WT UK Opco 2 Limited

Rivermere Retirement and Care Home

Inspection report

64-70 Westerham Road
Bessels Green
Sevenoaks
Kent
TN13 2PZ

Tel: 01732748400
Website: www.sunrise-care.co.uk

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Rivermere retirement and care home is jointly managed by WT UK Opco 2 ltd and Willowbrook healthcare (which is part of the Brand Avery and is known operationally as Avery).

The service is required to have a registered manager as part of the conditions of their registration. 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. At the time of the inspection WT UK OPCO 2 ltd did not have a manager in post who was registered with the Care Quality Commission (CQC). Willowbrook healthcare had a registered manager in post. In terms of the day to day management of the service there was a registered manager in post and there was no impact on the people using the service. WT UK OPCO ltd took steps, following the inspection, to resolve this issue.

The service was registered to provide accommodation with care to older people and those living with dementia. The registered provider was also registered to provider the regulated activities treatment of disease, disorder and injury and diagnostics and screening. However, these regulated activities were unused as there was no nursing care provided at Rivermere. The registered provider agreed to cancel these regulated activities following the inspection.

This inspection was carried out on 18 October 2017. At the time of our inspection there were 49 people using the service. The service was structured into two units. The assisted living unit was located across two floors for older people and the memory care unit was located on the top floor for those who were living with dementia. There were 13 people living on the memory care floor. We previously inspected this service on in February 2017 when we rated the service requires improvement and made some recommendations about how the service could improve further. At this inspection we found that action had been taken in respect of all the recommendations we made.

People told us they felt safe using the service and had their needs met. Staff knew what action they needed to take to keep people safe. Risks to people's safety had been assessed and minimised to eliminate avoidable harm. One potential safeguarding matter had been reported through the complaints procedure rather than using the safeguarding policy. This was resolved during the inspection. We made a recommendation about this for future practice. The premises and equipment had been well maintained and there were effective systems in place to respond to emergencies. The service was kept clean and hygienic to reduce the risk of infection. People were supported to manage their medicines safely. We made a recommendation about the system for disposing of topical medicines (creams and lotions).

There were enough staff working in the service to meet people's needs. There were staff vacancies in the service that were being covered by agency staff. The manager had an ongoing recruitment plan to fill the vacancies. We made a recommendation about this. Staff recruitment procedures were robust and ensured that staff were safe and suitable to work in the service. Staff received training that ensured they were skilled

and competent to meet people's needs. There were opportunities for staff to develop their skills through qualifications. Staff were supported through supervision meetings and team meetings.

People had enough to eat and drink to meet their needs and they were enabled to make choices about their meals. They had care plans that ensured their health needs were met. People were supported to access relevant healthcare professionals and advice given was followed by staff.

People were asked for their consent to care before it was provided. Where people lacked capacity to make their own decisions the principles of the Mental Capacity Act 2005 were followed. People's right to liberty was upheld and staff understood their responsibilities to ensure people's human rights were upheld. The service had an effective policy for ensuring care provided did not discriminate in any way.

People received flexible and personalised care. They had been involved in developing and reviewing their care plans. People told us that their care was based around their preferred routines. Consideration had been given to the specific needs of people living with dementia when developing care plans and when planning the environment.

People told us they knew how to raise concerns about their care and they felt confident they would be listened to. There were a number of ways that people were supported to have their say about the service. The manager had responded appropriately to concerns, complaints and comments.

The manager and the registered provider had effective systems for monitoring the quality and safety of the service. They understood the risks and challenges the service faced and had a clear strategy to ensure continuous improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were safeguarded from harm and abuse, but we made a recommendation to ensure that safeguarding matters reported initially as complaints are appropriately reported. Risks to their wellbeing were assessed and appropriately managed.

There was a sufficient number of staff deployed in the service to ensure that people's needs and requests were met. However, high numbers of agency staff were still used in the service to cover vacancies. We have made a recommendation about this. Robust systems were used to recruit staff that were suitable for their roles.

People were given the support they needed to manage their medicines safely, but we made a recommendation about the system for the disposal of topical medicines.

The risk of the spread of infection in the service was minimised.

