receive support within the same building. The service also provides personal care and nursing care for people who rent or buy their accommodation within Hawkinge House. There were 86 people living at Hawkinge House during our inspection; of which 17 were receiving accommodation and nursing care. The service provides nursing care on the ground floor, the first and second floors support adults living with dementia or mental health needs, some of whom also require nursing.

The service has a registered manager, who was present throughout the inspection. 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 and associated Regulations about how the service is run.

Hawkinge House was last inspected in November 2016 where a number of breaches of the regulations were identified and it was rated Requires Improvement. The provider sent us an action plan to tell us what actions they were taking to implement those improvements. At this inspection we found that changes had been implemented to address the issues and improvements had been made. However, there were a small number of issues which still required further attention.

Accidents and incidents were reported and responded to in most cases. However, there were occasions when responses did not take place in a timely manner.

Management oversight of the service had improved since our last inspection. Most audits and checks had been effective in identifying and remedying shortfalls, however improvement was further input was needed in some areas. Feedback had been sought from people, relatives and staff.

Risk to people had been assessed. Care plans, risk assessments and guidance were in place and gave staff sufficient knowledge to support people in an individual way. Overall, assessed risks to people's health, such as monitoring food and fluid intake were consistent although this continued to require improvement.

The management of medicines had improved, people received their medicines safely. Policies and procedures were in place but on one occasion staff responsible for administering medicines did not follow these.

Staff knew how to keep people safe from abuse and neglect and the manager referred most incidents to the local safeguarding authority. The safety of the premises was assured by regular and routine checks on utilities and equipment. Fire safety had been addressed through training, drills and alarm testing. Maintenance had been carried out promptly when repairs were needed.

People had a choice of nutritious meals, snacks and drinks, and could choose where they would like to eat. Staff encouraged people to eat their meals and gave assistance to those that required it. Some recording of people's intake needed improvement to ensure it was clear and consistent.

There were enough staff on duty and they had received relevant training and supervision to help them carry out their roles effectively. Staff were observed putting their training into practice in a safe way. A dependency tool had been introduced to enable the registered manager to assure themselves that staffing levels remained adequate. Recruitment files contained all the required information about staff.

A range of professionals were involved in people's health care and individual plans of care were in place if people had specific health needs like Diabetes, catheters or pressure wounds.

Staff and managers worked within the principles of the Mental Capacity Act 2005 (MCA) which ensured people's rights and wishes were protected.

Staff treated people with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives.

Care plans had been reviewed since the last inspection, and were increasingly person-centred; they reflected people's individual preferences and gave staff an understanding of the person. A range of activities were on offer with specific sessions and groups designed for people living with dementia. Staff encouraged people to be involved and feel included in their environment. People's privacy and dignity was respected.

Complaints had been documented and recorded. People and relatives said they knew how to complain if necessary and that the registered manager was approachable.

We found two of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The safety of the service had improved overall, but was not consistently safe.

Medicines management had improved and overall people received their medicines safely and when they needed them.

There were enough staff on duty to support people and keep them safe.

People felt safe. Staff knew how to recognise abuse. Reporting of some incidents required greater consistency.

Accidents and incidents were recorded and reported. Some recording was not accurate and responses were not always timely.

**Requires Improvement** ●

### Is the service effective?

The service was mostly effective but required improvement in some areas.

Food and fluid recording had improved but was not always consistent, although people received enough to eat and drink.

People's health care needs had been appropriately met but reviewing of some incidents were not always timely.

People's rights had been protected by proper use of the Mental Capacity Act (MCA) 2005.

Staff completed training and received supervision that was effective in supporting them in their roles.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated and valued as individuals, and received personalised care. People were supported to maintain their independence.

**Good** ●

Staff delivered support with consideration and kindness.

Staff acted sensitively to protect people's privacy and dignity.

### **Is the service responsive?**

The service was responsive.

Care plans had been improved to capture information about people's preferences and wishes in relation to how they wanted to receive their care and support.

