

# The Abbeyfield Kent Society

# Barnes Lodge

## Inspection report

Tudeley Lane  
Tonbridge  
Kent  
TN11 0QJ

Date of inspection visit:  
01 November 2017  
03 November 2017

Date of publication:  
19 December 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Barnes Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Barnes Lodge accommodates 101 people across three separate units, each of which has separate adapted facilities. The service specialises in providing care to people living with dementia. The service opened in September 2016 and at the time of the inspection there were 45 people living at Barnes Lodge across two floors of the service with the third floor not yet occupied.

This inspection site visit took place on 1 and 3 November 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

There was not a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The registered manager had left the service the week before the inspection. An interim manager had been appointed and had begun working in the service. We were notified following the inspection that the interim manager had been successful in their application for the role and we received an application for them to be registered for the service with the commission.

At the last inspection on 3 March 2017 we asked the provider to take action to make improvements to safe care and treatment, consent, staffing, personalised care and good governance and this action has been completed.

People were safeguarded from harm and abuse. The registered provider worked proactively with the local safeguarding team to respond to allegations of abuse. They ensured that lessons were learned when things went wrong. Staff knew what action they needed to take to reduce risks and to provide safe care and support. The premises were well maintained and equipment had been checked regularly to ensure it was suitable and safe. The registered provider ensured that the risk of infection in the service was assessed and managed.

People received safe support to manage their medicines. People were supported to stay healthy and staff enabled them to access healthcare professionals as needed. People had a balanced diet and enough to eat and drink.

There were sufficient numbers of skilled and competent staff working in the service to meet people's needs. The registered provider ensured that staff were safe and suitable to work with people. Staff received appropriate training and support and were enabled to develop their knowledge and skills through

qualifications. Staff had positive relationships with the people they cared for.

People were treated with dignity and respect. Their right to privacy was upheld. People were provided with sensitive support at the end of their life that ensured they were comfortable and pain free.

The premises were suitable and comfortable and met people's needs.

The registered provider ensured that care was planned in line with best practice guidance. They worked effectively with partner agencies to deliver safe and effective care. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had choice and control over their lives. Their care was flexible and person centred. Staff understood people's rights to make their own decisions and followed the principles of the Mental Capacity Act 2005. People were involved in developing their care plans and making decisions about their care.

People were asked their views of the service and their feedback led to improvements. They knew how to make a complaint if they needed to and were confident they would be listened to.

There was not a registered manager in post, but a new manager had been appointed who had begun to provide directive leadership. There were improvements to the culture of the service since the last inspection. Staff worked more effectively as a team and the service was more person centred.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safeguarded from abuse and harm. Risks to their safety and welfare were assessed to keep them safe and respect their freedom. The registered provider ensured that lessons were learned from investigations so that improvements could be made.

There were enough suitable staff to meet people's needs. Staff were recruited to the service following safe procedures to ensure they were suitable.

The registered provider ensured that people were supported to manage their medicines safely.

People were protected against the risk of infection.

### Is the service effective?

Good ●

The service was effective.

People's care was based on an assessed of their needs and delivered in line with legislation and evidence based guidance. Consent was sought before care was provided. Where people were unable to make their own decision staff followed the principles of the Mental Capacity Act to ensure their rights were upheld.

Staff had the knowledge and skills required to deliver effective care. They worked effectively with other areas of the organisation and with other professionals to ensure people's needs were met.

People were supported to eat and drink enough to meet their needs. They were provided with support and guidance to enable them to live healthy lives.

People benefitted from appropriate design and adaptations to the premises to meet their needs and promote their independence.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Staff knew people well and supported them to make decisions about their care and support.

People's rights in relation to their privacy and dignity were upheld by staff and were promoted through the culture of the service.

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

**Good** ●

The service was responsive to people's individual needs.

People received personalised care that reflected their needs and preferences. Staff were responsive to their needs and requests.

People knew how to raise concerns and complaints and could be confident they would be listened to.

People are provided with sensitive and effective care at the end of their life to ensure they are comfortable and pain free.

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

**Good** ●

The service was well-led.

