

Mrs G L Reeve & Miss D M Reeve

# Fairby Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Fairby Grange provides accommodation and personal care for up to 27 older people. The service provides both permanent and respite support. There were 18 people living at the home on the day of our inspection.

### People's experience of using this service and what we found

Medicines had not always been stored at the correct temperature to ensure they were safe to use. Medicine administration record (MAR) charts for one person had not always been checked and signed off by two staff to make sure the MAR had been completed accurately according to the prescriber's guidance. The registered manager took immediate action to rectify this.

Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. Risk assessments were not always in place to detail safe ways of working with some people with certain condition such as people prescribed blood thinning medicines. The registered manager took immediate action to rectify this.

We found that staff were not always adhering to government guidance on Covid-19. We observed some staff not wearing masks or not wearing them correctly in the service.

There were enough staff to meet people's needs during the day. However, we found there may not be enough staff at night in case of fire evacuation. The provider responded by recruiting additional night staff.

The governance of the service was not robust enough. Although improvements had been made, we found areas that require further improvements.

Staff supported people and ensured they were safe. Staff recorded accidents and incidents and ensured preventative measures were implemented.

People received support with their food and fluid needs. One person said, "We get good food and offered choices. We get to choose a day before." The home was adapted and designed in line with people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. Staff treated people with respect and ensured people's privacy was maintained. People were treated with dignity.

People had access to a range of activities to suit their needs and preferences. People were encouraged to maintain relationships with relatives and new friendships in the home were promoted. For example, we met

three ladies who told us, "Lovely here. We have made friends here."

People felt included in the running of the home. Staff received regular supervision and took part in staff meetings. This meant they felt comfortable to raise any concerns or suggestions in relation to the care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 12 March 2020). The service remains requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about incidents and accidents reporting, safeguarding, medicines, infection control, staff trainings, risk assessments and compliance with fire regulations. A decision was made for us to inspect and examine those risks.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches in relation to, safe care and treatment; medicines management and robust monitoring of the quality and safety of the service.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Fairby Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Fairby Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairby Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 August 2022 and ended on 24 August 2022. We visited the service on both dates.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We received feedbacks. We used all this information to plan our inspection.

### During the inspection

We spoke with four visiting relatives and 14 people who used the service about their experience of the care provided. We spoke with nine members of staff including, care workers, senior care workers, cook, the registered manager and the provider. We reviewed a range of records. This included five people's care records, and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We observed medicines administration round. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At the last inspection in December 2019, the provider failed to provide safe care and treatment. Medicines were not managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements to the management of medicines. Medicine Administration Record (MAR) charts were completed, prescribed creams, lotions and eyedrops had been dated on opening and securely stored and medicines competency checks had been carried out. However, there were areas that needed further improvement, so the provider continued to be in breach of regulation 12.

- Medicines had mostly been managed safely. Medicines had not been stored at the correct temperature to ensure they were safe to use. On the day of our inspection, the medicines had been stored above 25 degrees and measures in place to cool the medicines were not effective. There was a risk the temperature may affect the efficacy of the medicines. We spoke with the provider about this on the first day of the inspection. They arranged for air conditioning units to be hired and these were installed on the second day of the inspection.
- Two people were prescribed medicines that should not be taken with other medicines. MARs showed that they had been given at the same time as other medicines. We reported this to the registered manager who agreed to contact the pharmacy for advice. Medicines can sometimes influence each other inside the body, producing an increased effect, extra side effects, or decreased effectiveness of one or more of the drugs.
- At our last inspection in December 2019, we found that MAR charts were not always signed and there were no notes recorded as to why this was the case. At this inspection, MAR charts were completed. However, we found that handwritten MAR chart for one person had not always been checked and signed off by two staff to make sure the MAR had been completed accurately according to the prescriber's guidance.

