

Amara Homes Limited

Kelstone Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection on 13 and 14 June 2017. This was the first inspection of the service under this provider. The provider registered this service with the Care Quality Commission on 5 May 2017. The service was previously registered under a different provider. You can read our inspection reports for the service under the previous provider by selecting the 'all reports' link for 'Kelstone Court Nursing Home' on our website at www.cqc.org.uk.

Kelstone Court Nursing Home provides accommodation, personal and nursing care to up to 30 older people. At the time of our inspection 25 people were using the service, some of whom were living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had previously managed the service under the old provider.

The registered manager had not adequately assessed, identified and managed risks to people's health and safety. Risk management plans were not always updated in line with changes in people's needs and did not always provide clear information regarding the support people required to manage those risks.

Clear, detailed and specific care plans were not always maintained. Care records were standardised and had not been tailored to people's individual needs. Information was not always clear about the level of support people received or how this was to be delivered.

The provider had organised for an external consultant to review the quality of service delivery and had developed an improvement plan in response to the findings of this review. The registered manager had undertaken some audits on areas of service provision, however, at the time of our inspection a robust quality assurance process was not in place.

A suitable environment was not in place throughout the building that met people's needs. The environment was looking tired with areas requiring redecoration due to worn carpets, damaged and stained paintwork. The provider had a complete refurbishment planned which was starting the day after our inspection. We recommend the provider consults national guidance on how to provide a dementia friendly environment to help people with dementia navigate around the service.

There were sufficient staff to meet people's needs and the provider followed robust recruitment processes. Staff were knowledgeable about safeguarding adults procedures and escalated any concerns to their management team. Safe medicines management processes were in place and people received their medicines as prescribed.

Staff had the knowledge and skills to undertake their duties, and the provider had plans to further strengthen and develop a training programme for staff. Staff adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) authorisations. People's nutritional, hydration and healthcare needs were met. Staff supported people to access healthcare services and followed advice provided by healthcare specialists.

People were encouraged and empowered to make choices about their care and how they spent their day. The majority of staff were knowledgeable about the people they were supporting and what was important to them. Staff respected people's privacy and dignity.

Staff provided people with the support they required and at a pace they were comfortable with. Staff were aware of what support people required and provided them with this. Staff encouraged people to be as independent as possible. A wide range of activities were delivered by staff to ensure people had opportunities to be stimulated and engaged. This included a weekly trip to the pub for lunch which was very popular.

Staff felt well supported by the registered manager and new provider. Processes were in place to manage and respond to any complaints received. The provider welcomed feedback from people and relatives and was holding a BBQ the weekend after our inspection to further engage with relatives.

We found the provider was in breach of legal requirements relating to safe care and treatment and good governance. You can see what action we have asked the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Staff had not adequately identified and mitigated the risks to people's safety. Individual risk assessments had not been reviewed and updated in line with changes in people's needs.

There were sufficient staff to meet people's needs. Staff were aware of safeguarding adults processes. People received their medicines as prescribed.

Requires Improvement 

Is the service effective?

Some aspects of the service were not effective. A welcoming and pleasant environment was not available throughout the service which met the needs of the people living there. We recommend the provider consults guidance on creating a dementia friendly environment.

Staff had completed the previous provider's mandatory training and the new provider was in the process of arranging an ongoing training programme to ensure staff had appropriate knowledge and skills.

Staff supported people in line with the Mental Capacity Act (MCA) 2005. The management team followed processes regarding Deprivation of Liberty Safeguards (DoLS).

Staff were aware of people's nutritional needs and monitored food and fluid intake for those at risk of malnutrition and dehydration. A GP visited the service weekly and staff liaised with specialist healthcare professionals when required.

Requires Improvement 

Is the service caring?

The service was caring. Staff treated people with dignity and respect. Staff engaged people in meaningful conversations. We observed staff enabling people to maintain as much independence as possible and staff supported people at a pace people were comfortable with. People's privacy was maintained and personal care was delivered in the privacy of people's bedrooms and the service's bathrooms.

Good 

Is the service responsive?

