

Advent Estates Limited

Kilsby House Residential Home

Inspection report

Rugby Road
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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

This inspection took place on 19 August 2016 and was unannounced.

Kilsby House provides accommodation and personal care for up to 39 people some of whom may be living with dementia. There were 30 people living at the home during this inspection

There was a registered manager 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.'

People were supported by sufficient numbers of staff that were experienced and supported to carry out their roles to meet the assessed needs of people living at the home. Staff had received training in key areas that enabled them to understand and meet people's care needs. Recruitment procedures were followed and people received care from staff that were suitable for their role. People were protected from the risk of harm because staff were confident in recognising and reporting concerns to the registered manager or appropriate external agencies..

People had detailed individual plans of care in place to guide staff in delivering their care and support. People's needs were continually monitored and reviewed to ensure they received appropriate care and support. People and their representatives had been involved in developing their plans of care which meant that people received consistent and personalised support.

People's health and well-being was monitored by staff and they were supported to access relevant health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to help maintain their health and well-being.

Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the registered manager and by the provider. There were effective safeguarding procedures in place to protect people from the risk of harm.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored

Is the service effective?

Good ●

The service was effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good ●

The service was caring.

People were supported by thoughtful, compassionate and attentive staff who knew them well.

People had positive relationships with staff, and staff supported people in a way that maintained their dignity, respect and privacy.

Staff involved people in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which people had helped to develop.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good ●

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

There was a registered manager in place. People knew who the registered manager was and they were able to speak to them should they wish.

Kilsby House Residential 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 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 inspection took place on 19 August 2016, was unannounced and was undertaken by one inspector.

Before the inspection, 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with six people who used the service, six members of staff including the registered manager and deputy manager. We also spoke with two people's relatives and a visiting healthcare professional. 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 spoke with people from the local authority who commission the service. We looked at records and charts relating to four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

During our last inspection in July 2015 we concluded that this domain required improvement. This is because the provider was in breach of Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that there were not enough staff working at night to meet people's care and support needs safely.

During this inspection we found that there were sufficient numbers of staff to provide care and support to people safely. The number of staff working at night had increased. People living in the home told us "There are always enough staff working, we don't have to wait for help" and "The good thing about here is that there are always enough staff working." One person's relative told us "There are so many staff; there is always plenty working."

The provider had a system in place to calculate the number of staff required to meet the dependency needs of the people using the service. The number of staff working on a day to day basis exceeded the minimum number that the dependency tool showed was required to meet people's care and support needs. The registered manager regularly reviewed the number of care staff working to ensure that sufficient numbers of staff were deployed. The registered manager also conducted regular audits of the care that people received at night to ensure that sufficient numbers of staff were deployed to care for people safely.

People's risks were assessed and effective measures were implemented to manage the identified risks. Staff were knowledgeable about the risks to people and plans of care were in place to mitigate these risks. People's needs were regularly reviewed and acted upon as their needs changed. A visiting healthcare professional told us "The staff here follow people's plans of care and any interventions we suggest. For example; they make sure that people's incontinence pads are changed regularly to maintain their skin integrity." Where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. We observed staff supporting people to use appropriate pressure relieving equipment when they were in the communal living areas of the home.

People were protected from the risk of harm. One member of staff told us "If I ever had any concerns about someone's safety I would tell the manager or director. They would report it to the appropriate team and investigate the concerns". All staff had received training in how to safeguard people and were confident in applying this learning in their day to day work. Staff were knowledgeable and had a clear understanding of the signs of harm they would look for and explained the action they would take if they suspected someone was at risk of harm. We saw that where concerns had been raised the registered manager had made referrals to the Local Authority Safeguarding Team.

People's medicines were managed safely and people received their medicines at the right time. Staff had received training in how to administer people's medicines safely and had their competency to do this assessed prior to administering medicines independently. One member of staff said "I have had training and I am regularly supervised administering people's medicines to make sure I do it the right way." People

had plans of care in place providing guidance for staff in how to administer their medicines. We observed staff administering people's medicines and saw that they checked the name of the person they were giving the medicine to, sought their consent and explained what they were giving the person. Records in relation to people's medicines were well maintained and regular audits were in place to ensure that all systems were being safely managed.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtained written references and checked whether staff had any criminal convictions. Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

People were supported by staff who had received training that was relevant to their role. Records showed that staff had accessed training in key areas on a regular basis and that the provider had a plan in place to ensure that training was updated periodically. The training that staff received was a mixture of online learning as well as training delivered face to face and also training provided by the registered manager. Staff were able to describe how they applied their training on a day to day basis. For example one member of staff said "I work with people that have diabetes so I have chosen to do a unit on diabetes as part of my NVQ. I've learnt how important it is that people have a healthy diet and manage their blood sugar levels."

Staff received regular supervision and support from the management team to enable them to work effectively in their role. One member of staff told us "It is good working here. The management give us lots of support and help us to deliver good care." Another member of staff said "I have supervisions regularly; I had one last week with the manager and will be having my appraisal soon." New staff received a period of induction before they commenced working independently in the home to ensure that they had the skills and knowledge required to support people effectively. The registered manager told us that this consisted of a period of one to one time with the management team and then a period of working alongside more experienced care staff to gain experience and confidence.

People were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. 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 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. We found that the registered manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

We observed that staff sought consent from people before delivering care. Where required people's mental capacity had been assessed by the registered manager and best interest decisions had been made and appropriately documented following input from people's family, next of kin and advocates. Staff had a good understanding of the Mental Capacity Act and how this influenced their day to day practice. Where people had DoLS authorisations in place there was a system to ensure that these were requested again before they expired to ensure that people were receiving care that was provided in their best interests.