The service had a clear vision and person centred culture that is understood and adopted by all staff. The newly appointed manager demonstrated clear and directive leadership to ensure that the service delivered on the values of the organisation.

There was an effective governance system in operation to monitor the quality and safety of care delivery. The registered provider supported the manager of the service ensuring they responded to risks and adhered to regulatory requirements. The registered provider made regular checks to ensure that improvements made were sustained.

The registered provider worked effectively with stakeholders including people and their families, staff and other agencies to ensure the ongoing improvement of the service.

# Barnes Lodge

## 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 carried out 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.

Barnes Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Barnes Lodge accommodates 101 people across three separate units, each of which has separate adapted facilities. The service specialises in providing care to people living with dementia. At the time of the inspection there were 45 people living at Barnes Lodge.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. At our previous inspection we found breaches of regulation relating to safe care and treatment, consent, staffing, personalised care and good governance. We carried out this inspection to check on the improvements the registered provider told us they had made.

This inspection site visit took place on 1 and 3 November 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning for this inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at six people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the

safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with 11 people who lived in the service and five peoples' relatives to gather their feedback. We spoke with the interim manager, deputy manager, two care team managers, activities co-ordinator, four care staff, catering and domestic staff as part of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe living in the service. One person said, "They always make us feel safe because they look after us so well." Another person told us, "I have a bell in my room I can ring if I need anything." Another person said, "I have never known a carer shout or be impatient with anyone. They are lovely people." People's relatives told us they felt assured their relatives were safe. One person said, "They keep my Aunt very safe." Another person's relative said, "I don't know how many staff they have on at night, but she has not had any problems, so I assume she is safe." Another person's relative told us, "I know he is safe because I have peace of mind."

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Risks to people's safety and welfare had not been appropriately managed. At this inspection we found improvements had been made and the registered provider was meeting this regulation. Risks to individuals had been assessed and plans put in place to minimise these. The risk assessments covered a variety of areas including pressure area care, nutrition, continence and falls, and provided further detail on the staff and equipment resources required to safely support the person. For example, one person's risk assessment for falls took into account the person's history of falls, diet, usual clothing, health, mobility, vision and mental health. The care plan for falls included actions staff were required to take to reduce the risk, such as regular night checks and ensuring the person wore suitable footwear when walking. Agreed actions were the least restrictive option for the person and were always agreed with them or in their best interests if they did not have the capacity to make the decision. Staff identified triggers for behaviours as they recorded and monitored incidents that challenged others. Records showed that for one person, staff had identified potential triggers to behaviours, and documented actions which could prevent or de-escalate the behaviour. This was in line with best practice guidance. Where people had been prescribed medication to manage anxiety, records showed that the use of such medicines was clearly explained and closely monitored to avoid unnecessary use.

The service had an appropriate business contingency plan for possible emergencies. First aid kits were available in prominent locations and staff had received training to use these. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. People had individual evacuation plans to ensure staff knew how to help them evacuate the building safely and these were tested through regular fire drills. The maintenance staff member carried out regular checks of the premises and equipment for fire safety. Fire extinguishers were situated throughout the home, and had been serviced within the previous 12 months. Fire escape routes were clearly marked, and the procedure for safe evacuation to the fire assembly point in case of a fire was displayed throughout the home. The lift was seen to be in working order. Equipment used by people, such as hoist and transfer equipment, had been serviced regularly.

People were safeguarded from the risk of abuse. There was information provided to people in the service user guide about their rights and how to report concerns about their care and treatment. Staff we spoke with had a good understanding of safeguarding procedures and they were able to describe steps they would take to report concerns if they felt they needed to do so. There was a safeguarding policy in place for the

service and this had been communicated to staff through induction and supervision. Staff were aware that they would need to escalate concerns to their manager or the relevant agency if required. There was a whistleblowing policy in place and this included guidance about how staff should raise concerns about practice. Staff we spoke with were confident that the culture within the home supported the open reporting of concerns. A staff member told us "I would always report any abuse; I wouldn't be worried about that. I know the manager would take action." The registered provider monitored safeguarding concerns and patterns in the service to ensure that people were protected from abuse. Where safeguarding investigations had taken place the registered provider had ensured that any recommended actions were implemented to ensure the service learnt from incidents and concerns.