### Assessing risk, safety monitoring and management

At the last inspection in December 2019, the provider failed to provide safe care and treatment. Risks to people were not always assessed and identified or updated when their needs changed. Risk management plans were not always in place to guide staff on how risks should be minimised. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvements. Whilst we could see there had been some improvements around the assessment of risk in areas such as call bell, falls and expressing feelings or an emotional reaction, this was not consistent in other areas as stated below. The provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. While there were risk assessments for some areas of health conditions, we found that risk assessments were not in place for some other health conditions, which carried potentially serious risks. For example, some people were diagnosed with diabetes, their risk assessments did not state what their blood glucose level range should be and how to manage their care if the blood glucose level was outside of normal ranges. This meant staff did not have information about how to support these people and keep them safe. We discussed this with the registered manager who took immediate action to address this.
- Some people were prescribed blood thinning medicines. This meant they were at increased risks of excessive bleeding if injured and would need immediate medical attention if they fell or hit their head. While we found risk assessments for some people, there was no risk assessments were in place for others to detail safe ways of working with these people. We discussed this with the registered manager who took immediate action to put in place risk assessments for people prescribed blood thinning medicines.
- Building related risks were not always well managed. Sluice rooms for emptying, washing and storing commodes and other continence aids were not locked and were signposted as bathrooms. This put people at risk of harm from developing healthcare related infections from contact with human waste. We discussed this with the registered manager who took immediate action to change the signs on doors and the provider ordered appropriate locks.
- Mattress checks were not regularly documented and recorded to show that staff were ensuring the mattresses were working correctly and set at the correct setting. This put people at risk of harm. We spoke with the registered manager about this who told us they were adding a task to log a daily mattress check on to the electronic care planning system. One person's care record evidenced that their mattress had developed a problem and was not inflating correctly which made it uncomfortable for them. They were able to tell staff about this and get it rectified. We observed one person's mattress setting had not been set at their correct weight. This put them at risk of developing pressure ulcers.

Failure to robustly provide safe care and treatment is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection in December 2019, we found that prescribed topical creams were left out in people bedrooms and were not securely stored. At this inspection, prescribed creams, lotions and eyedrops had been dated on opening and securely stored. This meant the provider could be assured that medicines had been used by the date the manufacturer had recommended.
- At our last inspection in December 2019, we found that liquid medicines in the trolley did not always record the date they were opened to ensure they remained effective to administer. At this inspection, liquid medicines in the trolley were recorded with date opened and stored safely.
- Medicines that required returning to the pharmacy had been managed in a safe way. Medicines were stored safely in locked cabinets within two medicines rooms. Medicines in stock tallied with records.
- Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round. The registered manager had carried out medicines competency checks to ensure that staff practice was safe and followed medicines administration policies, procedures and good practice.
- Personal emergency evacuation plans (PEEPs) provided the information staff needed to understand how to safely evacuate people in an emergency.



- Risk assessments were in place for other areas of health conditions, which enabled staff to support people safely. For example, one person allergic to a specific medicine. We found appropriate risk assessment in place and guidance for staff about the medicine.

#### Staffing and recruitment

- Staffing rotas evidenced that there were two staff on shift at night. This meant that there may not be enough staff deployed on night shifts to meet people's needs based on information about the support people would need in their PEEP and to safely evacuate people in the event of a fire. The provider had not utilised fire drills with staff to assess whether the staffing levels were appropriate to safely meet people's evacuation needs. We spoke with the provider and asked them to urgently review staffing levels at night. They agreed to do this and agreed to use people's needs to assess the required level of safe staffing. They advised us they would be increasing the staffing levels to three staff at night. We referred them to Kent Fire and Rescue Service (KFRS).
- We observed that staffing levels were appropriate to meet people's needs during the day. Call bells were answered quickly. People told us, "I only use buzzer when it is really necessary"; "I don't always think there is enough staff, having two on at night is not enough to get people to bed, I sometimes have to wait to go to bed. Sometimes they are stretched" and "I press the call bell on occasions, it's there if I need it. The staff come quickly. The staff seem to cope ok." A member of staff said, "There is enough staff on shift, we work as a team and get things done. More care staff are on at the weekend."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A healthcare professional wrote to us, 'On my visits I was asked for proof of a negative LFT, to sign in and asked about symptoms.'
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed some staff were not always wearing masks appropriately (over their mouth and nose) when working.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

#### Learning lessons when things go wrong

At the last inspection in December 2019, the provider failed to provide safe care and treatment. Action taken, and the outcome were not always recorded and there was not always updated guidance for staff in place to minimise future incidents. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made enough improvements. The provider was no longer in

breach of the regulation in respect of learning lessons.