Is the service effective?

Good

The service was effective.

People had their health needs identified in their care plan and met. People were supported to access external health care professionals to meet their nursing and specific health needs.

Staff were in the process of receiving training appropriate to their roles. Staff were supported and supervised to carry out their roles effectively.

People were asked for their consent. Staff understood and followed the principles of the Mental Capacity Act 2005.

The premises were well maintained and met people's needs. People benefitted from a comfortable and clean environment.

Is the service caring?

Good

The service was caring.

People had their right to privacy and dignity respected.

People were supported by staff that treated them kindly and knew them well. Staff understood what was important to people and ensured they delivered support that respected people's rights and wishes.

People were encouraged and enabled to be as independent as they wished.

Is the service responsive?

Good

The service was responsive.

Improvements had begun to the systems for planning and reviewing peoples' care to ensure that people received care that was personalised. This had not yet been completed for everyone using the service. We made a recommendation about the implementation of this. People told us that they experienced flexible and responsive care that met their needs and wishes.

People were supported to take part in a range of social activities. They were encouraged and enabled to continue with their hobbies and interests.

People knew how to make a complaint if they needed to and complaints had been investigated and responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered provider had ensured that effective systems were in operation to monitor the quality of care. Systems for making improvements to the quality and safety of the care and treatment people received had been established and people told us that significant improvements had been made.

The leadership of the service was clear and staff and people told us they experienced an open culture that encouraged feedback.

The service enabled people to receive visitors and engage with their local community.

Accurate and meaningful records were maintained to enable the manager to monitor care delivery.

Rivermere Retirement and Care Home

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.

This inspection was carried out on 18 October 2017. The inspection was unannounced. The inspection team consisted of three inspectors and an expert by experience.

The registered provider had completed a Provider Information Return (PIR) to give us information about the service. We reviewed this before our inspection. We also looked at records that were sent to us by the registered provider and social services to inform us of any significant changes and events. We spoke with the local safeguarding team and other healthcare professionals to obtain their feedback about the service.

We looked at twelve people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and we reviewed staff files. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme.

We spoke with ten people who lived in the service and three people's relatives to gather their feedback. We also 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.
We spoke with staff from Avery including the regional manager, the general manager, the manager, two senior care staff, four care staff, one activities coordinator and housekeeping and maintenance staff. We spoke with the nominated individual for the registered provider following the inspection.

Requires Improvement

Is the service safe?

Our findings

People that were able to tell us about their experience of the service told us they felt safe. One person said, "I think they do the best they can. I feel safe and well looked after." Another person told us, "I feel safe; I don't have to feel anxious." Another person said, "There is not one of the staff that is not kind. There's no fault in this place at all. It's a beautiful place." People's relatives also confirmed that they felt their relatives were safe at the service. One person's relative told us, "I have never worried about her being here; it is such a relief."

People told us there were enough staff working in the service to meet their needs, but most people we spoke with commented that there were a lot of agency staff working in the home. One person told us, "The only problem is recruitment. They seem to get in a lot of agency staff. There is a high turnover of staff and a lot are leaving at the moment." Another person told us, "You can't always build up the same relationship with agency staff, but they do everything I need. People told us that staff came within a reasonable time when they called for assistance.

At our last inspection we made a recommendation that the registered provider ensure that staffing numbers were reviewed and increased as more people moved to the service. At this inspection we found that the numbers of staff provided on shift had increased in line with the number of people using the service and how many staff they needed to meet their needs. Sufficient numbers of staff were working across the three floors of the service to be able to meet people's needs and respond to their requests. A staff member told us, "There are enough staff working here at the moment. We do have time to spend with people. We do sit with the residents and talk and do little activities."

We saw that staff responded quickly when people called using their call bells or when people asked for support. Staff were visible in the communal areas of the home to supervise people and ensure their needs were met. The manager gave examples where staffing numbers had been reviewed in response to changes in people's needs. One person's needs had increased and they required two staff to help them move safely. This had been discussed at a daily meeting between the management team and the additional staffing arranged.