People's medicines were managed so that they received them safely. We saw staff administering medicines and accurately recording when people had taken these. All senior staff had completed medicines training. One senior staff told us that the training consisted of a basic training course, provided by the pharmacy, followed by more detailed training provided by a local college. Staff who completed their medication training received regular competence assessments to ensure their knowledge was accurate and their practice correct. The medicines policy was comprehensive and provided clear advice in line with national guidance from the National Institute for Clinical Excellence (NICE) and the Royal Pharmaceutical Society. The policy covered all aspects of safe medicines management, including ordering, receipt, storage, administration, recording, and disposal, as well as special arrangements for controlled drugs. Senior staff made checks of the medicines records at the handover to each shift to ensure there had been no errors. The deputy manager carried out monthly checks to ensure the practice was safe. At our last inspection we made a recommendation to improve the written guidance about administering medicines that were prescribed to be given 'as required'. Staff we spoke with were knowledgeable about the medicines people required at the home, and all instances of the use of 'as required' medicines had been appropriately recorded.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. People and staff told us there were enough staff on each shift. The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. A senior staff provided leadership to staff on each shift in each wing of the service and there was a mix of staff skills and competence across the team. Since our last inspection the registered provider had recruited a care team manager for each floor of the service. This had improved leadership and communication. Some agency staff were used in the service to cover vacancies. Agency staff were required to complete an induction before they were able to work at the home, and staff said that they tended to work closely with agency staff to retain oversight. The first floor unit manager confirmed that the home requested specific agency staff to encourage continuity of care. The registered manager submitted a staffing return to the registered provider each month to allow the staffing numbers to be reviewed in line with individuals' dependency assessments. In addition to care staff the service also employed auxiliary staff, such as housekeepers, catering staff, laundry assistants and an activity coordinator.

The registered provider had ensured robust procedures for the recruitment of new staff. Staff had provided two references prior to taking up employment and a full employment history. They had filled in questionnaires to show that they were fit and able to undertake the work they had been employed to do. Gaps in employment history were explained. Staff had provided proof of their right to work in the United Kingdom. Staff completed Disclosure and Barring Service (DBS) checks to ensure that they were suitable to work at the home. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The risk of infection spreading in the service had been minimised and the premises were kept clean. The senior domestic staff member told us that all areas of the home had cleaning schedules, and records seen confirmed this. Specific areas were cleaned daily, including bedrooms, shared facilities and communal areas. There were also deeper cleans carried out weekly and every six months. There was an appropriate supply of personal protective equipment throughout the service and we saw that staff used this as needed. Suitable hand washing facilities were available and reminders about safe hand washing were displayed. There was alcohol gel in dispensers throughout the home and staff were observed regularly using this. There was a large and well organised laundry that enabled staff to keep clean and dirty linen separate to reduce infection risks. Each floor had a dedicated sluice, with secure access for entry. All areas of the care home were clean, uncluttered and free of odours. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. They had received training in infection control and in safe food handling. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. At our last inspection we made a recommendation to improve infection control auditing. At this inspection we found that a new infection control audit had been introduced.

## Is the service effective?

### Our findings

People told us that they felt the service was effective in meeting their needs. They told us staff had the necessary skills to provide the care they needed and that they supported them to access health services as needed. One person said, "They are wonderful people. No one could be unhappy here; they go to so much trouble to help." Another person told us, "They never do anything without asking and explaining what they are going to do. They always knock on the door before entering." Another person said, "They are very good. They send for a nurse or doctor when I am unwell." A person's relative said, "The staff I know are all very capable and are very discreet when they provide care. If she is unwell they send for a GP."

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Staff had not received training in all the areas they required to carry out their roles effectively. At this inspection we found improvements had been made and the registered provider was meeting this regulation. Staff had received essential training that included safeguarding, first aid, infection control, safe moving and handling, equality and diversity, person centred care, dignity and privacy and the Mental Capacity Act 2005. All staff had recently completed training in equality and diversity and most staff had completed dementia awareness training. Staff told us there was a varied programme of mandatory and developmental training available at the care home. The first floor unit manager told us "The management are committed to making sure staff are well informed and trained".