- At this inspection, the registered manager had been proactive and had kept incident and accident records, which included a section for lessons learnt and incident reflection. These were reviewed regularly.
- When concerns had been identified, these were also discussed at handovers, staff meetings and one to one supervision meetings to improve the service. People were referred to health care professionals as needed to obtain advice and guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I absolutely feel really safe" and "I definitely feel safe here, I could not be safer."
- Staff told us they felt comfortable to report concerns to the provider and management team. They felt that concerns were taken seriously, and appropriate action was taken. Staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team and CQC if necessary. One staff member said, "I have done safeguarding training, it covered neglect and abuse including self-neglect, it is my job to notice and to report. It would definitely be dealt with, I could go to [nominated individual] or [registered manager] with anything, it would be reported to necessary people. I could report to the local authority or CQC."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving to the service their needs were assessed. These assessments ensured that the information needed to enable staff to complete care plans were provided. For example, people's malnutrition and dehydration needs were assessed using a Malnutrition Universal Screening Tool (MUST) to establish a score in line with national guidance. This ensured people were supported effectively in line with their care needs.
- People's equality and diversity needs, oral care and capacity were included in the information obtained to enable staff to provide person-centred care and support.

Staff support: induction, training, skills and experience

- Staff had regular supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. The registered manager told us that they had daily contact with staff, and they were able to discuss freely with staff. One member of staff spoken with confirmed this and said, "We discuss work performance, progress and objectives." Other members of staff confirmed they received good support from the management team. They said, "If I need to get hold of managers I can get hold of managers at any point. I have supervisions with [registered manager] every three months."
- Records showed staff had completed NVQ (National Vocational Qualification) in health and social care at various levels. The NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do a job. A member of staff said, "I have just finished doing NVQ level 2 and I might do level 5 next year."
- Staff received the training and updates they required to successfully carry out their role. Training records confirmed this was the case. A member of staff said, "I have done training and refresher courses. If I need to do any training; the provider will organise."

Supporting people to eat and drink enough to maintain a balanced diet

- Food and fluid met people's assessed needs. People had been referred to speech and language therapists (SALT) when required. SALT guidance had been embedded in people's care plans and risk assessments. We observed the SALT guidance was being followed. For example, some people had their meals fortified with cream and butter and others were provided with soft textured or pureed meals.
- We observed people were offered drinks frequently to stay hydrated.
- Most people told us they enjoyed the food; people were able to choose their food from an option of two meals. Staff and kitchen staff told us people would be offered another option if they did not like either of the

meals on offer. People told us, "Food is palatable and edible, I don't think I always get a choice, I eat what I am given. There is not much I don't like"; "Always have a choice of food, I like crumpets a lot"; "Food is alright, I always have two choices, I look forward to the meals. The cook makes beautiful pastry and cakes and makes cakes for birthdays" and "I like the meals everything is freshly cooked, nothing is frozen, I enjoy them, they ask if you want more, I always clear my plate."

Adapting service, design, decoration to meet people's needs

- The design and layout of the building met people's needs. Some people lived with dementia. There was dementia friendly signage around the service to provide way marking to communal areas of interest such as dining room and lounge. Toilets and bathrooms and people's rooms had dementia friendly signage to help people understand what was behind the door.
- People had access to a paved patio area with planters. People were involved in the planting, maintenance and care of the flowers. We observed people sitting in the garden as the weather was nice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's weights were regularly monitored to make sure they remained as healthy as possible.
- People were supported to access healthcare services when they needed them. For instance, people regularly saw a GP, chiropodists and district nurses. People attended appointments with their healthcare specialists and consultants when required.
- People told us their health needs were met. Comments included, "A man comes to do my toe nails", "If I feel unwell I tell staff and they contact the doctor, I had all the COVID vaccinations, everyone was checked for COVID regularly"; "I see the chiropodist, the optician and GP when I need to" and "They have been responsive, the district nurses saw me yesterday. They have checked my skin and the district nurse has prescribed some spray which is coming today. The staff have been good about creaming my skin and keeping an eye on the sore I got from being in hospital."
- A relative told us that since the GP reviewed their loved one's medicines and made changes, their health had improved.
- Records evidenced that the service worked closely with people's local authority care managers and healthcare providers to provide updates and information about people's health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team had a good understanding and knowledge of the MCA. An MCA assessment had been carried out with the person and their relative in relation to a specific decision, which demonstrated