The manager told us that recruitment had been a challenge and that there continued to be a high use of agency staff, but that they used regular staff from the agency to ensure they got to know people and the routines of the service well. Agency staff were booked three weeks in advance, which provided some stability for the service. Staff saw agency workers as part of the team. One senior staff described an agency worker as "part of the team; she knows everyone here as well as I do, she's been working here two years." Another staff member told us, "Everyone is aware of the lack of staff. I do not think it has an impact on the delivery of care. We still provide good care, but are stretched to the limit. If more residents come it will cause a huge issue." The general manager told us that they were careful not to take new admissions until the staffing resources could be put into place. Following the inspection the manager informed us that they had successfully recruitment more care staff, which would result in less agency hours being used. We recommend that the registered provider continue to recruit to vacant posts to ensure a reduction in the use of agency staff.

The registered provider had followed robust procedures for the recruitment of new staff to ensure that staff were of good character and fit to carry out their duties. The manager had ensured checks were made of the agency staff used to ensure their suitability to work in the service. Staff employed to work permanently in the service were subject to thorough recruitment processes to ensure they were suitable and skilled to work with people. New staff were issued with a clear job description and a staff handbook. This meant that people could be assured that the staff caring for them were clear about their roles and suitable for the position.

People were safeguarded from harm and abuse. All staff had completed training in safeguarding. They were able to describe the action they were required to take to keep people safe and to report any concerns about people's wellbeing or treatment. Staff were confident that the manager and registered provider would respond to any concerns they raised, however staff were also aware of their right to use the whistle blowing policy to raise concerns externally if needed. One staff member told us, "Safeguarding is about protecting people from all kinds of abuse. I feel confident enough to approach management and they will deal with it properly. I know we can report concerns to the local authority or to CQC." Another staff member said, "I would feel confident to report any concerns. I feel happy approaching management and we can speak confidentially to independent people." We found that one safeguarding allegation had been investigated and responded to under the complaints policy, but had not been reported appropriately following the safeguarding policy. The manager reported it during the inspection and, following the inspection, we were notified by the local authority that it had been investigated and found to be unsubstantiated. We recommend that the manager review the complaints system to ensure that it identifies any potential safeguarding matters.

Risks to individuals safety and wellbeing had been assessed and action taken to reduce the risk. For example, risk assessments were completed for the risk of falls, skin breakdown, poor nutrition and social isolation. Falls risk assessments took account of appropriate footwear, walking aids and infection risks and other health needs. A 'clinical risk indicator' had been completed monthly covering falls, pressure damage, mental health and continence. Where risks were identified, there was a related care plan. The manager carried out weekly analysis of falls to ensure that any trends were identified and avoidable risks removed. One person had recently had the number of falls they experienced significantly reduced as the manager had identified they were not taking a prescribed medicine consistently. Additional staff support had been put in place and the number of falls had reduced.

Staff knew who was at risk of developing pressure wounds and they were clear about the action they needed to take to ensure they were helped to change their position frequently to relieve pressure. Staff had made checks of people's pressure relieving mattresses to ensure they were working correctly and were set at the correct level for each individual. The correct setting for the mattress for each person was recorded on the control panel. Where risk assessments identified a person was at risk of malnutrition or dehydration monitoring charts had been implemented and the GP contacted for advice. People at risk of social isolation had been referred to the activities coordinator who ensured they had a plan for 1-1 activities that met their preferences.

The premises were well maintained to ensure they were safe and comfortable for people to live in. People's bedrooms were spacious to allow them to move around safely. Equipment needed for people's care and treatment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Maintenance staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. Maintenance staff completed a weekly health and safety check of the premises and took action to address

areas that required repair or improvement. Each person had an evacuation plan and staff had been issued with a copy of the evacuation procedure. The fire alarm system had been regularly tested. Fire drills were carried our regularly and where concerns were identified another drill took place. For example, a fire drill in June identified that the initial investigation team failed to locate and reset the call point. There was a follow up fire drill two weeks later that showed the response had improved.