New staff were required to undergo an induction that included the completion of the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. We saw that ten staff had achieved their Care Certificate at the time of the inspection and newer staff were working towards this. Staff were supported to undertake qualifications relevant to their roles. All staff in care roles had either completed a qualification in health and social care or were working towards this.

Staff were supervised and supported in their roles. The deputy manager carried out individual supervision meetings with staff every two months. Staff confirmed that supervision meetings took place and they told us this was an opportunity to discuss their work and any issues they had or training they needed. Staff had an annual appraisal of their performance. Staff told us that they felt supported and could request any additional training they felt they required.

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The principles of the Mental Capacity Act were not followed when seeking consent from people for care and treatment. At this inspection we found improvements had been made and the registered provider was meeting this regulation. People's right to make decisions was promoted and the principles of the Mental Capacity Act 2005 (MCA) were adhered to. Staff had been trained in the principles of the MCA and were able to demonstrate that they understood these. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records seen within people's care plans showed that mental capacity assessments were conducted appropriately, as part of a two stage process, and where needed they included the involvement of the person's next of kin or advocate, as well as their doctor or healthcare professional. This was to ensure that any decisions taken about the person's liberty or their care would be made in the person's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Six people using the service had a DoLS authorisation in place and other applications had been made. People told us they could go out with staff when they wanted to. Staff told us that although some people had a DoLS authorisation they were still enabled to go out when they wished, but may require staff to support them to do so. The service did not use any forms of restraint.

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that people had their nutrition and hydration needs met. At this inspection we found improvements had been made and the registered provider was meeting this regulation. People had enough to eat and drink to meet their needs. People told us that they were satisfied with the meals provided. Drinks were easily accessible at all times of the day and night in the communal spaces and in people's bedrooms. Care records showed that people had a nutrition risk assessment, which identified any specific needs and risks, such as the risk of choking. The risk of malnutrition was assessed and recorded, and any weight gained or lost was documented, with action taken if significant; for example, through a referral to the dietitian. Recommended advice was incorporated into the person's care plan and records showed this was implemented by staff. One person was referred to the speech and language therapy team, and found to be at risk of choking. The care plan showed that the person was advised to have a pureed diet, and this information had been highlighted for staff, and observed in practice during the inspection. Care staff communicated with kitchen staff about people's specific dietary needs and preferences, and a board was maintained in the kitchen detailing who needed or preferred which foods. The menu options offered varied low fat, gluten free and vegetarian choices, and kitchen staff told us that people were also offered alternatives to the displayed menu. Staff offered choices of meals and drinks and where they preferred to have their meals. People were given the assistance they needed to eat their meals.

People's needs were assessed and their care planned in line with evidence based guidance. For example, staff understood how to provide effective support to people who were living with dementia. They used a range of guidance to inform practice including Skills for Care, the National Institute for Clinical Excellence (NICE) and Department of Health guidance. Staff considered people's rights and needs in relation to their human rights and equality and diversity. The registered provider had drafted a new policy for ensuring that the service did not discriminate against people in relation to their age, cultural background, gender, sexuality or disability. Staff received training in the Equality Act 2010.

People had care plans in place to meet their health needs. People's care records showed many health and social care professionals were involved with their care, such as district nurses, GPs, chiropodists and dentists. People were weighed monthly, with their consent, and staff reported concerns about people's health to their GP as needed. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health

needs changed. People were able to access external healthcare professionals as required, and any changes to their care as a result were incorporated into their care plans. For example, one person's blood test results led to a change in their medicines, which was highlighted in their care plan. All healthcare professional visits or interactions were clearly recorded within the person's care plan, including doctor and nurse visits for vaccinations, and appointments with local NHS providers. Staff worked with other organisations and professionals to deliver effective care. The service worked closely with district nurses, social workers and occupational therapists (OT) to ensure people received effective care. We spoke with a therapy assistant and an occupational therapist from the community rehabilitation team, who told us that they found the home to be well-run, with knowledgeable and helpful staff. The community therapists told us that staff always accompanied them on rounds to see people at the home, and ensured that care plans were updated with any advice or changes to care. The community therapists said "Staff here are really efficient and we've had no concerns".

