

HC-One Limited

# Kesteven Grange

## Inspection report

Kesteven Way  
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## Ratings

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

# Summary of findings

## Overall summary

Kesteven Grange was last inspected on the 11 August 2015 and was rated Good. This inspection took place on the 31 August 2017 and we found the service remained Good.

Kesteven Grange is a purpose built home situated within a residential area in north Hull. It is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for 54 older people who may be living with dementia. Accommodation was provided over two floors and the first floor mainly housed people who were living with dementia. At the time of our inspection, the service was providing accommodation to 49 people used the service.

The service had a registered manager. 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.

People who used the service were protected from harm. The provider had safeguarding policies and procedures in place to keep people safe. Staff knew how to safeguard people from the risk of abuse and had received training.

Staff were recruited safely and we saw appropriate checks had been completed. The induction process for new members of staff was well established and thorough. Training was linked to the Care Certificate. The Care Certificate is a set of minimum national standards that health and social care workers should work to. The provider had put checks in place to assure themselves of the competency of staff and also reviewed staffing levels on a regular basis to ensure that the needs of people who used the service, were met. Staff received annual appraisals and regular supervision in accordance with the provider's policies.

We saw the provider had systems and processes in place for the safe handling of medicines. We found minor recording issues, but were assured by the registered manager that these would be addressed immediately.

Staff supported the dietary needs of people who used the service. People were given a choice of foods, which catered to people's preference and nutritional requirements. People who used the service told us there were always drinks and snacks available. Feedback on the menus was sought through meetings and questionnaires. Staff told us that the menu was regularly updated using this feedback.

We observed people were treated with dignity and respect. Staff behaved in a professional manner and told us they enjoyed their work. There were positive comments from people who used the service, their relatives and visiting health and social care professionals about the registered manager and staff team.

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

practice. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and best interest meetings had taken place as required.

Personalised care was delivered through individualised care plans and risk assessments. Relatives of people who used the service told us they were involved in the care planning process. We found referrals to relevant community healthcare professionals had been made in a timely way.

People were supported to access activities in both the service and the local community. An activities co-ordinator provided a variety of activities such as arts and crafts and singing. Good links with the local community had been established and the provider had plans to expand these further in the next 12 months.

The records showed complaints were taken seriously and the outcome was followed up. People told us they knew how to complain and were sure their complaints would be addressed.

There was a quality monitoring system in place, which consisted of audits, checks, and obtaining people's views. Surveys and meetings were carried out and the results used to drive improvement. The registered manager held a monthly surgery so that people could express their views and opinions. We saw that minutes of these meetings had been taken and feedback given.

The provider recognised the work of staff through recognition award schemes. People who used the service and their relatives were involved in this by being able to nominate members of staff for awards.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service continued to be safe

### Is the service effective?

Good ●

The service continued to be effective

### Is the service caring?

Good ●

The service continued to be caring

### Is the service responsive?

Good ●

The service continued to be responsive

### Is the service well-led?

Good ●

The service continued to be well-led

# Kesteven Grange

## Detailed findings

### Background to this inspection

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

This unannounced inspection took place on the 31 August 2017. It was undertaken by two adult social care inspectors and an inspection manager.

Before the inspection we reviewed information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority safeguarding and commissioning teams about their views of the service. We also checked our systems for notifications, which the provider is required to submit to us. They tell us how the provider manages incidents and accidents for the people in their care.

During the inspection, we spoke with three people who used the service, four relatives, four members of staff and three visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who used the service throughout the day and over the lunchtime period.

We reviewed the care records of five people who used the service and their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important decisions on their behalf.

We saw documentation relating to the running and management of the service including maintenance certificates for equipment, accident and incident records, meeting minutes, quality assurance tools, safeguarding records, complaints and compliments, environmental risk assessments, menus and business continuity arrangements.

We looked at five staff files, which included induction, training and supervision records and recruitment procedures. We completed a tour of the building to look at the environment.

After the inspection, we asked the provider to send us further information relating to the deprivation of liberty safeguards (DoLS) applications, appointee information for people who used the service and care plans. The provider sent this information by the agreed date.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, "Oh yes, definitely, they certainly look after us." Relatives of people who used the service said, "No concerns it is brilliant" and "[Name] is safe, they really look after them." A visiting professional stated, "Very good service, never had any concerns."