relevant persons had been involved in best interest decision making.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The interactions between people and staff were positive, caring and inclusive. There was mutual respect and equality. Everyone appeared relaxed and happy. We observed staff speaking with people with affection and treating them with dignity and respect. Staff used people's preferred names. Staff were polite and respectful when they approached people.
- Relatives told us their loved ones were well treated. Comments included, "Because they [service] are small it is nice, they get to know everyone, they know me and my family, nothing is too much trouble, they are always willing to help and ask questions" and "I cannot fault anything they do here. There is no comparison to other homes we visited. What I like about here, they listen to concerns if there are any, I feel they understand that everyone is different. Dad is super sensitive, they are sensitive to this and understanding."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- One person said, "Staff are very caring. They do protect my dignity and I am very much respected."
- A relative said, "The manager is very good. They get us involved at all times. They respect my relative's privacy and dignity. I can speak to any member of staff. We are very happy with the service."
- People and relatives told us their choices were respected. Staff supported people to make everyday choices such as, whether to be in communal areas or their own room, what clothes they wished to wear, what television channels they wished to watch and what drinks and food they would like.
- Staff were discreet when asking people if they needed to use the toilet. Staff ensured any support with personal care was carried out behind closed doors. Staff knocked on doors before entering. We observed some kind and supportive interactions between staff and people, which showed staff knew people well. Staff knew how to communicate with them.
- People told us the staff were nice and kind. Comments included, "staff are friendly and kind, they are all alright"; "I am very happy"; "the majority of staff are really nice"; "They are all lovely and really good"; "staff always knock before coming in"; "staff are friendly and nice and are jokers, always laughing"; "The best thing about living here is the company, it's nice to have people to talk to"; "I am very happy here" and "I am very happy here, the staff bend over backwards to help me they are marvellous."
- People's care records were mostly electronic and only accessible to those that required access and were password protected.
- People were supported to be as independent as possible; some people managed their own personal care.

Staff told us, "I respect people's privacy as much as you can, shut doors and curtains when providing personal care, gain consent and talk with them throughout, try and encourage them to be as independent as possible, reassure them. Keep people covered up. If I see people exposing themselves, reassure and redirect, communicate through body language."

- A healthcare professional wrote to us, 'I have found residents are cared for well, by staff that know them well. Their needs are met in a timely manner and they are treated with dignity and compassion.'

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection, the provider failed to assess people's needs effectively and provide person-centred support. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made enough improvements. The provider was no longer in breach of the regulation.

- Since our last inspection in December 2019, the provider had introduced an electronic care planning record, which was person-centred and gave staff the instructions needed to appropriately support the individual. These included details about likes, dislikes and preferences and included information about people's life history. Care plans were in place for each person's area of assessed needs such as personal care, maintaining a safe environment, emotional support, call bell and continence needs. The provider was still in the process of transferring the care records to an electronic system. However, we found a few areas as mentioned in 'Safe' domain above that were not yet detailed in the new electronic system.
- Care plans were reviewed regularly, staff were able to identify when people's needs changed and responded to their care needs as required. For example, one person was reviewed by the SALT team and the consistency of food texture was changed. We saw that this was reflected in their care records and in the kitchen. Our lunch time observation showed this was followed by staff and the cook.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Either they did not choose to do this, or relatives helped them. Other people did not have specific religious beliefs. One person said, "I have joined the choir here and we go to coffee mornings at the church."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service had developed easier to read information to help people to understand what is going on in the service and their care plan. The new care plan was user friendly with picture for those who needed these and



it was interactive.

- The complaints guide in place was in user friendly format for people to understand. It contained who to contact if they needed to talk to someone.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans promoted independence. People could participate in group or one to one activities. There was a plan of special events and activities and these were advertised on the service's notice board. People were offered individual support according to their needs and choices. People went out for an activity on a bus during our inspection. Upon their return, people told us they loved it. People were also attended to by the hairdresser on the day. One person said, "They do a lot of activities here such as quizzes, singalong, I went out to the singing club today and I loved it. The singing was very lovely today. The activity lady is very inventive."
- A relative said, "There are a lot of activities here. They visit a lot of places. She is very happy."
- A healthcare professional wrote to us, 'Appropriate activities have always been taking place when I have been present, and residents are able to move around the home i.e. the dining room/ living room. Residents are encouraged to take part in activities, and where not possible are cared for in bed with kindness.'
- Staff supported people to maintain relationships that mattered to them. A relative said, "My husband visits daily in the afternoon since I moved into the service, no restrictions at all."

Improving care quality in response to complaints or concerns

- No formal complaints had been received since our last inspection. Relatives said, "I can go and speak to manager at any-time. They have an open-door policy. I could report concerns and they would be acted on" and "I cannot fault anything they do here."
- One person said, "I have not had to complain, I would tell staff, someone would listen." Others said, "I have only complained about little things and they took action. For example, I wanted Broccoli and Cabbage with my food. They ensured I got these." And "I have never had a reason to complain."