Good ●

The service was responsive. Staff were knowledgeable about people's needs and the level of support they required. Staff followed advice provided by healthcare professionals. The majority of staff were familiar with the people they supported, including their interests and preferences.

A wide range of activities were provided including group and one to one sessions. There were activities delivered at the service, as well as opportunities to access the community.

A process was in place to record and respond to complaints.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. Accurate, complete and contemporaneous care records were not maintained and care plans did not provide clear and detailed information about people's needs.

The provider had arranged for an external consultant to review the quality of service provision. However, there was not a robust quality assurance system embedded at the service.

Staff, people and relatives felt well supported by the provider and felt the changes being made were improving service delivery.

Kelstone Court Nursing 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 checked 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.

We undertook an unannounced inspection on 13 and 14 June 2017. The inspection was undertaken by an inspector, assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. These are notifications about key events that occur which the service is required to send us by law.

During the inspection we spoke with nine people, three relatives and seven staff. We reviewed five people's care records and three staff records. We review records relating to the management of the service and reviewed medicines management arrangements. We undertook general observations and used the short observational framework for inspection (SOFI) during lunchtime in the communal lounge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

One relative told us, "[Their family member is] very safe. They staff are very good." A person said, "Oh yes I feel safe here."

Nevertheless, the registered manager had not adequately assessed and identified the risks to people's safety. Risk assessments were completed and available in people's care records. However, these assessments were not always reviewed in line with changes in people's needs. We also observed that information about risks to people's safety were not sufficiently managed or addressed through care planning. The care plans in place to manage risks were not detailed or specific and provided conflicting information. For example, one person's mobility care plan stated they needed support from one staff member to transfer and used a zimmer frame. Whereas, their moving and handling risk assessment stated they needed the support of two staff and used a hoist. From speaking with the registered manager it was clear this individual was being nursed in bed due to deterioration in their health, but this information was not captured in the risk management documentation. People's mobility management plans did not provide sufficient information about the type of hoist they required or size of sling to safely transfer the person. Some people at the service had pressure ulcers and as part of their risk management required support to reposition to alleviate pressure areas. The repositioning charts we viewed did not consistently record the regime and the frequency of repositioning which means there was a risk that the person's skin integrity would be further compromised.

The provider had not sufficiently assessed, identified and managed the risks to people's safety. They were in breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Overall a safe and secure environment was provided. Number locks were on doors to restrict people's access to rooms which might pose risks to their health and safety, including the kitchen and laundry areas. Window restrictors were in place to prevent injury to people falling from height. Alarms were on fire exits to alert staff if people left the building. On the second floor there were steep concrete stairs down to the fire exit. We discussed with the provider the risk of injury to people if they accessed this area. They agreed that the area posed a risk to people's safety and by the second day of inspection had restricted access to this area, whilst still enabling easy exit in the event of a fire. We observed that clinical waste kept outside was not in locked bins. People were able to access this area. The provider assured us they would remind staff to ensure all outside bins were kept locked to reduce the risk to people of accessing clinical waste. The provider had contracted a plumber to undertake work at the service over the summer to replace all the radiators to ensure they were safe and in good working order. Monthly water temperatures were taken by staff which showed some taps in some people's bedrooms were above the recommended safe water temperature and there was a risk that people would scald themselves. As part of the planned plumbing work the provider had arranged for thermostatic valves to be installed at all hot water outlet to which people had access, to reduce the risk of people being scalded from hot water.

Staff were aware of safeguarding adults policies and procedures. They assured us they would raise any concerns to their manager and escalate their concerns if required. The provider told us they had introduced

themselves to representatives from the local authority safeguarding team and had begun to develop relationships with them. We noticed one person had bruising to their hands and arms. Their care records did not contain any information in relation to the bruising and recent incident records relating to the individual did not state any injury sustained. However, the registered manager was able to describe to us how the bruising was sustained. On the same day as the inspection the registered manager took photos of the bruising and documented the injuries sustained so these could be monitored.