The provider had policies and procedures in place to guide staff in dealing with allegations of abuse. Staff were aware of their responsibilities for safeguarding people. In discussions, they were clear about what constituted abuse and told us what they would do if they suspected abuse or had any concerns about poor practice. One member of staff said, "I'd report it immediately." Staff told us who they would contact and informed us of how they would escalate their concerns if necessary, this included the registered manager, the provider and the local authority safeguarding team. This followed the guidance set out by the provider. The registered manager told us they reported all required incidents and that staff were trained in safeguarding vulnerable adults each year, "All colleagues understand the importance of reporting safeguarding concerns; staff training is refreshed every 12 months." This meant that staff were kept up-to-date.

During the inspection, we looked at notifications and safeguarding referrals the provider had submitted. We noticed one repeated concern had not been consistently reported in accordance with safeguarding procedures. We brought this to the attention of the registered manager who stated that they would action this immediately. After the inspection, the registered manager informed us the concerns had been reported.

We found that accidents and incidents were recorded and that appropriate medical assessment and treatment had been sought where necessary. Individual risk assessments were in place for people who used the service, which covered areas such as falls, choking, weight gain/loss and for walking unaided. These were sufficient in guiding the staff to support people safely.

There was a business contingency plan, which provided guidance on what to do in case of emergencies such as floods or electrical failures. This meant that in the event of an emergency staff were clear on the steps they should take to keep people safe.

We found staffing levels were sufficient to meet the individual needs of people who used the service. The registered manager told us the provider ensured this by calculating the staff required to keep people safe. They said, "Staffing levels are consistently maintained with the appropriate skill mix to ensure our residents remain safe. The staffing levels are reviewed regularly." Staff told us there were always sufficient staff on duty to keep people safe. One member of staff commented, "The ratio is pretty good. I think we do meet people's needs."

Relatives of people who used the service told us, "There's lots of staff" and "No issues about the number of staff." We observed that a new member of staff supernumerary to the staffing levels was usually allocated to the kitchen department. Staff told us that new employees worked alongside more experienced staff until they were competent. This showed the provider took into consideration the skill mix of staff on the shift.

when producing rotas. There were separate catering, domestic, maintenance and administration staff, which enabled staff to focus on their role.

We found staff were recruited safely with full employment checks in place prior to them starting work at the service. These included references and a disclosure and barring service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in the care industry.

We saw that medicines were being stored correctly in line with manufacturer's instructions and pharmaceutical guidelines. We found some minor recording issues where staff had failed to record the time when medicines were administered. This meant that people might receive doses too close together, or too far apart. We brought this to the attention of the registered manager who said that they would address it.

The service was safe, clean and tidy. Staff had completed training in infection control and health and safety. They had access to appropriate supplies of personal protective equipment such as aprons and gloves. Relatives of people who use the service told us staff used moving and handling equipment safely and the environment was safe. Their comments included, "They [staff] safely use all the equipment, all staff know what they are doing" and "You always see people [staff] cleaning and tidying." We found there was a structured cleaning schedule, which ensured staff were clear about their duties and responsibilities.

## Is the service effective?

### Our findings

Relatives of people who used the service told us that staff always treated people with respect and sought consent before providing support. Their comments included, "They're [staff] always asking before they see to [name]" and "[Name] can't communicate well, but they always chat and explain what they are doing."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the service had completed DoLS applications for those people who the staff had assessed as requiring these. We saw people were restricted from accessing the outside of the building as a key code lock was in place. The registered manager stated that they would review this and update us. After the inspection, we received confirmation that the people who used the service had either been given the access code to the door, or DoLS applications had been submitted as appropriate.

We found that best interest meetings had taken place where necessary. Best interest meetings are meetings that are held to enable important decisions to be made on behalf of people who lack capacity to make important decisions themselves. We saw that relevant people had been invited to these meetings including relatives of the people who used the service and professionals.

Staff had a good understanding of the MCA and DoLS, they could also describe the restrictions in place for people who used the service. One member of staff identified, "Sensor mats, locked doors and other restrictions for people's safety." Staff also told us how they asked people for consent prior to giving care and support and how they respected people's wishes. One member of staff said, "We assume capacity and we have to let people make unwise decisions if that is what they want, but we do give people support and make sure they understand their decisions." This shows that staff were aware of their responsibilities and how the legislation is applied in practise.