The accommodation was provided in a new building that had been purposely designed for the care of people living with dementia. The environment was homely and comfortable. Each floor had been divided into two units and given a street name so that people have an address for their bedroom. Each person had a different coloured bedroom door to help them identify their own room. There were clear signs around the home to help people find their way. Contrasting colours had been used to make it easier for people with visual impairments to identify doorways, handrails and switches. There were several lounges with kitchenettes and a dining room on each floor and areas of seating around the home where people could sit quietly. One lobby area had been designed to represent a street with a shop. This was not yet in use, but the manager described plans for its use. Sufficient numbers of bathrooms were available to meet people's needs and all bedrooms had ensuite shower facilities. There was a bathroom with a therapy bath with music, lights and bubbles on each floor. There was a library and a café, although the manager confirmed that there was scope for the use of this to be encouraged more. A person's relative told us, "They have wonderful facilities. Laundry, kitchens, lounges, people to chat to; what else could you ask for?" Adaptions had been made to the premises to accommodate people with disabilities and staff were mindful of the need for specialist equipment when assessing people's needs.

## Is the service caring?

### Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "Carers will do anything for you. If you want anything they will try to find it for you." Another person said the staff were "caring, considerate and respectful at Barnes Lodge". Another person said, "The staff here are five star." People told us that staff respected their privacy and treated them with respect. One person said, "When I have a shower they are very discreet; making sure they cover me with the towel."

At our last inspection we made a recommendation about encouraging people to retain and develop their independence. At this inspection we found that care plans had been developed to include more information about what people could do for themselves. A person's relative told us, "They intervene when necessary, but try to keep them involved in their own care. That is how they help them maintain their dignity and independence." People were supported to be independent, and to be as involved as possible in their own care. For example, one person expressed a wish to make their own hot drinks, and staff conducted a risk assessment to identify potential risks involved in this activity. The person was observed making their own drink in the kitchenette. People's care plans detailed if they could manage their own medicines, personal care and finances. A staff member told us, "We always try to help people to keep their independence. It's important for them and some people are very proud and want to carry on doing things for themselves." People benefitted from staff that knew them well and understood their personalities. Whilst there was some use of agency staff in the service this had decreased since the last inspection and there were more staff employed in permanent posts. We saw that people knew the staff that supported them and staff were warm and friendly towards them. One person told us, "I know the staff and they don't change very often. I don't like strange faces." Staff spent time reassuring people if they were anxious. Staff had access to information about people's lives, backgrounds and interests within their care plan. They used this information when talking with people, for example by chatting with people about their families or by responding appropriately when they referred to previous places they had lived. Staff understood how to respond when people who were living with dementia were confused or disorientated. One particular staff member showed great skill in this area. A new person had moved to the service and was confused about where they were going for lunch. The staff member was very patient and went at the person's pace to avoid their anxiety escalating. They recognised that the person was experiencing a different reality and acknowledged this whilst offering support and distractions. The result was that the person was happy to come in for their lunch.

Staff told us they had time to talk with people during the day and we saw this happening. Staff made sure they regularly visited people who remained in their rooms and spent time chatting with them. Staff understood the individual ways that each person communicated and any support that they needed. For example, they ensured that people had their glasses and hearing aids if they needed these. Staff understood, and were supportive of, people's rights to personal relationships. People were able to receive visitors when they wished and in private. There was a policy for the protection of people's human rights and staff were able to describe key rights under the Human Rights Act 1998 such as the right to a private life.

People's right to privacy and dignity was respected. People felt that they were treated kindly and with respect. People's relatives told us they found the staff to be caring. Staff spoke with people in a respectful way and addressed them by the name they preferred. People were assisted discreetly with their personal

care needs in a way that respected their dignity. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these. They were enabled to express themselves through their preferred dress. We saw that staff were respectful in their interactions with people and we noted that they knocked on doors before entering rooms. People's records were kept securely to maintain confidentiality and staff did not discuss people's information in open areas of the service.