People were supported to manage their medicines safely. They told us they were given their prescribed medicines when they needed them. Some people managed their own medicines and staff reviewed this regularly to ensure it continued to be safe for them to do so. Some medicines were prescribed on an 'as required' basis (PRN), for example pain relief medicines. People were asked about their pain and if they needed pain relief. There were clear protocols in place so that staff knew when to give these medicines. Staff that administered medicines had been trained to do so and the manager had made a check of their competence through observation and questioning. Staff reviewed medicines administration records (MARs) after each medicines round to ensure all medicines were administered and recorded. We observed medicines being administered to ten people and saw this was carried out in a caring manner. Staff knew how people liked to take their medicines. Medicines were administered on time and MARs were signed after they were given.

Medicines were stored securely and at the correct temperature. The medicine rooms were clean and organised. Medicines received into the home were recorded and an accurate audit record maintained. There was a process in place for recording and disposing of unwanted and expired medicines appropriately. Creams and ointments were not being dated when opened. The service had a four week disposal policy, but this would not include medicines that could be stored for longer periods of time. We recommend that the manager ensure all topical medicines are dated when opened to ensure a correct date of disposal.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. There was a team of housekeeping staff that worked in the service seven days a week carrying out a daily and weekly cleaning schedule for all areas of the service. This included deep cleaning of areas of the home and carpet cleaning. The manager used a weekly cleaning standards audit. The laundry was clean and organised in a way that reduced the risk of infection spreading. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff we spoke with understood infection control practice concerning the environment and the importance of effective handwashing in reducing the risk of infection. One staff member told us, "If someone has an infection we make sure they are isolated and receive room service until it is cleared." Staff understood and followed safe procedures for managing soiled laundry and clinical waste and used personal protective equipment when needed.

Good

Is the service effective?

Our findings

People told us that their needs were met and staff were skilled in carrying out their roles. One person told us, "They absolutely meet my needs to the best of their ability." Another person said, "It's good. Staff couldn't be nicer. The staff are delightful. I'm very well looked after. I couldn't rubbish them on anything." Another person said, "Everything suits me beautifully. The staff are very good and very obliging."

At our last inspection we made a recommendation that the registered provider continued to implement the planned training programme and established ways to ensure the learning is applied by staff consistently. At this inspection we found the training programme for all staff, which had begun at our last inspection, had been successfully rolled out. Staff told us that the training was effective and helped them carry out their role. One staff member said, "I definitely think I have had sufficient training. The training is good. It is face to face training and this is complimented by the online training." Induction training for new care staff was carried out over four days and was followed by a minimum of three days of shadowing a named buddy. The training programme included safe moving and handling, communication and customer service, nutrition and healthy eating, dementia awareness, health and safety, the values of care, safeguarding and pressure ulcer prevention.

A regional trainer and dementia specialist were allocated to the home and had devised the training plan and had responsibility for monitoring effectiveness. This had included developing a member of care staff as an internal trainer. The rota showed they were assigned time on the staff rota for delivering training and associated administrative duties such as marking and planning. Staff were required to demonstrate their understanding at the end of each training session. Staff were able to demonstrate how they had used the training they had completed to improve their practice. For example one staff member told us, "In the dementia training they create a dementia environment so that you can sort of feel what it is like to have dementia. This was brilliant as it gave me an understanding on how it impacts on people lives. I can imagine how they feel and I take a lot more time with people now."

All staff had completed, or were completing, the Care Certificate. The 'Care Certificate' was introduced in April 2015. It 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. Staff were supported to go on to obtain other qualifications relevant to their role, such as a diploma in health and social care. Activity staff had access to a regional support network of activity staff which included training specific to their role. Staff had received regular supervision sessions with their manager. This included individual and group supervision meetings which focused on performance, job coaching and staff development needs.