People were supported to access health services when they needed to and referrals were made to people's allocated health professionals in a timely manner. Where health professionals had implemented plans of care these were followed by staff in the home. One person told us "We always get to see a nurse or a doctor

if we are poorly" Records showed that where other specialist assistance was required people had been referred. One person's relative told us "They keep a close eye on [Person] health and their communication is great. They always let me know if [Person] health changes." A visiting healthcare professional told us "The staff are very alert to changes in people's health here and always make appropriate referrals and follow people's care plans that we introduce."

People at risk of not eating or drinking enough had been identified through assessments completed by staff. Staff referred people who had been identified as being at risk of malnutrition to their GP and dietitian for further guidance. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed, or thickened their drinks to help prevent choking. People told us that they enjoyed the food provided by the home. One person told us "They make all of the food here and it is very nice." Meal times were relaxed and social. One person's relative told us "I often visit at meal times and there's always someone sat with mum giving her the help she needs to eat."

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with compassion and respect. One person told us "The staff are so kind; it makes it nice to live here." People were treated with warmth and kindness. We observed staff interacting positively with people in the communal areas of the home initiating conversations and developing a relaxed social atmosphere. It was evident that people living in the home felt comfortable in the presence of care staff.

People's preferences in relation to their daily routines and activities of daily living were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. We observed that one person who smoked wished to sit outside during the day so that they could have a cigarette. Staff moved seats for them outside so that they had a nice view of the garden and held an umbrella for them so that they were protected from the weather. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing.

People were encouraged to express their views and received care and support in line with their individual preferences. People were given a range of choices about their daily care and were able to make choices about their personal appearance and when they where and when they would like to have their meals. People were encouraged to attend resident meetings to provide feedback about the running of the home and their views were valued and acted upon.

People were treated with dignity and respect. People's dignity was upheld during their interactions with the staff who supported them. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted to participate in activities. Staff provided support to people discreetly; for example when asking if people needed the toilet or would like their medicines; staff approached the person and asked them privately if they required support so attention was not drawn to people's care and support needs. We observed that staff knocked on people's bedroom doors before entering and that people were able to choose whether they would like their bedroom door open or closed during the day. We saw feedback from one person that said "The way you supported my relative ensured that they lived with dignity until the end."

Is the service responsive?

Our findings

People were assessed prior to moving into the home to ensure that the service could meet their needs. These assessments were used to develop individual plans of care and to help staff find out about people's life histories and interests in order to aid their transition into the home. One person's relative said "They met with me and my relative before they moved into the home to find out about them and what help they needed. We visited the home and chose what bedroom we wanted and were able to bring [Person's] things from home to help them settle." People and their relatives were involved in the development of their individual plans of care and all of the care records we looked at contained information about people's life history, their interests and hobbies. Staff were knowledgeable about this information and used their knowledge of people's life histories to start conversations and interact with people living in the home. This helped to create an informal, social and homely atmosphere.

People's needs were met according to their individual plans of care. People's plans of care had been reviewed regularly and were reflective of their current care and support needs. One member of staff said "People's care plans are always accurate. If their needs change then their care plan is always updated and we get told about it when we come on shift." People's care and support needs corresponded to their detailed plans of care. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. People who required support with moving and handling to transfer also received this support in a safe and consistent manner.

People knew how to make a complaint and were confident that any complaints would be acted upon. People were provided with accessible information to tell them what to do if they wanted to complain. This information was also made accessible to visitors and relatives in the main lobby of the home. One person told us "I can't imagine that I would ever need to make a complaint but if I did I would have no hesitation in approaching the manager." There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. We saw that the learning from any complaints was discussed with the provider and staff.

People were supported to take part in a range of activities according to their individual preferences. We observed staff asking people what activities they wanted to do and providing activities such as hand massage to help people to relax. One person told us "They are always offering us things to do here; they don't let us get bored." The activity schedule for the home was discussed in service user meetings where people were able to choose what activities they would like the home to provide. We saw that people had chosen not to have an animal petting company visit the home and instead had chosen for a theatre show to be arranged to take place.

Is the service well-led?

Our findings

There was a visible management team that was approachable and welcomed feedback from people and their relatives. The registered manager told us that she operated an "open door policy" and encouraged people to come in and see her. We observed both relatives and people living in the home spend time with the registered manager throughout the inspection and it was evident that people felt able to approach the registered manager and felt comfortable in their presence. One person's relative told us "The management team are so approachable and strive to involve us in our relatives care. They are almost like therapists; they are so caring and reassuring. I have total confidence in them."

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. People could be assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. The management analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future. The registered manager had recently completed training in relation to managing falls provided by the NHS and was participating in a pilot facilitated by the NHS in managing and reducing instances of falls in care homes.

There were robust quality assurance systems in place that identified any shortfalls in a timely manner and ensured that these were addressed quickly. Both the registered manager and the provider completed regular audits of key areas in the home to ensure that people were provided with effective care and support. The management team had clearly defined roles and worked well together to deliver a quality service to people living in the home. The management team were open to embracing new ideas and new ways of supporting people for example by taking part in pilots and accessing new training. Staff were confident in approaching the registered manager with ideas and suggestions.

People and their representatives were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out in 2015 and a further survey was planned for 2016. People were complimentary about the care they received and the provider had developed an action plan to further improve the care and support that they provided to people living in the home for example through environmental improvements.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.