People were offered a range of one to one and group activities that met their needs and preferences.

Complaints were responded to and people knew how to make concerns known and most felt they would be properly responded to.

**Good** ●

### **Is the service well-led?**

The leadership of the service had improved, although further improvements were required.

Increased auditing systems had been introduced; most auditing had been effective but some areas needed greater input to ensure all shortfalls were identified and remedied.

Events had been appropriately reported to the Commission.

Staff were clear about their roles and responsibilities and staff felt supported.

People and their visitors were provided with opportunity to share their views and concerns.

**Requires Improvement** ●

# Hawkinge House

## Detailed findings

### Background to this inspection

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

This inspection took place on 20 and 21 July 2017 and was unannounced. The inspection was carried out by three inspectors, two specialist nurse advisors and one expert by experience. The specialist advisors had clinical experience and knowledge of care in settings for older people and those living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. The provider returned the PIR within the set time scale. We also reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 18 people who lived at Hawkinge House. Not everyone was able to verbally share with us their experiences of life at the service. This was because of their dementia. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We inspected the environment, including communal areas and some people's bedrooms. We spoke with eight care workers; including five registered nurses, kitchen staff, 11 visitors, the deputy manager and the registered manager.

During the inspection we viewed a number of records including the care records of 22 people; the recruitment records of five staff employed by the service; staffing rotas; training and supervision records;

medicine records; safeguarding records; activities records; minutes from staff meetings; maintenance records; risk assessments; health and safety records; compliments and complaints logs; audits and quality assurance reports.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe living at Hawkinge House. Comments included, "I feel safe, there is no reason not to", "I enjoy living here and I feel very safe", "I feel very safe, the whole ambiance is good." Relatives told us, "He is much safer here that he would be at home" and "I think she is safe."

Accidents and incidents were recorded by staff working on each floor and monitored by the deputy and registered manager. They were collated and analysed in order to try to identify any emerging trends. A falls analysis tool was used as a measure to reduce the risk of reoccurrence, we found that overall this tool was used effectively, however; one persons falls analysis had not been reviewed or updated following a fall which resulted in significant injury in March 2017. The monthly review document had been signed as 'no changes' and had also been audited as correct. When discussing with the registered manager they told us, "I would have expected another one of those [a fall assessment] to have been completed."

Staff had recorded in one person's daily notes, 'at around 11am [the person] throw away hot tea on legs and front part of tummy, the nurse in charge checked them and assisted them with double base and cream.' There was no further record of monitoring of the person's legs and tummy until 5 days later when a body map had been completed and pictures of multiple blisters that were red and sore had been taken. The blisters were described as being caused by the hot tea being spilt. We spoke with a nurse and the registered manager who were unable to tell us what action had been taken to ensure the person received the appropriate support in between initially spilling the tea and the body map being completed. Records showed that once the correct support was begun, the wounds healed quickly.

Another person had recently fallen and this had resulted in a skin tear. It was noted in their daily notes, 'skin tear in lower leg, review in three days' time. 1cm by 1cm.'

A note had then been written in the staff communication book 3 days later, by a nurse, asking staff to review the wound. This had been signed as reviewed. On the second day of the inspection, two days later, there was no documented evidence about the review or the outcome of the review other than the signature of the nurse next to the diary entry. We spoke with the nurse on duty and they confirmed they did not know if the wound had been reviewed.

The failure to do everything practicable to reduce risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our inspection in November 2016 we reported that there was no formal system in place to determine that staffing levels were sufficient to meet people's assessed needs. Following the last inspection a formal dependency assessment tool had been introduced and was completed and reviewed on a monthly basis by the registered manager. We viewed this for the previous two months and saw that the average dependency for each floor had been assessed as low. We spoke to people and relatives about staffing levels and received varying feedback; "I feel they are short staffed", "Enough staff", "They are always short staffed, I feel sorry for them they work so hard." Relatives commented, "In the mornings they are busier but there is always someone in the lounge" and "Sometimes I think they don't have enough staff. I notice after tea in the

lounge." We asked people about responses to call bells and received generally positive feedback, "Come reasonably quickly", "Very prompt when answering the bell", "Depends on what's happening how quickly they come", "Come pretty quickly and if they are busy update me on how long they will be".