People received their medicines as prescribed. Medicines were stored securely, including controlled medicines. Records were kept of all medicines administered and accurate stocks of medicines were maintained. There were processes in place to ensure secure disposal of medicines. A pharmacist from the Clinical Commissioning Group was working with the service to review people's medicines and where people's medicines could be reduced their prescriptions were reviewed.

The provider had arranged for a new pharmacy to support the service with medicines management. They had also arranged for the pharmacy to provide regular medicines management training and undertake audits.

There were sufficient staff on duty to meet people's needs. The provider informed us there had been a high turnover of staff when they first took over the service to ensure suitable staff were employed to meet people's needs. Robust recruitment procedures were in place and the provider undertook checks prior to staff starting employment. This included obtaining references from previous employers and undertaking criminal records checks. Induction processes and probation periods were in place to ensure staff employed were suitable and had the knowledge, skills and values to undertake their roles.

Staffing levels were established based on people's needs and their dependency levels. Due to the current vacancies in the staff team, the provider was using some agency staff and their own bank of staff to cover shifts and ensure suitable numbers of staff were on duty. As much as possible the provider used staff that were familiar with the service and worked regular shifts so they knew the provider's policies, procedures and expectations, as well as the people they were supporting.

Is the service effective?

Our findings

A suitable environment was not in place throughout the service which met people's needs. Some work had been undertaken in the communal hallway and the provider had a programme of work planned to upgrade the environment throughout the building. At the time of inspection there was an odour in areas which the provider had identified was due to the carpet. The carpet was also stained and worn in areas and the decor of the home was looking tired. The day after our inspection work was due to start to replace the flooring throughout the home. A full redecoration of the service was also planned. The communal hallway had already been painted and there were plans to decorate throughout the service. The provider had met with people to identify what colour they would like their room to be painted. Staff had also asked people and family members what colour their home's front door was, so their bedroom door could be painted the same colour. They were also planning to install memory boxes outside of people's bedrooms, and change the colour of bathroom doors to help people with dementia navigate around the service. At the time of our inspection a dementia friendly environment was not available with poor signage, heavily patterned carpets and a lack of distinguishable areas.

We recommend the provider consult national guidance on creating a dementia friendly environment.

Staff had the knowledge and skills to undertake their role. Staff had completed the previous provider's training or training through previous employers which included safeguarding adults, Mental Capacity Act 2005, food hygiene, first aid, fire safety, health and safety, and moving and handling. The nurses on duty told us they had completed medicines administration training through another provider within the last year, however, the registered manager did not have a record of this training. We also saw, that apart from one nurse, there was no record of medicines administration training being completed by the other nurses employed. The provider informed us this training was out of date but they had organised for this to be delivered. The provider was in the process of developing an ongoing training programme for all staff to ensure staff were up to date with the provider's mandatory training and received regular refresher courses.

In addition, the provider who was clinically trained, the registered manager who was a registered nurse and the GP who worked with the service provided two weekly training sessions to care staff to increase their clinical knowledge, for example in relation to diabetes, pressure care and continence care.

The provider's expectation was staff would receive supervision every two months or more frequently if it was required. At the time of our inspection the registered manager was supervising all staff. The majority of staff were receiving two monthly supervision. The provider told us there were plans to delegate this task, for example so the registered manager supervised the nurses, and nursing staff supervised the care staff. The provider felt this would enable a more manageable process and ensure all staff received timely supervision.

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 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.

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. The application procedures for this in care homes and hospitals 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. Staff we spoke with were knowledgeable about their responsibilities under the MCA and adhered to the principles within the Act. Staff ensured people consented to their care prior to providing support. Staff were aware that people's capacity to consent could vary depending on the decision to be made and varied due to the effects of their dementia. When people were unable to make decisions, best interests' decisions were made on the person's behalf by staff in discussion with the person's family members and other health and social care professionals involved in their care.

Many of the people using the service had restrictions in place which were authorised under DoLS in order to maintain their safety. The registered manager was aware of when these arrangements needed reviewing and had applied to the local authority for them to be reviewed to ensure they were still appropriate.

