Kismet House Care Home Limited

Kismet House

Inspection report

92 Walliscote Rd, Weston-super-Mare, Somerset
BS23 1EE
Tel: 01934 782691
Website: www.**kismethouse**.co.uk

Date of inspection visit: 21 and 22 May 2015
Date of publication: 14/08/2015

Ratings

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

Overall summary

We carried out this inspection on the 21 and 22 May 2015 and was unannounced. Kismet House is a care home providing personal care and accommodation for a maximum of nine people. It supports the care and welfare of younger and older adults with a mental health diagnosis and provides mental health rehabilitation services. The home is located in Weston Super Mare. Nine people were living at the home when we visited.

The home has 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 lived at Kismet House felt safe, and were supported by a staff group who had been trained to work effectively with people who had mental health conditions. Staff understood safeguarding policies and procedures, and followed people's individual risk assessments. People's dependency levels were regularly

Summary of findings

reviewed. People's medicines were managed safely. However we found that people coming into the home were not asked to sign in, this could have put people's safety at risk.

The service was on the whole compliant with the Department of Health's Code of Practice on the prevention and control of infections and related guidance. The provider had arrangements to keep the service clean and hygienic. However, we found that staff did not regularly wear protective clothing when preparing food and if they did, did not change it every time they moved out of the food preparation area.

People were supported by staff that had a good understanding of their needs. Staff had been supported through effective training and supervision. The majority of staff we spoke with had awareness of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. This is legislation that protects people who lack mental capacity to make decisions and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. The manager was adhering to the act including the Deprivation of Liberty Safeguards.

People who used the service told us that they enjoyed their meals. Staff knew which people had particular dietary needs and supported people with those. People were provided with fresh drinks at regular intervals.

People's food and fluid intake was monitored. Staff monitored people's health and involved the relevant health and social care professionals to ensure people were supported to maintain good health.

People who used the service and relatives spoke in very complimentary terms about the staff. A relative told us they had chosen the home for their relative because the staff were kind and caring. People were encouraged to give their views through every day dialogue with staff, reviews of their plans of care and through an annual satisfaction survey. Staff respected people's privacy.

People were able to receive visitors without restrictions.

People contributed to decisions about their care and support. All relatives we spoke with told us they were involved in discussions and decisions about their family members. Plans of care reflected people's individual needs and how they wanted to be supported.

Staff were encouraged to report concerns about the delivery of care. People and relatives told us that they were happy with how their concerns were dealt with.

Relatives told us that they found staff to be honest and open. The provider had adequate procedures for monitoring the quality of care and the home environment. The manager had developed a range of systems to monitor and improve the quality of the service provided. We saw that the manager had implemented these. Staff enjoyed their work and were supported and managed to look after people in a safe way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not continually safe

There was not a safe procedure for visitors entering the home. This was due to all visitors not being asked to sign in.

People said they felt safe living at the home. Staff had received training in Safeguarding adults and knew how to report any concerns they had.

Medicines were administered in a safe and timely manner.

Staffing levels were determined to meet the needs and daily commitments of people living at the home.

Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

There were minor shortfalls in terms of infection control as staff did not regularly change protective clothing when preparing food.

Is the service effective?

Good

The service was effective

Staff training was up to date and they had received training that was relevant to their role.

Most Staff had a good understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

We saw that care records were detailed and it was evident that people living at the home were involved in deciding what care and support they required.

People had choice with what meals were planned and a healthy diet was promoted.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and dignity was respected.

They were involved indecisions about their daily lives and visitors were made welcome in the home.

Our observations of interactions between staff and the people they were caring for were polite, warm and showed regard for what people needed and how to respond to those needs

Is the service responsive?

Good

The service was responsive

Summary of findings

People living at the home were able to make choices about the care and support they needed.

People were involved in a wide range of everyday activities and led very independent lives. We saw people were encouraged and supported to develop the skills needed to live independently.

We saw care records were up to date and reflected the care and support required.

The home had systems in place to respond to any complaints or concerns.

Is the service well-led?