From our observations there was enough staff to keep people safe. Staff responded to people quickly when they used their call bells to request help. Staff did not appear rushed and we observed staff stopping to spend time and talk to people. One member of staff told us, "Staffing is fine at the moment. If someone is off sick we cover each other and they have a few bank staff that are used. Residents get the 24 hour care they need, we meet everyone's needs."

On each floor there was a white board in the nurse's office; the person in charge had allocated specific tasks to each member of staff. This helped to ensure that staff knew their responsibilities and that things did not get missed. A detailed handover record was completed by the person in charge, this helped with communication across the staff team and to ensure important events or changes did not get missed. For example; if a person had been unwell, required a blood test or their medicines had been altered.

Before staff started working at the service written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. A full employment history had been gained for each member of staff. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager checked the details of all the nurses who were on the Nursing and Midwifery Council (NMC) register to ensure they were safe to practice and held a valid registration.

The registered manager understood that safeguarding incidents between vulnerable adults should be investigated. However, they had not always consistently applied local safeguarding protocols when incidents happened. Although the registered manager had frequent conversations with the Local Authority Safeguarding teams, there were some incidents that had been responded to by the registered manager without discussion with the Safeguarding team. We asked the registered manager to contact the Local Authority Safeguarding team to discuss these incidents at the inspection, and they did so that day and confirmed that the team were satisfied that they had been responded to appropriately. The registered manager told us, "It has been helpful to discuss the issues around these incidents against the local authority's policy on safeguarding referrals and to make judgements on the particular circumstances of each case". The consistent application of local authority safeguarding protocols is an area for improvement.

Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely, were properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine administration records (MAR) were completed and showed people had received their medication consistently. During the inspection we observed that a nurse had signed the MAR during the morning to confirm that a person had taken their prescribed supplement drink. However, the person had not taken it and refused until much later in the day; their daily records stated that they had declined to take it until suppertime. Although we were told the nurse had checked with care staff throughout the day, this practice was not in line with the provider's policy, which followed NMC

guidance. 'Under no circumstances should the nurse who prepared the medicine sign the record without checking that the person has taken it.' This is an area for improvement.

At the last inspection, guidance for people prescribed medicines on an 'as and when required' (PRN) basis were not in place. At this inspection we saw that these had been implemented, these helped to ensure people were regularly offered pain relief or laxatives, with proper time gaps between doses.

Medicine records contained photos to help staff ensure the right person received their medicines. Medicine audits were completed by the deputy manager; we saw records of the checks that had taken place and feedback that had been given to each floor. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

At the last inspection assessments of risk did not consistently provide clear or accurate guidance for staff. This had improved at this inspection and there was clear, accurate guidance for staff in managing and reducing risks to individuals. Some people displayed behaviour that could be challenging to themselves and other people. Staff had updated people's care plans with clear details about how this behaviour may manifest and how to calm people down. Guidance for staff supporting people with specific health needs had been reviewed and now contained clear step by step directions.

Personal emergency evacuation plans were in place; people were assessed by their level of need and allocated a level of red, amber or green. This then correlated to the services fire emergency plan which gives instructions to staff as to what level of support each group of people would require in an emergency.

At the last inspection we reported that the arrangements in place for emergency situations were not always followed. At this inspection we found that this had improved and incidents were consistently recorded. Staff were able to tell us what action they should take to record incidents and escalate concerns.

## Is the service effective?

### Our findings

At our last inspection we reported that team meetings were not entirely effective. At this inspection we found that there had been improvements. A range of meetings took place, these included team meetings for each floor, team leader meetings and management meetings. We viewed minutes from recent meetings and saw that discussions had taken place around recent events within the service, activities, supervisions and support for staff. The registered and deputy manager attended these meetings.