End of life care and support

- At the time we inspected the service, they were not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and people, who had chosen to, had written plans in place.
- Staff had received end of life and palliative care training. This would enable staff in meeting people's care and support needs.
- Some people had DNACPRs (do not attempt resuscitation) in place which had been discussed and agreed with them, their relatives and consultants.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection in December 2019, the provider failed to assess, monitor and improve the quality and safety of the service people received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. MAR charts were completed with no gaps found. Medicine, choking and call bell risk assessments had been implemented. Medicine competency checks were carried out on staff to ensure that staff were competent to administer medicines safely. Accidents or incidents were reviewed, and action taken including outcomes were recorded. However, there continued to be areas that lacked robust management oversight and required improvement as stated below, so the provider continued to be in breach of regulation 17.

- At our previous inspection in December 2019, we identified that the governance of the service was not effective or robust. At this inspection, we found that the governance of the service continued to be not sufficiently robust. We found similar areas we found in our last report that require further improvement as stated in 'Safe' domain above. For example, medicines which had not been stored at the correct temperature to ensure they were safe to use and medicines administration records errors. Medicines auditing had taken place however these had not been picked up and rectified by the registered manager before the inspection.
- Audits had failed to identify the concerns we identified relating to inconsistent risk assessments. Not all care plans contained detailed risk assessments for people's specific health and support needs. For example, some people were diagnosed with diabetes. Their risk assessments did not state what their blood glucose level range should be and how to manage their care if the blood glucose level was outside of normal ranges. Some people were prescribed blood thinning medicines. Similarly, there was no risk assessments in place to detail safe ways of working with these people.
- We found that there may not be enough staff deployed on night shifts to meet people's needs and to safely evacuate people in the event of a fire. The provider advised us they would be increasing the staffing levels to three staff at night and we referred them to Kent Fire and Rescue Service (KFRS) accordingly. This had not been identified by the registered manager prior to our inspection and placed people at risk in the event of fire evacuation.

Although, we found no evidence that people had been receiving poor care or had been harmed, systems had not been robust enough to demonstrate quality and safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.
- It is a legal requirement the 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 clearly displayed their rating at the service and on their website.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated learning and improving care delivered during our inspection. However, prior to the inspection these were not effective. For example, during our inspection we identified that there had been missed signatures which meant we were not assured that medicines were given as prescribed. The registered manager took appropriate action and did reflective learning sessions with staff, recorded these on a tracker, then booked staff to do a level 2 medicines training. They counted the medicines and were assured that medicines had been given. This practice needs to be fully embedded into the service.
- Registered manager and provider were responsive during inspection to areas of concerns found. Areas that could be rectified during the inspection were immediately rectified and registered manager demonstrated learning from these findings.
- Registered manager had signed up to skills for care for support and we discussed contact they had with the local authority commissioner as support. They had signed up to CQC newsletters for up to date information.
- A healthcare professional wrote, 'In the experiences, I have worked with residents that have needed access from other services and this has been managed by the staff. Any follow ups I have requested have been actioned.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We observed staff supported people in a person-centred way. Staff related with people on an individual basis. A relative said, "It is homely. Mum is always stimulated, a lot of intervention from staff."
- The management and staff included people in the day to day running of the home. An example of this was seen in the residents' meeting where food/menu, likes and dislikes, people's outings to pub for lunch and summer 'Fete' were discussed. People told us that they felt involved in the home.
- Staff also received regular supervision and felt supported. One staff member said, "I do get supported." Another said, "It has been good. Everyone's friendly and supportive."
- Staff members found the registered manager supportive and approachable. Staff commented, "The managers create time for the residents. We work together as a team"; "The management is very approachable. If we need anything, they make sure people have it. I am happy working for them. I have never had an issue working here" and "I can approach the managers freely. I am very happy here and grateful."
- We observed that both nominated individual and registered manager were involved with service and people. Staff knew them well and were comfortable chatting with.

- The registered manager understood their duty of candour, but there had been no incidents which were reportable under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.
- The registered manager completed notifications to CQC and the local authority when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were provided with opportunities to provide feedback to the registered manager on the quality of care provided. The registered manager used this feedback to improve the service.
- A healthcare professional wrote, "I think it is managed very well by the manager. The manager knows all the residents and when she has not been available, there is someone else appropriate to handover to, who is aware of the situation/need. The manager is hands on, is often present during assessments/handover, and will contact our team to follow up. I have never had any concerns about the manager and find her approachable, knowledgeable, caring and professional."

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  Failure to robustly provide safe care and treatment is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Failure to ensure systems were robust enough to demonstrate quality and safety was effectively managed, placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.