We saw the relatives of some people who used the service were identified in the person's care plan as responsible for making decisions for them. We asked the registered manager to ensure they had received the correct legal documentation to confirm that this was the case. The registered manager stated that they would obtain copies of these documents. After the inspection, the registered manager sent us confirmation of the appointees for the people who used the service.

During our tour of the environment, we noticed that some areas of the service required updating to be more suitable for people who were living with dementia. The registered manager told us there were plans being discussed to improve the environment, and they would update us on these. After the inspection, the registered manager sent us the plans and told us, "Meetings will be held with residents, relatives and colleagues to ensure everyone is in agreement and aware. Residents will be consulted in the colour scheme for redecoration." The registered manager stated the improvements would benefit the people who used the service, "[They] will make residents who live at the rear of the building feel safer" and "We intend to restructure the senior care offices to provide a confidential area for resident discussion." This showed the provider planned to improve the environment to better meet people's needs.

We saw the induction process for new employees was well established and the registered manager told us it was linked to the Care Certificate. We looked at the induction documentation and observed how staff were assessed with regard to their learning. The registered manager told us that each new employee was allocated a mentor and a buddy. The mentor aided the new employee in their induction and assessed the competency of the member of staff in the activities learnt in training. The buddy was a member of experienced staff who worked similar shifts to the new employee and so was available for advice. This meant the provider was assured staff were competent and had access to immediate support if required. In addition, all the staff had received at least one supervision session. This meant that staff received a good level of support during their probationary period.

Staff told us they had received sufficient training to do their jobs effectively, and they received support and supervision on a regular basis. Comments included, "We get trained well", "I have mine [supervision] with the manager" and "Yes, training for everything and I have regular meetings too." Supervision records and yearly appraisal records confirmed this; all were up to date and tallied with the information in the staff files. People who used the service also told us staff were well trained, "Staff definitely know what they're doing."

We observed the lunchtime experience and found this to be a pleasurable social event for people. We saw that two options were offered on the daily menu, people who used the service could choose something else if they preferred. The menu was not in a pictorial format, which would aid people living with dementia. Staff were able to describe how they gave daily choice to people. People who used the service told us staff catered for their dietary requirements and preferences. One person said, "I have different foods because of my health." Staff told us they received allergen sheets from the provider to make it easier for them to cater for people's dietary needs. The registered manager told us they asked people for their opinions on the menu, "Our chef regularly attends the resident and relative meetings to gather feedback on menu requirements."

We saw there were bowls with fruit, biscuits and crisps for people to help themselves. People who used the service said there were snacks available all day, one person said, "They fill the bowls up every morning." Relatives of people who used the service told us the food was good, "Food looks great" and "Food is appetising, [name] doesn't finish but always eats." They also said that a sufficient number of staff were in the dining room to support people if required.

The service had recently received a score of five from the Food Hygiene Rating Scheme (FHRS). This is the highest score possible. The FHRS shows people the standard of food hygiene in the service. Relatives told us people who used the service received adequate fluid and food, "Always have drinks and some juice in the room. Trolley comes round [with hot drinks]".

We asked the registered manager if the service had signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services.

The registered manager stated that they would explore this. After the inspection, the registered manager contacted us to confirm that the provider was already signed up to a similar commitment, so would not be duplicating this.

We saw that relevant community professionals were involved in the care of people who used the service. Records showed that appropriate referrals had been made in a timely way. This meant people received specialist support when necessary. The visiting professionals also confirmed that they were called when appropriate. Comments included, "They're very good, [registered manager] always rings us a lot" and "We're happy with the service they give."

## Is the service caring?

### Our findings

People who used the service told us the staff were caring and their comments included, "The carers are ever so good, you can have a laugh with them" and "Staff treat you well." Relatives commented, "Very caring, lovely people, so much patience", "Oh, the staff are lovely!", "Staff are ace", "My dad is very happy" and "They keep him looking clean, he always looks his best; shaved and hair combed." A visiting professional said, "Staff are very good, manager is too."

The registered manager told us they operated a scheme where a person who used the service was allocated a day where they received additional attention, and their care was reviewed to meet their current needs. They said, "Resident of the day gives each of our residents a day that makes them feel special." This meant the care of each person who used the service was reviewed regularly.