Good

The service was well led.

The service had an open culture where people using the service, relatives and staff could raise concerns.

The registered manager was committed to making

continual improvements

The Managerial arrangements for assessing and monitoring the service that were required to improve the Service once identified were acted upon promptly and appropriately.

Relatives and other people we spoke with said they felt the service was well led.

Staff told us that the manager did a good job and they felt supported in their work.

Kismet House

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.

This was an unannounced inspection that took place over two days on the 21 and 22 May 2015. Two inspectors conducted this inspection.

Before the inspection, the provider was not asked to complete 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 therefore looked at the information received from our 'Share Your Experience' web forms, and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We also contacted the local authority to find out their views of the service provided. They were satisfied with the care provided by the home.

We spoke with four people out of the nine who lived at Kismet House and two relatives about their views on the quality of the care and support being provided. We also spoke with three staff and the registered manager. We spoke with two mental health professionals who visited the home on a regular basis. We observed the care provided to people and reviewed four care records. We looked at five staff records and the training and supervision records for all the staff employed in the home. We also reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine management, complaints, and incident and accident records

Requires improvement

Is the service safe?

Our findings

People and relatives told us they felt safe. One person said "I am really safe here". A relative told us "My relative is very safe; staff make sure it's that way."

On both days of our inspection, we found that there was not a safe procedure for recording visitors in and out of the building. We spoke with the manager and staff about this. The manager told us "the staff know they have to do this, I remind them in team meetings" staff were very apologetic, one said "I just forgot". As the door was locked and had to be opened by staff, the impact on people was not significant but we have suggested to the manager that she needed to ensure that staff sign in all visitors as per the health and safety policy and fire regulations.

Staff had received training on infection control and explained to us what this meant and how it impacted on them and the people who lived in the home. They said, "We need to keep everywhere clean and tidy, it's their home and it's important to keep on top of things or people might catch something". . All the bathrooms, shower-rooms and toilets were clean and had information posters about hand hygiene on display. However, during our inspection we saw staff did not change aprons and gloves after preparing food in the kitchen and leaving to answer the door and speak with people in the lounge. This meant there could have been a risk of contamination of food. This happened at least four times. Whilst none of the lapses in hygiene control were in themselves serious, that fact that there were instances showed that the arrangements for keeping the staff clean and hygienic could be improved upon. We spoke to the manager and to the staff members and the manager acknowledged that she must make sure to remind staff of the importance of hygiene and the staff said "sorry, I totally forgot but usually I do change my apron and gloves". The service had a food hygiene rating of 5, the highest rating possible. The kitchen looked clean and tidy. All open food was clearly labelled and fridge and freezer temperatures were taken daily.

Staff we spoke to had a good understanding of safeguarding procedures and knew what to do if they had any concerns that any form of abuse had occurred. The manager showed us there was a safeguarding policy in place; this was currently being reviewed and updated. We saw that staff had undertaken training in keeping people safe and this was updated as required. However we did speak to one member of staff who had completed the training but during our interview could not tell us effectively about the training they had received without prompting. The manager assured us that Safeguarding is discussed at every team and that the member of staff attended these meetings and took an active role; we confirmed this by reviewing all staff meeting minutes.

Staff told us that there were general risk assessments for the premises and for health and safety working practices which contributed to people's safety. This included appropriate maintenance contracts concerning fire, gas, water and electrical safety. Servicing and routine maintenance records were up to date and evidenced that equipment was regularly checked and safe for people to use. Fire alarms and equipment had been serviced and practice evacuation drills held regularly involved both people using the service and staff.

Care plan records showed that risks to people were assessed with their involvement. Guidance for staff to follow minimised the risk of people being harmed and supported them to take some risks as part of their day to day living. Risk assessments were personalised and include risk management plans. They had been completed for a selection of areas including people's behaviour, mental health needs, smoking and finances. During the transition prior to a person's admission to the home, risks had been identified and plans put in place. Risk assessments were regularly reviewed and staff were aware of their content. These risk assessments were accessible to all staff.