People's health was monitored and when it was necessary, health care professionals were involved to make sure people were supported to remain as healthy as possible. A regular GP and nurse practitioner visited the service on a weekly basis; they saw all people who had been identified as needing input. They recorded the outcome of their visits on the provider's electronic care records system. If a person was unwell the GP would be contacted to visit sooner. One person told us, "If I wanted a doctor they would call one." Other care professionals such as dieticians, speech and language therapists, podiatrists and chiropodists visited the service to provide clinical support for any particular needs people had. This gave people access to a range of specialists to support them in maintaining their health and well-being.

Some people required additional nutritional supplements and some people had been assessed as requiring a fortified diet, with high calorie foods such as cream and cheese, to ensure they had a high calorie intake and remained a healthy weight. One person, who had historically been losing weight, had lost 3.4kg between May and June. Staff told us that they sought advice from health care professionals and people were referred to dieticians if they lost 5% of their body weight. Although this person had not lost 5% of their body weight 3.4kg is a significant amount to lose in one month and there had been no specific monitoring of their food and fluid intake between June and July to ensure they were eating enough. The person gained some weight in July, and due to the lack of recording staff were unable to tell us why this had happened. Records were kept by the catering staff and on daily notes but these were not easily accessible for staff to monitor intake. Recording in the form of food charts would mean the information was captured in one place and enable effective analysis. Food and fluid monitoring was in place for other people. Fluid charts were completed with meaningful information such as the amount and type of drinks taken, the total amount and the target intake.

Where people had particular healthcare needs; such as diabetes or catheters, they received the care and support needed from staff. Care plans were in place and gave staff clear guidance for supporting people, nursing staff were clear about catheter care. People confirmed that catheter bags were emptied frequently and that staff cleaned catheter sites. There were records of when catheters were changed.

Most skin wounds were well managed; there were records about people's wounds which had been recorded on body maps and photographed to document their progress. Records showed that wounds were regularly monitored. When people were identified as at risk of developing pressure areas, special equipment was in place to relieve pressure and people were regularly supported to reposition so that pressure was not placed on any one part of the body for too long. One member of staff told us, "We take pressure sores seriously. Sometimes they come with them, but we work hard to heal them or stop them getting worse."

Staff had completed training in a range of subjects in order to perform their jobs safely and to provide the right care and support to meet people's needs. Training in mandatory subjects was up to date. Training was delivered by both E- learning and face to face sessions, staff told us they were supported to complete training and that they could approach the registered manager if they identified a training area or had identified a course they thought would be helpful. Staff were supported to develop their skills; had been supported to complete qualifications in Health and Social Care.

Staff told us that they completed training that was relevant to them and the needs of the people they supported, such as, courses to increase their knowledge and understanding about dementia, stroke awareness, palliative care and catheter care. Staff told us they found training completed with a local hospice particularly beneficial. New staff received an induction into the service which included getting to know the service along with the Care Certificate. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff commented, "I have had lots of training. For example, I've done venepuncture, diabetes awareness and wound care. I'm not a nurse, but I'm learning a lot" and "We all want to know new things and are supported to do so."

Staff had individual supervision meetings with a senior member of staff. We were told that the registered manager monitored when supervisions were due and sent an email each month to inform who required a supervision, this helped to ensure all staff received regular supervision. Supervisions provided an opportunity for staff to discuss any issues or concerns they may have about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. One member of staff told us, "I get supervision every couple of weeks. It is usually with the head nurse, or someone higher, whoever is in charge of the shift that day."

The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Applications had been made and authorised for (DoLS) authorisations for people who needed them. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The registered manager and staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The staff team were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported. Staff understood the importance of asking people for their consent before they provided care and support. Staff asked for people's consent before they gave them any care and support. If people refused something this was recorded and respected. One member of staff commented, "Some people do not have capacity. It's important to remind people of who they are and where they are from."