People received care that ensured their health needs were identified and met. People had a planner in their care plan to ensure that routine health check ups were booked. People were provided with support to attend their health appointments. For example, on the day of the inspection arrangements were being made with one person for a staff member to support them to their next hospital appointment. Another person told us, "The district nurses come as and when needed and weekly. They are really fantastic. The GP comes in on Tuesday. I like him. If I need to go to hospital, I get patient transport. I organise it." Senior staff told us that

there was effective communication with the district nursing team who came in as needed to provide nursing care, such as wound dressings and to change catheters. Where specific health needs were identified, for example a urinary tract infection, a short term care plan had been implemented until the issue was resolved. People had care plans for all areas of their health needs including weight loss and managing diabetes. Staff held a handover meeting at the beginning of each shift where they discussed people's needs and checked the delivery of their care.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and the principles of the Act were displayed in the staff offices of the service. 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. Staff we spoke with were able to describe the main principles of the legislation. Where a mental capacity assessment showed that a person did not have the mental capacity to make a certain decision, a meeting was held with appropriate parties to decide the best way forward in their best interests. For example, in relation to receiving medicines or to consent to chiropody. Best interest decisions were recorded appropriately as part of people's care plan. However, we found that some historical mental capacity assessments, that did not relate to a specific decision, had not been removed from people's care plans. The manager removed these during the inspection. We saw that consent was sought before care was provided and people were supported to make their own decisions about their care. Staff told us that they respected people's right to make their own decisions. One staff member said, "If people choose not to have care that is okay and we can come back later."

People's right to liberty was promoted and staff understood and followed legislation and safeguards in place in relation to this. 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. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to go out unaccompanied. The registered provider had considered the least restrictive options for each individual. Staff were aware of the people that were subject to DoLS restrictions and any conditions to the authorisation.

People's dietary needs and preferences were met. Staff had assessed people's nutritional needs and had written care plans to support them to eat and drink sufficient amounts to meet their needs. Assessments took account of preferred portion sizes and whether any finger foods or adapted cutlery would be required to promote independence. Where specialist advice was required, for example from a dietician, this had been sought and recorded in the care plan. Records showed that specialist advice had been followed consistently. People were provided with a varied diet and were enabled to choose what they ate and drank. Most people told us they enjoyed the meals. One person said, "The food suits me well. There's a choice; always a choice." Another person said, "The food is very good. Whoever cooks it, it's beautiful." A person told us, "The food is very good. Residents can attend dining room meetings to discuss the food and the menu. There is also a dining room comments book." One person told us they had attended Residents' Meetings and had spoken to the chef about the food. They went on to say that there was a recent Turkish takeaway night when food was brought in from a local restaurant. They said it was "absolutely delicious" and hoped it happens again. People enjoyed a relaxed dining experience. The meals were well presented and people were able to choose from a range of options. There were snack baskets and drinks facilities situated around the home for people to use.

Staff considered people's rights and needs in relation to their human rights and equality and diversity. The registered provider had a policy for ensuring that the service did not discriminate against people in relation to their age, cultural background, gender, sexuality or disability. 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. 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 such as the right to a private life. People's spiritual and cultural needs were met. There was a cultural and spiritual care plan for each person. Where relevant this highlighted the importance 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.

The service was designed and decorated to meet people's needs and suit their tastes. Recently some areas of the service had undergone a full refurbishment and provided a very modern and comfortable environment for people to use. This refurbishment work was ongoing to include the rest of the home. People had a choice of communal areas where they could spend their time. On the assisted living floors there were two lounges and a large dining room and bistro on the ground floor. The ground floor lounge was spacious and had comfortable armchairs and a large screen television. There were newspapers on tables in both the lounge and the bistro, with a selection of books and DVDs. The lounge on the first floor was also spacious with comfortable armchairs and was mainly used as an activity lounge with music playing and a range of activities and crafts available. The memory care unit on the second floor provided a large dining room, lounge and activity space. There was a bridal sensory station, a baby area for doll therapy and two work desks in the hallways. Signage was fitted to help people find their way. People in the memory care unit had access to a balcony terrace garden.

Good

Is the service caring?

Our findings

People told us they found the staff to be caring and kind. One person told us, "The staff are very good. They are kind, efficient and caring." Another person told us, "The carers are brilliant. I can't knock the carers. The support and care is second to none." A person's relative told us, "The staff here are sweet and nice." Another person said, "All the staff, including agency staff, are caring and friendly."