People told us "I take my tablets by myself at dinner time". People also told us they received their medication as prescribed. Another person told us "I know what all my medication is for and why I take it". People said that they had their medication when they needed it. One person told us that they had painkillers when they needed to but that wasn't very often. This was confirmed by looking at the medication charts. We checked the management and administration of medicines. Medicines were stored safely and securely. Systems were in place to ensure people received their medicines at the right time when people were in the home, and when undertaking activities outside of the home. One person had been risk assessed as able to self-medicate. A sample of medicine administration records (MARs) had been completed accurately. Detailed information for medicines given to people on an 'as required' basis, were also on the MAR sheets and care plan.

Requires improvement

Is the service safe?

For example, one person had been prescribed an 'as required' medicine for when they became agitated. The MAR sheet and care plan informed staff of the type of things the person would say, and the behaviours they would exhibit which meant they might benefit from the medicine being administered. This ensured staff was consistent in their approach to giving this medicine. We saw that all staff who administered medicines had received training to do this safely.

Staff spoken with confirmed that the recruitment process was robust and that they completed an application form, had to submit two referees for reference checks, other forms of identification such as a birth certificate and attend for an interview. Recruitment procedures were robust and ensured that only suitable staff were employed. We looked at four staff files and staff confirmed that they had had to provide two referees and were not allowed to work with people until all checks had been made. The registered manager was able to show us that staff had a Disclosure and Barring Service check (DBS). A DBS check helps the provider to ensure people are suitable to work with vulnerable adults. Staff files were kept securely in a locked cupboard in the office.

Good

Is the service effective?

Our findings

Staff knew each person well and people confirmed this. One person told us that "When I feel anxious I can go and talk to any of the staff and they understand how I feel". Staff told us they had received training to understand the mental health of people who lived at Kismet House, and to manage behaviours which challenged others. One person confirmed to us that staff had a good knowledge of their mental health condition. The registered manager demonstrated a good knowledge of the mental health needs of people who lived at Kismet House. A mental health professional told us they believed the staff had the skills and knowledge to work with people with mental health issues. They said, "I wouldn't hesitate to place anyone here." People we spoke with confirmed staff consulted them about their support needs. One person said, "There's nothing (I do) I haven't agreed to…they [staff] talk to me about my support." Care records also demonstrated people had consented to the support planned for them.

One staff member told us they had "received a detailed induction" and on-going mandatory training. All long standing staff had a NVQ level 3 awards in health and Social Care or equivalent and all new staff were being enrolled on the new Care Certificate which provides a clear set of standards that health and social care workers work to in their daily working life. The Care Certificate will give all workers the skills, knowledge and behaviours to provide safe, high quality care and support.

Three out of the four staff we spoke with had received training in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people using the principles of the Act. One staff said "It's important that people are not restricted and that they have a choice in everything they do, including what they wear, personal care and the food they eat". Another member of staff told us this training had helped them to understand, "It's their life, their choice, their home and I am here to support them in this." There was one person who lived at Kismet House who required a DoLS. This person had undergone a mental capacity assessment which confirmed they did not have capacity to understand about personal safety at that time. This person had an Independent Mental Capacity Advocate to ensure their best interests were being represented. The manager had not completed any assessments under the Mental Capacity Act (2005) as the person who had the DoLs in place had moved into Kismet House with it in place.

Staff had also received training considered essential to meet the health and safety needs of people who lived at the home. This included training in infection control and food hygiene. Both support staff we spoke with told us they found the training useful, and they felt they had received good support from the manager, who also delivered training to the staff.

Staff confirmed they could speak with the manager at any time if they had any concerns or required support. They told us "If I am upset or need to chat I can phone [manager] anytime"; there was an open door/phone policy in place. Staff supervision took place once every three months.