When people had no one to represent their preferences and wishes and they were unable to do so themselves they had received advocacy support to make more complex decisions. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we observed staff discussing with people what was on the menu and recording their preferred meal choices. Staff respected people's choices about what they ate, during lunchtime one person had changed their mind about their meal choice. We saw staff phone the kitchen to request a specific alternative

meal. This was prepared and delivered to person by the catering staff. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff. Most people were complimentary about the food, telling us, "I enjoy the food", "Good choices, I'm never hungry" and "Food is very good." Relatives commented, "The food is excellent" and "Food is good, he eats everything"

## Is the service caring?

### Our findings

People and their relatives gave us positive feedback about the care and support they received. Comments from people included; "The staff are lovely I get on with all of them, lots of banter, it's good to chat", "I feel quite happy and content", "I get on with most staff", "We have all the girls around and we can do what we like they look after us", "They are lovely they really are". Relatives told us; "Very hard to find somewhere better than this, the staff are very relaxed and friendly, beautiful rooms, they can provide everything mum needs and she is improving", "I feel that they look after him well and I'm really happy", "Care is excellent, can't fault it, staff are wonderful", "The care is lovely".

At our last inspections in January and November 2016 end of life care plans were not person centred. At this inspection we found that work had been done to improve care plans, and the 'Six steps' end of life pathway had been introduced. This pathway described the six steps required to provide good end of life care. Detail had been added to people's care records where the service had been able to discuss with the individual or their family. Overall, end of life care plans contained more person centred detail than on our previous inspections. However, a number of plans contained generic statements, referring to staff being trained in end of life care, providing excellent end of life care, and audits taking place. They often referred to people being cared for with dignity and respect, or people receiving or having experienced high quality care but did not go on to explain what any of these would look like for the individual. Although improvement was clear from previous inspections; this remains an area for continued improvement.

Other records were more person centred and had identified people's individual choices and preferences, for example; in one person's records it had been recognised that they liked music playing in their room and that their relative would choose this, that they would receive support from their church and also took into consideration the needs of relatives; such as providing a sofa bed if they wished to stay. Records showed that care plans had been discussed with people and their next of kin, if they wished.

Throughout the inspection and on each floor, staff were kind and caring towards people and reacted quickly if they became distressed or anxious. We observed staff offering comfort to people when they were confused or upset. One person was visibly upset, looking teary eyed and asking where they were. A member of staff bent down and placed a reassuring hand on the person's arm. They said, "You are with us, you live here at Hawkinge House. You have a nice room with lovely pictures." The staff member then offered to get the person some of the pictures from their room. When they returned they showed the person a picture of them and their husband. They talked about what the person was wearing and complimented them on their jewellery. The person was animated when talking about the picture, smiling and distracted from their confusion. Afterwards the staff member told us, "I just wanted to make sure [the person] knew they were safe here with me, and that I cared."

Staff treated people with respect and dignity. One person was sitting in their chair and appeared to be restless. A member of staff came over and quietly asked if they would like to go to the bathroom. The person smiled and confirmed that they did. They left with the staff member, who ensured they received the assistance they needed in a discrete manner. In communal areas staff were observant and made sure that

people's dignity was protected, such as covering people's legs with blankets. Everyone we spoke with during the inspection told us that staff knocked before entering their rooms, and closed the doors before assisting with any personal care.

Many people required support to eat, we observed staff gave support with kindness and did not rush people, comments included; 'are we ready for some more?' and 'let me know when, you say ready (for the next mouthful)'. The meal period was relaxed and comfortable; staff were chatting with people making sure they had what they wanted. Staff explained to people what was on their plate and offered sauces with meals. People were offered a choice of hot or cold drinks. Those who needed it, had adapted cutlery to enable them to eat with minimal support.