Staff had developed positive relationships with people and treated them kindly. Staff were patient when providing support and ensured it was at an appropriate pace for each person so that they did not feel rushed. Staff spent time talking with people. It was evident that the staff that worked permanently in the service knew people well and understood what was important to them. A person told us, "Staff will pop in and sit and chat at times, I enjoy that." Information about people's life history had been recorded in their care plan. A staff member told us, "Reading their life story gives a good perspective and we can provide activities around their history, likes and dislikes." The manager described work that was being done with people to develop a picture version of their life story that could trigger happy memories and aid discussion with staff.

Staff were sensitive to people's needs and feelings. They reassured people if they were anxious and regularly checked if they were comfortable and needed anything. We saw staff engaging with people in a positive way, for example a staff member walking towards a person smiled and put their hand out. The person gave them a high five and the staff gave the person a hug. Staff spoke with people in a respectful way and addressed them by the name they preferred. We saw a staff member encouraging a person to play the piano, a few notes at a time, and they were playing alongside. The person appeared thrilled to be playing and was able to repeat the notes they had been taught. The person commented how much they liked the two of them playing together. One person told us they had been supported to get a dog to live with them in the home. They received support from staff to walk the dog and let it out at night. The person said having the dog "has changed my life." They described how this had encouraged them to walk more and as a result their mobility had improved. We saw that staff supported people that needed help to eat in a sensitive way. They provided discreet support whilst talking and smiling with the person.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. We saw staff knocking on people's doors before entering their rooms and waiting to be invited. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these. There was a visiting hairdresser or people could choose to go out to a salon. People's care records were kept securely in the office to maintain confidentiality of their personal information. Staff held handover meetings in the staff room and were careful not to discuss people's needs in front of others.

People were supported to maintain contact with their family and friends and develop new relationships as they wished to. One person told us, "I more or less please myself. I always let them know if I'm going out with my daughters." There were lots of opportunities for people to socialise and meet new people within the service. People told us they could receive visitors when they wished and could see them privately in their

own rooms or the visitors lounge.

People had been involved in planning and reviewing their care and were enabled to make their own decisions. The care plans we saw showed that people had been consulted about their care and their wishes had been followed. This included where they wished to continue to manage their own medicines or aspects of their own care. Staff encouraged people to do as much as possible for themselves. We saw that people's care plans contained information about what they could do for themselves and areas in which they needed supported. People told us they were able to do things for themselves. We saw people helping themselves to drinks and snacks at the bistro during the day. People said they were able to go out when they wanted to. One person said, "I can come and go. I go out with friends sometimes; out to lunch."

There was one person receiving end of life care at the time of the inspection. Practitioners from the local hospice visited the person regularly and oversaw the delivery of the care plan including the use of pain relief medicines. The person told us they were comfortable and provided with good care and that staff were attentive to their needs. 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.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff listened to them and took account of their preferences when providing their care. One person told us, "They came and visited me at home to find out what I needed before I moved here." Another person said, "I can get up at a time that suits me, there aren't any rigid routines." People told us that staff responded quickly when they needed assistance. One person said, "I don't wait long when I ring my bell. There are always staff around if you need them."

People had an assessment of their needs before they moved to the service. They were asked about their needs and what they would need help with. The assessment covered all areas of their needs including personal care needs, social needs, emotional needs and their health. Each person had a care plan written that was based on these needs. The care plans had improved since our last inspection to include further detail about how to meet their needs. For example, the care plans to address people's social needs had been further developed to include information about their hobbies and interests. We saw that staff used this information in discussions with people and when providing social activities. People's care plans showed staff had considered the causes of anxiety and frustration for people. Plans were in place to direct staff how to respond on an individual basis for each person. People had care plans that identified their needs and preferences for their care at night. Staff on the memory unit had a good understanding of the specific needs of people living with dementia. They provided appropriate support at the right pace for people. They were sensitive when responding to moments of memory loss and followed best practice guidance when responding to these. Staff spent time with people providing companionship and reassurance when people were anxious or confused.

Care plans had been regularly reviewed and updated in response to people's changing needs. A resident of the day system was used to ensure that people had a full person centred review of their care each month. This was a review of the service by all departments in the home, including catering, housekeeping and property maintenance. A staff member told us, "We do a resident of the day and review the care plan, medicines, check the person's weight and to a deep clean of their room. This is all with the resident." We saw that evaluations had been carried out of each care plan monthly. These recorded if there were any changes to a person's care. We discussed with the manager that further improvements could be made to the evaluations to comment specifically on how successful the plan had been and the impact it had had on the person's wellbeing.