Throughout the inspection, we saw staff treating people in a kind, sensitive and considerate way. Staff were attentive to the individual needs of people, and interactions were well paced. Staff told us they supported people to maintain their independence, a member of staff said, "We encourage them to do what they can. I give them time, don't rush." We observed one member of staff using distraction techniques with a person who used the service when they became agitated. This was done in a caring, patient way.

People were able to choose where to eat their meals and some people chose to eat in their rooms. We observed people who used the service being supported in an attentive and person-centred manner to eat their meal. Staff were aware of people's individual needs and knowledgeable about how to support them.

Staff all wore a uniform with a name badge. On their name badge was an 'interesting fact,' for example, one member of staff's badge stated they had "swum with sharks." Staff told us that these facts were designed to stimulate conversation between the people who used the service and the member of staff and that this was one way in which the provider implemented the values of the service. A person who used the service told us, "It's nice to know a bit about the staff."

We saw that advocacy information was displayed in the service and that people were given information on their admission. This meant that people who used the service could receive assistance in expressing their views and wishes if they required it.

On our tour of the environment, we noticed that people who were living on the first floor each had a picture box located next to the door to their room. People were able to put photographs and small keepsakes in these boxes. They also allowed people to identify their room more easily. We also saw supportive aids such as specialist clocks to assist people in their daily lives.

The provider had equality and diversity policies in place. We saw people being treated with dignity and respect. Staff told us how they do this, "I follow their wishes and knock on their doors [before entering]", "You treat people how you want to be treated" and "Talk to them in private, ask things discreetly, respect their choice." A relative of a person who used the service told us, "All the staff are very respectful."

Relatives of people who used the service told us that visiting times were not restricted. We observed a relative had brought a family pet to visit their family member. The person who used the service was smiling and enjoyed seeing their pet. Relatives told us that they always felt welcome at the service. We saw numerous compliments and thank you cards displayed throughout the service from relatives of people who used the service. One card read, "Just to say a thousand thank yous for the care, love and dignity shown." Another said, "Can't thank you all enough."

## Is the service responsive?

### Our findings

People told us the staff responded to their needs and gave them choices, "They let me stay in bed all day" and "I can choose what colour [nail varnish] I have." Relatives of people who used the service commented, "The best care home ever" and "Excellent care and I can't fault it." We spoke with visiting professionals. They said, "It's the best home I come to" and "No concerns and the staff are responsive [to the people's needs]."

We viewed the care records of five people who used the service. We found clear person-centred care plans, although we noticed that some required updating to reflect people's current needs. We brought this to the attention of the registered manager who said that they would update these straight away.

Staff told us they were aware of the individual needs of the people who used the service. We saw that care records provided staff with the information they required to deliver individualised person-centred care. A member of staff told us, "I know their family lives and what was important to them." The care records identified what people preferred to be called, their history, communication preferences, personal care needs, medicines and hobbies and interests. This meant staff could communicate with people about their lives and develop a positive relationship with the people who used the service. We saw people who used the service and their relatives were involved in their care plans. Relatives told us, "We're always involved and receive regular reviews" and "They know everything about her, it's like she is living with family."

Behaviour management plans were in place for people who displayed behaviours that challenged the service and others. These aided staff in reducing the occurrence of future incidents and lowering risk to the people who used the service. We noticed some behaviour management plans did not include detailed guidance for staff to follow. We brought this to the attention of the registered manager who stated they would address this. After the inspection, the registered manager sent us the updated behaviour management plans for three people who used the service. The plans gave clear guidance to staff regarding care and support required and less restrictive interventions.

We saw people who used the service were engaged in various activities such as singing, dancing and arts and crafts. One relative commented, "They do so much; music, activities, talking, remembering." The registered manager told us, "We listen to resident feedback and incorporate new activities based on this and we encourage our residents to continue pre-existing hobbies." We saw photographs of singers, magicians and entertainers who had previously visited the service and also looked at photographs of the three-monthly trips out. One person who used the service told us they had their nails varnished regularly and their hair styled every week. Staff told us the hairdresser also attended the rooms of people who used the service if they preferred this.

We observed there was an outside area with sufficient tables and chairs for the people who used the service. There was also a barbeque area. Staff told us, "On hotter days we try to encourage people to eat outside." The registered manager told us the provider planned to improve accessibility to the outside area, so that people had more choice over when to go outside and could do so independently. This meant that people would have increased access to engage in activities outside.