People told us they were supported to retain their independence; one person said, "I keep my independence with washing, I wash my own hair and choose to shower every other day." People and their relatives told us they could visit when they wanted to and felt welcomed. Relatives were invited to stay for meals or to participate in activities.

## Is the service responsive?

### Our findings

People and their relatives felt that their needs were met by staff that knew them well. Comments included, "At the moment we are really happy, we know that mum is looked after, we can't be here 24 hours a day so we put all our trust in the home" and "I think it's excellent here, I'm really happy. I would be devastated if he had to go anywhere else" and "The staff are consistent, they seem to know what they are doing and they seem to genuinely care."

At our inspections in January and November 2016 we reported that care plans lacked detailed information about people's preferences and wishes. At this inspection we found that care plans had been reviewed and detail had been added to make them more person centred. They had been written in a person centred way and contained information such as people's care needs and likes and dislikes.

Within people's plans were also life histories, where available, along with guidance on communication and personal risk assessments. In addition there was guidance describing how the staff should support the person with various needs, including what they could and could not do for themselves, what they needed help with and how to support them.

Care plans were reviewed regularly and reflected the care and support given to people during the inspection. An electronic system was used to maintain care records; relatives could access this at any time and view details in care records along with daily accounts recorded by staff. Relatives told us, "I check mum's care on the computer. I didn't like it at first, it was very impersonal but now it has been personalised" and "I check on the computer what he has been doing when I am not able to visit."

At the last inspection complaints had not always been recorded. At this inspection we found that there had been improvements. An external consultant had recommended that the registered manager introduce a 'grumbles folder'; which was described as being used for concerns that did not constitute a complaint. In both the complaints and grumbles folders we saw that complaints and concerns had been addressed and responses recorded. In one case a follow up had not been documented, we discussed this with the registered manager who told us they had not received minutes from a review meeting with the person's case manager and these minutes would demonstrate that the concerns were discussed and actioned. During the inspection the registered manager contacted the case manager to obtain a copy of these minutes. We spoke with people and relatives about complaints, they told us that they felt listened to, comments included; "Never been any need to make a complaint", "We wanted a few things tweaking about her care plan so we went straight to the manager because we were unclear who to go to on the floor, we discussed what we wanted and the manager explained about her care. We had an open discussion and since then things have changed and we're very happy", "I had a few small complaints but these problems were resolved quickly."

A variety of activities were offered across the service. There was a social assistant in charge of co-ordinating activities, on each floor, throughout the inspection. We observed people participating in a range of group activities, including quizzes and reminiscence sessions. People were engaged in these sessions and there was lots of chatter and laughter in the room when these were occurring.

Trips away from the service were also organised, such as lunches at the local pub or theatre trips. Recently a group of people had been supported to see a production of Mama Mia in Canterbury; people spoke fondly of this. Events also took place at the service such as a recent 'fine dining event' which offered foods of different consistencies, presented in appetising ways. This was intended to demonstrate the importance of presenting soft and pureed food in an appetising way, with thought and consideration for the person. Other events such as 'Hawkinge House has talent' and performances by the service's choir took place. A recent sensory room had been created on the ground floor; providing people with opportunity to use the space to relax or stimulate their senses. During the inspection we saw people spending time out in the garden enjoying the nice weather, with both relatives and staff.

One social assistant told us they also spent time one to one with people, particularly those who remained in their bedrooms. They explained that some people enjoyed being read to and others liked to have their hands massaged, or just to spend time talking.

Regular video calling sessions were held, when people could speak with their relatives using hand held tablets. This had increased the opportunities for people to speak and see their loved ones, even if they were unable to visit in person.

Staff told us they were inspired by a model of care, called 'Esther.' Several members of staff had been trained in the 'Esther model' and were 'coaches' for the rest of the staff team. Staff told us that the Esther model had encouraged them to be more person-centred and put the individual at the heart of what they did. Staff showed us ceramic, coloured camping mugs which had been given to several people. Some people had previously been using plastic 'beakers' to drink from, as they could not use a normal glass. Through conversations staff had identified that it would be more dignified to have a different kind of cup and the beakers had been bought. One person had a pink mug and kept pointing at the mug and their top, as they were the same colour; and smiling broadly.