Staff were responsive to people's needs and requests. We saw that staff were available in shared areas of the service to supervise people and respond to their needs. Staff attended to people quickly when they called using their call bell. Staff provided support to people at the time they preferred. For example, we saw that staff went to see if a person wanted help to shower, but agreed to come back later at the person's request. Staff reported concerns about people's wellbeing or changes in their needs to senior staff. A handover meeting was held at the end of each shift to share information with staff coming into work. A staff member said, "We communicate concerns or issues through handover. We have allocated residents each to care for. It does not matter if a call bell goes and it is not your allocated resident we have to go."

People were supported to spend their time how they wished. There was a wide ranging programme of group activities provided that included memory games, quizzes, flower arranging, walking club, baking, Pilates and Tai Chi. There was also a monthly entertainment programme with singers, performers, outings and themed evenings. People told us they felt they were supported to remain active members of their local and wider community. Most people told us that they enjoyed the activities provided. One person said, "People come in to perform musical entertainment, which I really enjoy. I also enjoy the "This is your Life" feature." Another person said, "There are a lot of activities." However, there were some comments made where people felt the activities could be improved. One person said, "Scrabble is the best game we play, but I enjoyed it when we had more advanced quizzes." Another person said, "There is not much going on at weekends." The activities team leader told us, "We build up ideas and have meetings with people about what they want to do and we obtain feedback after an activity. For example, we had a memory game last week and the residents told us they did not like it so we changed the game the following week." We recommend that the manager continue to seek feedback from people about the ongoing improvements to activities.

We saw that people were engaged in a range of activities during our inspection including a Tai Chi and meditation session with an external provider. People were using the bistro to socialise with visitors and others were watching a film or taking part in a baking activity. The service used the 'Daily Sparkle' newspaper with people to engage with them and promote their memories. People that remained for long periods of time in their rooms told us that staff visited them regularly to carry out 1-1 activities of their choice. One person said "They spend time with me in my room, we play scrabble." Staff gave examples of how they tailored activities to people's needs. They told us, "We engage on a one to one basis with each resident. If we find that it is not working than we can try another staff member. It is important that we match people correctly with staff." They also told us, "I built up a relationship with [the person] over the last few weeks. They are withdrawn and do not want to take part in group activities. A relative brought in some old photos. We spoke about one of them for a good 40 mins." Staff and people described the themed weeks that were held in the service. One staff told us, "Each month we have a themed week. The last one we had was an art week. We had a professional artist come in and run some activities. It ended with a trip to a gallery in Margate." Other themed activities were based on a beach theme, ending with fish and chips in Hastings and railways, which ended with a trip on the local steam railway.

People and their relatives were aware of how to make a complaint if they needed to. One person told us, "I would go to [the manager or general manager] with issues. I would have no qualms about that. They listen, hear and, I hope, act." Another person told us, "I will not hold back. I let them know how I feel. If I have an issue, I speak to the manager." Information about how to complain was provided for people in the brochure and in the reception area of the service and the entrance to each unit. There was a record of complaints received and a tracking form that prompted compliance with the policy timeframe. Feedback was given following complaint investigations and apologies provided as necessary. People told us that they felt confident any concerns they raised would be taken seriously.

People were encouraged to give feedback about the quality of the service through a range of forums. There was a suggestions box in the reception area and people were invited to complete and annual quality questionnaire. People were invited to attend resident meetings where feedback was given about improvements made to the service and suggestions sought. People had a monthly opportunity to feedback on all aspects of their service through the resident of the day system.

Good

Is the service well-led?

Our findings

People told us that the service was well led. One person told us, "I like it here. I wouldn't like to be anywhere else. Avery is doing a brilliant job." Another person told us, "I think it's well managed. There is more communication opportunity for residents since Avery took over. I have been involved in discussion about the refurbishment and gardening." Another person said, "Latterly, I feel that more notice has been taken and there's been improvement."