One person said, "The food is amazing. Really very good. The chef comes out too and talks to you." Another person told us, "The chef comes up to me each day and tells me what is on the menu. Initially he used to give me pasta. But I told him I don't like it. Now he doesn't serve it! The food is brilliant. The chef tries to accommodate everyone and does a pretty good job." Staff were knowledgeable about people's nutritional needs. This included supporting people with special dietary requirements. The registered manager referred people to a dietitian if they had concerns about their nutritional needs or if people were observed as losing weight. Staff also liaised with speech and language therapists about people's specific needs, for example if they were at risk of choking. Staff supported people in line with the advice provided by specialist healthcare professionals including providing fortified meals or pureed meals for those that required them. Food and fluid intake charts were maintained so staff could review people's nutritional and hydration intake and staff highlighted any concerns to the nurse in charge so further advice could be sought.

A GP visited the service weekly. People were aware the GP visited and those that were able to informed staff if they would like to see the GP or if they were feeling unwell. Staff monitored people and asked the GP to review any person they felt was becoming unwell. In addition to the GPs weekly visit they came to visit as and when people required it in order to provide a responsive service and meet people's primary health needs. Staff liaised with specialist healthcare providers if people needed additional support. Staff also supported people to attend hospital appointments and they told us they were confident to call an ambulance if they felt people needed more urgent health care.

Is the service caring?

Our findings

One person told us in regards to the staff, "Oh yes they look after me very well." A relative said, "They are very good here."

There was varying levels of knowledge within the staff team about the people they were supporting. Some staff were extremely knowledgeable about the people they were supporting including knowing their families, their previous occupation, significant events in their life, their interests and what's important to them. Other staff did not have as in depth knowledge about the people they were supporting. The provider told us they had started to hold weekly meetings with the nursing and care staff at which they would discuss a person each week and share information and knowledge about the person. This included discussing the person's support and health needs as well as getting to know the person.

Some people required assistance from staff at mealtimes. We observed this support was provided in a kind, caring and patient manner. Staff sat next to the person and communicated with them throughout the meal so the person knew what to expect and what food was being served. People were supported at a pace they were comfortable with and staff checked with the person before providing them with another spoonful. Staff respected a person's decision and if they did not want a particular part of their meal staff did not insist they ate it, instead offering them an alternative. Staff supported people's independence at mealtimes. For example, we observed one person needed orientating and informing it was lunchtime. Staff encouraged the person to start eating but once the person was comfortable they gave the person the space and time to finish their meal.

Staff offered people choices and enabled them to have as much control as possible about their day and what they did. Staff supported people to make decisions regarding their daily routine, what clothes they wanted to wear, how they spent their time and where they spent their time. People had free access to move around the service. We observed people using a variety of spaces including the main lounge, the garden and their bedrooms. Staff took the time to understand why people were making certain choices. For example, we observed one person wanted to take their shirt off in the communal hallway. The staff spoke to the person and identified the person was hot. It was a particularly hot and sunny day. Staff assisted this person to put their shirt back on to maintain their dignity and went to get them a cold drink to help cool them down.

People's privacy and dignity was respected. Staff supported people with their personal care in the privacy of their room and were careful not to speak about people's needs in front of others. The service had recently been visited by the local dignity in care group who felt people's dignity was maintained.

People were encouraged and supported to maintain relationships with their friends and families. The provider did not have any restrictions on visitors. We observed many people having visitors throughout the two days of our inspection. The visitors told us they were welcomed by staff. The staff also encouraged relatives to join in activities. For example, relatives were welcomed to join the regular pub lunch outings and the provider was having a BBQ at the weekend which families and friends were welcome to attend.

Is the service responsive?

Our findings

People received personalised care. They were aware of people's support needs and the level of support they required. Staff followed advice provided by specialist healthcare professionals to ensure people's needs were met. This included by the occupational therapists in regards to people's mobility needs. The staff told us any concerns regarding changes in people's health or behaviour were discussed with the nurse so they could be reviewed, and the support provided adapted to meet people's current needs.