People and their relatives were provided with a brochure and information about the services that could be provided when they moved in. There was a clear complaints procedure which was made available to people. At our last inspection we made a recommendation that the registered provider show how people are involved in agreeing their care plan. At this inspection we found that care records showed that people and their families had been involved in making decisions about how their care was delivered when they moved to the service.

## Is the service responsive?

### Our findings

People and their relatives told us that the staff were responsive to their needs and requests. One person said, "They care for me very well. They always ask me what I need." Another person said, "I sat down with them and discussed my care." Another person told us, "It's like a home from home." People's relatives also confirmed they were involved in the care of their relative. One person's relative said, "I have no complaints. I have input into her care plan." Another person's relative said, "They always keep me informed about my mother's health and wellbeing. Their reassurance and empathy is genuine."

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People did not have personalised care plans in place that were effective in meeting their individual needs. At this inspection we found improvements had been made and the registered provider was meeting this regulation. People had an assessment of their needs before they moved to the service to ensure their needs could be met. This included looking at all areas of their daily living and seeking feedback from the person and their family about their needs and the care they wanted. The care plans had been developed further to cover all areas of assessed needs. There was information about the care people wanted and needed and also the way they would like this delivered. For example, one person's record included the person's specific interest of listening to music, and staff had supported the person with this. Care plans included the person's preference for food, drinks, clothing, and their usual day and night routine. There was information for staff about their religious beliefs and hobbies or interests. Staff had recorded whether the person was able to choose their own clothes, or to carry out part or all of their own personal care needs.

Care had been delivered in line with people's care plans. Records showed the care that had been provided each day and the impact this had on the person's physical and emotional wellbeing. Staff had reviewed and updated people's care plans monthly, or sooner if their needs had changed. For example, one person's plan showed a change in their mobility and the care plan and risk assessments had been changed to reflect this. Where people required regular checks during the night this was seen in their daily records of care. People were enabled to have choice and control over their lives. They told us that the routines of the service were flexible to allow them to get up and go to bed when they wished and to have meals and snacks at their preferred time. Staff were aware of any protected characteristics and had ensured these were taken into account when planning their care. For example, people were asked about their spiritual and cultural needs as part of the assessment. There was a cultural and spiritual care plan for each person to ensure these needs and wishes were met. Where relevant this highlighted the importance of a person's faith and how staff should support this. People were supported to practice their religion and were enabled to attend religious services if they wished.

Staff were responsive to people's needs and requests throughout the inspection. We saw that staff were available in the shared area of the home to respond to people's needs and requests. Call bells were answered promptly and staff knew which people needed to be checked on regularly to ensure their safety and wellbeing. Where people were unable to use a call bell there was an effective system in operation to check on them at regular intervals. Staff recorded these checks as part of the care records.

People were supported to spend their time how they wished. There was a programme of group activities available that people could take part in if they wished. This included flower arranging, exercises, reading groups, quizzes, arts and crafts, music and coffee mornings. Each person had a social activities daily record, which documented which activities the person had participated or expressed an interest in. A member of staff told us, "[The person] appears lost but she becomes alive when she is dancing; she is a different person." Some outings were also provided. A person's relative told us, "My mother really enjoyed the visit to Tonbridge School to see the art exhibition." A group of people told us they had enjoyed recent visits to Canterbury and to garden centres and parks. There were links with the local community. Children from a beavers and cubs group had visited and helped people with a cooking activity. Ministers from local churches visited people and provided religious services. People who were at risk of social isolation, because they remained in their rooms for much of the day, were offered time with a member of staff for 1-1 activities. This included pamper sessions, reading and puzzles. Some people told us they enjoyed having time with the staff for a cup of tea and a chat.

People we spoke with, and their relatives, were aware of how to make a complaint and they felt their views were listened to. One person told us, "I would speak to the manager, or any of the staff really, if I had a complaint to make, I have not needed to do that yet." Detailed information about how to complain was provided for people in the brochure and in the reception of the home. The manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe. learning

When people moved to the service they were asked about their preferences for the care they wished to receive at the end of their life. This information was used to develop a future wishes care plan. This included arrangements for the use of anticipatory medications at the end of life, and liaison with the person's doctor to ensure they could be cared for at the location of their choice. The care plan also noted the person's preference with regard to funeral arrangements. One person's care record showed that the end of life care plan had been written with the help of the local hospice staff, who had visited the person at the care home to conduct an assessment of their needs and to provide support to staff.