The service is jointly managed by WT UK Opco 2 ltd and Willowbrook healthcare (which is part of the Brand Avery and is known operationally as Avery). As part of their registration both registered providers are required to have a registered manager as part of the conditions of their registration. 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. WT UK Opco 2 ltd did not have a manager in post who was registered with the Care Quality Commission (CQC). Willowbrook healthcare (Avery) had a manager in post who was registered with the Care Quality Commission (CQC). In terms of the day to day management of the service there was a registered manager in post and there was no impact on the delivery of care for people that used the service. Subsequent to this inspection, WT UK Opco 2 Ltd informed us of action taken to ensure that the same person was registered as the manager for both providers, and an application for continuation of registration has been received by CQC.

The service had a set of vision and values that focused on providing personalised care. People were positive about the culture of the service and felt these values were being reflected in practice. One person told us, "[The manager] makes it well managed. I think she deals with things really well. With her it is the right way or no way and she is consistent." Where people had raised complaints the manager had kept a record of the action taken and the responses given. Where there had been a shortfall in service delivery they had apologised and outlined the action taken to put things right. Staff told us of a positive culture in the service and that they felt involved in developing the home. One staff member told us, "Their door is always open and if you have got a problem you can always talk to them about it. The care plans are a lot better since Avery. Things are a lot better." Another staff member said, "I do love working here. I feel it has got a lot better over the past year." Staff told us they felt they would be listened to if they raised concerns. A staff told us, "We have general meetings where we can express concerns and identify improvement. There is a yearly staff survey we can complete."

There was a clear leadership structure in the service and staff understood what they were accountable for. There was a vacancy for coordinator for the memory care floor and this was being advertised. A manager from another area of the organisation had been seconded to provide cover for this role. The service had clear policies and procedures for staff to follow when they needed to refer to them. Staff understood the key policies for the service and the manager discussed changes in policies within team meetings and handovers. The registered provider was aware of updates in legislation that affected the service and communicated these to staff effectively. The registered provider had met the requirement to notify the Care Quality Commission of any significant events that affected people or the service. The registered provider had

demonstrated that they had been open and honest with people and their families.

Systems were in operation to ensure that incidents in the service were monitored to identify any trends. This meant that the manager was able to identify where risks could be further reduced. A weekly clinical risk report was completed and a meeting held with the manager and senior care staff to discuss current risks and concerns. The records showed that this included a discussion of all individual risks, including infections, wounds, poor nutrition or changes in need and dependency. Actions were agreed and recorded and care plans updated as needed. The manager had a programme of audits for the year that focused on different areas of service delivery each month. A full audit of service had been carried out by the registered provider in October. The manager told us they had received feedback that the service had improved and they were awaiting the full report.

The service had a plan for the ongoing development of the service. This included continuing with refurbishment of the premises, continuing to review and expand care plans to ensure they are detailed and person centred and improving the social activity provision. Staff and people were aware of and talked about these plans. Positive feedback was received from people about the improvements made to the premises. Staff fedback that improvements to care plans had made it easier to provide consistent care. Staff in the activity team spoke positively of planned improvements to provide more themed activities and more outings. The manager had a clear commitment to the service. They were aware of the risks and challenges to service delivery, which were mainly in relation to staff recruitment, and they were able to describe a robust strategy to address these. Whilst staff recruitment remained a challenge the manager demonstrated that they had taken all reasonable steps to attempt to fill vacancies. This included incentive schemes, payment of travel for staff and a review of payments. Improvements had been made to the staff vacancy numbers in the service and the manager showed us this had continued to improve immediately following the inspection.

Accurate and meaningful records were maintained in the service about people's care. These allowed the manager to monitor that people had received the care they needed and also to identify changes in needs or where a care plan may no longer be effective. Records completed by staff were detailed and reported on all aspects of people's wellbeing. Staff saw the completion of charts, such as fluid and repositioning charts, as a shared task for which they were all responsible. Charts were completed consistently and accurately. The manager ensured that other records for the purpose of running the service were maintained. This included staff training and recruitment records, health and safety records and audits and checks.