Each person had several of their likes and dislikes displayed on their wall. For example, '[The person] likes one to one social interaction, tea and being read to. Dislikes their hair being washed.' And, '[The person] likes woodwork, one to one chats about my family and my past work gardening. Dislikes swimming.' Staff told us that these were helpful prompts, and reminded them that people were individuals and were interested in different things.

## Is the service well-led?

### Our findings

At our last inspection we reported that the service was not well led and we served a warning notice; breaches of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 from the previous inspection had not been fully addressed. At this inspection the registered manager told us they had taken on board the highlights from the previous inspection and a number of changes had been introduced. In reference to the role of deputy manager being introduced, they commented; "It is only when you get that support, you realise what was missing."

At the last inspection we reported that audits and checks had not always been effective in identifying the shortfalls highlighted during our inspection. Following our last inspection a number of new audits had been introduced. In the main, these had been effective in identifying shortfalls and monitoring the quality and safety of the service. However not all had been effective, the shortfalls we identified during our inspection had not been recognised through auditing systems and processes. For example; the monthly review and audit of falls analysis had failed to identify out of date information. Audits and review of accidents and incidents had failed to identify the delayed response to a burn injury.

Auditing designed to identify shortfalls in care and quality had not been wholly effective; The failure to ensure effective quality and safety assurance systems is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other improvements had been made following the last inspection, one member of staff told us, "Having a deputy manager and receptionist are good changes." The deputy manager role had been introduced since the last inspection and staff told us they found it reassuring, particularly at weekends, to have management support. The newly created receptionist role had also been seen as a positive change, by both staff and visitors.

Monthly management audits and reports were completed by a consultant employed by the provider. They reviewed a variety of documents and observed practice each month. The provider had also employed an external consultant to complete a 'mock' inspection of the service and had been provided with a report of their findings and actions to put into place.

Staff were confident throughout the inspection and were clear about their roles and told us they felt supported. One member of staff told us, "there are quarterly team meetings; the manager and deputy are always present. Staff can raise issues and concerns and they are responded to. There's an open door policy if you have any concerns. They are both approachable. Never had any problems, feel well supported. Some staff have left and then come back." Other staff told us they felt well supported and found the manager approachable. Staff felt that the introduction of a deputy manager had improved communication, making it easier and clearer. One member of staff told us, "It's about doing whatever you need to do to make sure that resident is cared for."

At the last inspection we reported that the minutes of senior team meetings were not available, at this

inspection we found that the recording of meetings had improved and meeting minutes were available for all meetings that took place. Policies and procedures were in place, and had been reviewed since the last inspection.

Systems were in place for quality monitoring checks. Recent quality assurance surveys from relatives gave a mixture of positive and negative feedback. Responses had been collated and the registered manager told us they would be responded to through relative meetings. Family support group meetings were held, these meetings gave relatives an opportunity to make suggestions, raise concerns and be informed of any changes. Records of meetings were kept and concerns raised were acted upon. The registered manager completed a daily walk round of the service, this gave people an opportunity to chat or raise anything they wished.

The service worked closely with a local hospice and had developed links within the local community; there were visits from local churches to support people with their spiritual needs. We were told that the service had been awarded runner up at the Kent Dementia Friendly awards in the category of 'intergenerational activity.'

The registered manager told us they continued to feel supported by the provider and that they had begun to receive supervision and continued to meet with other managers of the group.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

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

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The failure to do everything practicable to reduce risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
Nursing care	
Personal care	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Auditing designed to identify shortfalls in care and quality had not been wholly effective; The failure to ensure effective quality and safety assurance systems is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Nursing care	
Personal care	
Treatment of disease, disorder or injury	