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well led. One person told us, "The service has improved considerably recently." A person's relative told us, "I think it is a good home. It is well organised and seems to be getting better over time. There are some management changes happening, but the new manager seems helpful." Another person's relative said, "The management team are reassuring, but we have most contact with the senior carers as they know what is happening with mum on a daily basis."

At our inspection on 3 March 2017 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that effective systems were in operation to monitor and improve the quality and safety of the service. At this inspection we found improvements had been made and the registered provider was meeting this regulation. The registered provider had ensured that regular comprehensive audits were carried out to review the quality of the service. This included reviewing care plans and ensuring that improvements had been made. We saw that there had been significant improvements to care planning since the last inspection. Audits had improved in that they followed up on previous shortfalls and ensured that action was taken. There were audits of medicines practice, the suitability of the environment for people's needs, activities and catering. Action plans were developed and these had been passed to the manager to implement. We saw that improvements had been made following these audits, for example changes had been made to the menu in response to suggestions by people using the service. A range of audits were carried out each month to check on the safety of the service, this included an infection control audit, fire safety checks water temperature checks and food safety checks.

The registered manager had recently left their role and a new manager had been seconded to oversee the service whilst recruitment was underway. We were notified following the inspection that the seconded manager had been successful in their application for the role and we received an application for them to be registered for the service with the commission. The registered provider was providing support to the new manager and was visiting regularly to oversee the delivery of the service. Staff and people using the service were aware of the changes in management. A staff member told us, "The registered manager has left and a new management team have been here for less than a week, so staff are apprehensive about the future, but we are hopeful that it will work out well." Another staff member told us that the new management team had started to communicate with staff about the planned changes. The new manager was known to the Commission as they had moved from another Abbeyfield service. They told us about how they planned to ensure that the organisations values were cascaded through the service. They were spending time in their first two weeks carrying out observations within the service to identify areas for development.

The registered provider understood the requirements of their role and they were open and transparent. They had notified the Care Quality Commission of any significant events that affected people or the service. Where things had gone wrong in the service the registered provider had fulfilled the requirements for duty of candour by being open and honest with people and their families and had assured them about the action taken to put things right. The registered provider was displaying their rating in the entrance of the service. At the time of the inspection there was a technical issue that meant the rating was not displayed on the

website, but the registered provider rectified this following the inspection and we saw this in place.

The policies and procedures were appropriate for the service. Since our last inspection the whistleblowing policy had been reviewed and updated. The policy provided protection for whistle blowers under the Public Interest Disclosure Act 1998. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them. The registered provider ensured that the workforce were treated fairly and with regard to the Equality Act 2010. There was a dignity at work policy in operation.

The registered provider sought feedback from people using the service, their families and staff to shape the ongoing improvement plan for the service. There was an annual quality questionnaire and a range of meetings people could attend to share their feedback. People told us that they felt comfortable to make suggestions. The registered provider described long term plans to ensure the service could sustain improvements by adopting a gradual admissions approach. This ensured that recent changes could be embedded and that staff could be recruited to match the needs of the people moving to the home.

People's care records were completed with sufficient detail to demonstrate that they were receiving the care they needed. This allowed the manager to monitor their wellbeing and to review the effectiveness of care plans. People's personal information was stored in line with the Data Protection Act. A governance audit carried out in October 2017 referred to the Accessible Information Standard 2016. They had identified that they needed to provide more detail in order to support residents and their preferred method of communication. An action plan had been agreed for this.

The registered provider worked effectively with other agencies to ensure the service was effective. This included the local authority commissioners and the safeguarding team. Feedback from other health professionals confirmed that they worked positively and proactively to adopt suggestions made through investigations and contract monitoring visits. The registered provider was working with the local GP surgery to improve care for people using the service.