The complaints process was displayed in the service. We found any concerns or complaints were dealt with effectively, and the outcome was followed up with the complainant. We saw the provider had responded in an open and candid way, providing details of investigations and findings. Explanations and apologies had been provided where necessary. Relatives of people who used the service told us that they were aware of how to make complaints and that they were confident they would be dealt with. Comments included, "Yes, but we never had to [make a complaint]" and "I would speak to [name of the registered manager] if I had a problem, they would listen."

## Is the service well-led?

### Our findings

People who used the service, relatives and staff all told us there was an open leadership and management culture. People who used the service said, "[Name of the registered manager] is very approachable, they are always available and listens to you," and "Any problems are dealt with quickly." Relatives commented, "The manager is perfect, friendly approachable, like family" and "No-one wants to be in a home, but this one is more than acceptable." A member of staff stated the registered manager was approachable, they said, "They are brilliant, you can talk about anything" and added "Just go to her and ask, if you have any problems, just ask."

We discussed the culture of the organisation with the registered manager. The provider had a statement of purpose and a clear mission statement. The registered manager told us they received a good level of support from the provider, there was assistance available when required, and the senior management team were approachable. They gave examples of the support and advice they received, "Attending bi-monthly provider forum meetings, sharing reports within the team, reviewing correspondence from organisations and receiving weekly home bulletins from head office."

We found that communication between the registered manager, staff, people who used the service, their relatives and other agencies was good. Staff told us they participated in monthly staff meetings, which provided them with the information they required to do their jobs. The registered manager told us that minutes were produced from each meeting and detailed any actions required. The provider had developed effective ways of gaining the views and opinions of relevant people. This was done through monthly surgeries held by the registered manager. We looked at the minutes of these and saw they detailed what had been discussed. Information gathered through surveys of people who used the service, their relatives and visiting professionals was collated and feedback had been given to the relevant parties.

Staff told us the provider had consulted people who used the service to assess the activity provision, and because of this, the activities programme was changed. The registered manager said, "The activities co-ordinator works with all colleagues to respond to the changing needs of residents by monitoring our activity programme to ensure it is stimulating for our residents' wellbeing." This demonstrated how the service continually used feedback to improve the provision for the people who used the service.

We spoke with the registered manager regarding their duties and knowledge in relation to keeping people safe. The registered manager had a good understanding of the MCA and their safeguarding responsibilities and about dementia care. The registered manager understood and fulfilled their duty to report notifiable incidents to the Care Quality Commission as required under legislation.

The provider completed internal audits of the service. They looked at areas such as fire safety, the environment and the quality of service provided by staff. The auditing tools were comprehensive and identified issues and areas for improvement. The registered manager told us they assessed mealtimes to improve the experience for people who used the service, "We ensure our residents receive a quality dining experience and we monitor this by completing regular mealtime experience audits." Staff told us they were a

"Best in Class" service. They explained this meant, "We do well on internal inspections against our peers." We saw that the service had scored highly in the internal audits completed by the provider. Analyses of the audit results were completed. We saw information was displayed on noticeboards, giving feedback on the suggestions that people had made.

We observed some staff had received recognition awards for their work, including awards from Food for Life Catering and the National Activities Providers Association, and for being 'Dementia Carer of the Year.' The provider had a reward scheme named, 'Kindness in Care'. People who used the service and their relatives could nominate staff who they thought deserved the award. Staff told us that these awards showed staff provided a quality service, the provider appreciated the work accomplished by them and the awards motivated them. Staff told us they were happy at work, their comments included, "The job is very rewarding" and, "I really enjoy my job, you get so much back from people. I receive as much as I give."

We found the service had developed good links with the local community. Staff told us they held monthly coffee mornings where the people from the local area were invited into the service. We observed that the service displayed community activities on a noticeboard and we looked at thank you cards received from local groups such as schools. We saw the provider had facilitated a student of a local school in gaining work experience in the service. The registered manager told us, "We want to forge greater links within the local area to widen the scope of involvement in community activities for our residents." Staff said that the activities and community links aimed to better the quality of life for people who used the service. The registered manager told us they have the Pets as Therapy (PAT) scheme running in their service. PAT aims for people to have comfort and companionship through being able to stroke an animal.