At the time of our inspection some people had developed pressure ulcers. The staff had liaised with the tissue viability nurse and provided care in line with the advice given. This included regular re-dressing of the wounds, observing for any signs of infection, reviewing continence needs and dietary requirements to aid wound healing. Whilst one person's wound had deteriorated and additional advice was being sought, the majority of people's wounds were improving. Pressure relieving equipment was in place where this has been identified as needed. These were regularly checked by staff to ensure they were in good working order and the mattresses we viewed were set at the correct weight for the individuals using them.

One person's relative told us, "The activities coordinator is brilliant. She talks to everyone, keeping them engaged. Plays individual games like balloon bouncing and what interests the residents. We both like the music they play too, and never too loud." Another relative told us "The activities coordinator is brilliant. She generally cares about everyone." A wide variety of activities were delivered to ensure people had the opportunities to be engaged and stimulated. This included one to one activities, small and large group activities. There were activities delivered throughout the day at the service and there were opportunities to access the community. A regular pub lunch group was a particularly popular activity. A person said, "[We] go out every Friday to the pub for a 'half' and lunch. I look forward to it."

A complaints process and policy was in place. We saw that complaints made were investigated and responded to. Where improvements in service delivery were identified as required this was addressed with the staff team and in detail with any individual staff members involved. A relative told us they had raised some concerns with the management team and these were addressed straight away. They said they were pleased with how their concerns were handled. Previously the complaints procedure was displayed on the wall in the communal hallway. This had recently been taken down due to redecoration of the area but staff told us there were plans to re-display this information to ensure everyone was aware of how to raise a complaint.

Is the service well-led?

Our findings

A relative told us, "Overall [the service] is much better than it was before." A person said they had developed a good relationship with the registered manager and the new provider. They told us, "The owner comes in [to see them in their room]. She is the only one I have an intelligent conversation with."

However, the registered manager had not ensured accurate, complete and contemporaneous records were maintained about people's care needs. We saw whilst care plans were commented on monthly, they were not sufficiently updated as and when people's needs changed. Many of the care plans we viewed were standardised and had not been personalised to people's needs. Therefore staff were unable to establish what level of support people required. For example a standardised nutritional care plan stated all options from 'I feed myself independently' to 'nil by mouth'. Care plans did not reflect people's current needs, for example in regards to changes in people's mobility or skin integrity.

The provider informed us they were moving from paper care records to introducing electronic care records. The electronic recording system was set up and staff were receiving training on the system on the first day of our inspection. The provider had allocated staff to spend time updating people's care records and transferring the information onto the electronic system, to ensure accurate records were in place.

The provider had commissioned an external consultant to review the quality and safety of service delivery. We looked at the consultant's report which highlighted similar concerns to what we identified during this inspection. In addition to this report the registered manager had undertaken a couple of audits to review the quality of medicines management, wounds and health and safety. They had also reviewed people's DoLS status and when their DoLS authorisation expired.

The provider had developed an improvement plan taking on board all the advice from the external consultant and areas requiring improvement identified through the audits. However, at the time of our inspection there had not been sufficient time for the provider to implement their plans and address all areas requiring improvement, and a robust system to review the quality of care delivery had not been embedded.

The provider was in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt well supported by the registered manager and the new provider. They felt able to express their opinions and have open and honest conversations with the management team. Regular staff meetings had been established. We viewed the minutes from these meetings which showed staff had been reminded about the areas of service delivery that required improving, with emphasis on the importance of maintaining clear and detailed records of the care provided.

The provider and registered manager told us they welcomed feedback from people and relatives about the service and ideas for improving people's experiences. A relatives' meeting was planned for the weekend after our inspection.

The registered manager was aware of and adhered to the requirements of their registration with the Care Quality Commission and submitted statutory notifications about key events that occurred at the service.

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
Treatment of disease, disorder or injury	The registered manager had not assessed the risks to people's safety and mitigated those risks. (12 (1) (2) (a) (b)).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person had not ensured effective systems were in place to assess, monitor and improve the quality of care and to assess, monitor and mitigate the risks to service users. (17 (1) (2) (a) (b)).</p> <p>The provider had not ensured effective systems to ensure accurate, complete and contemporaneous records were maintained. (17 (1) (2) (c)).</p>