People who used the service and their relatives thought the food was good. One person said "The food is really good and I can choose what I want ". One person told us that "I to come back for meal times and I know that they are 12pm and 5pm. Sometimes I will ring them and say I am going to be late and they will save me some food". Another person told us that "I have brilliant meals at the home. Quiche is my favourite and if I want to cook I can". During our visit we saw people had sandwiches at lunchtime and drinks throughout the day. Where possible, people were encouraged to make their own meals or support staff in making meals, and to tidy the kitchen afterwards. Meals were planned on a weekly basis via a 'residents meeting'. Recent residents minutes confirmed in the last month people had opportunities to choose meals for a day. This demonstrated the service ensured people had an opportunity to express their wishes. However we did observe that people were not offered a choice of sandwiches at lunchtime, although staff did tell us that they knew people's preferences. We asked people if they wanted sandwiches and one person said "Yes I don't mind as I am going out with my parents later for my birthday steak". Kismet House did not have a dedicated cook; the staff did most of the cooking but were helped by residents if they chose to.

Staff worked well with the mental health professionals who supported people who lived at Kismet House. They

Good

Is the service effective?

supported people to make sure their other physical health needs were being met. People told us they could see a GP when they wanted. Some people phoned their GP themselves and others required the support of staff to do this. When people's needs changed, staff acted quickly in response. For example, one person needed to see their Care Co-ordinator and staff made sure this happened quickly.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were nice and caring. One person told us "Staff are really nice they help me and so does the manager" and they are "Really good". A relative told us "The staff are very welcoming here".

We spoke with members of staff about how they sought the views and wishes of people who used the service. They told us that they made a point of asking people. We observed this during our visit on a number of occasions along with how staff communicated effectively with people. We asked people who used the service whether they felt staff were caring. We were told "They are very caring! In all different ways" and "Yes they are ok. On the whole they are caring seven and a half out of ten." When we asked if this person wanted to explain their comment, they told us that "No one could get it all right all of the time."

Staff showed knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. These details were included in the care plans. Staff adapted the way they approached and talked with people in accordance with their individual personalities and needs. For example, when helping a person who had behaviour that challenged others, staff knew how to manage this behaviour. We saw they allowed the person space and their own table in the dining room which was important to them and this was recorded in their care plan.

One person told us "I can see my dad any time I want and I can ring them on my phone whenever I want". Staff told us that they support people to keep in contact with relatives and friends. This was through telephone calls and visits. Care and daily records showed that staff kept relatives informed about people's welfare and families were involved in reviews and other meetings as appropriate. . We were shown examples of how the service supported people to maintain important relationships, particularly with members of their family by encouraging people to regularly visit and celebrate important days.

People's private space was respected. For example, people were provided with a key to lock their bedroom door if they wished. Staff knocked before they entered people's rooms and respected people's wishes if they didn't want them to enter their bedroom. We saw staff made sure people were appropriately dressed for going out of the home. We observed there was a friendly and respectful rapport between staff and people who lived at Kismet House and with visiting healthcare professionals. Staff at the home were patient and kind when dealing with people's requests. Staff explained that some people who used the service had plans to move into their own accommodation one day

Good

Is the service responsive?

Our findings

We spoke with one person about their care plan; they told us “Once or twice a week I chat with my key worker. I do not want to see my paperwork but know I can and it’s all about me”. A new staff member confirmed they used the information in these plans to get to know people and learn about their support needs, “I read the care plans and that tells me all about what people like and dislike and what they need from me”.

People’s care plans were personal to them and based upon their needs assessment. The assessment considered all aspects of a person's life, including their background, strengths, hobbies, social needs, dietary preferences, health and personal care needs.

People were supported to take part in a range of activities and interests that were meaningful to them. One person said that they were going swimming every week as they liked to meet people and keep fit. Another person told us “I go out into town and visit lots of café’s as I like to drink coffee out”. People’s hobbies and interests included going out for meals, attending church social groups and spending time with relatives. Members of staff told us that they support those people who weren’t confident going out by themselves to access shops, cafes and parks.

One person spoken with told us, “I am happy to be here, this is my home for life”. The registered manager confirmed how people were assessed and what support was provided for offering prospective people a place at the home. This approach was joint with other healthcare professionals, for example Community Psychiatric Nurses and social workers and with the prospective person and possibly their relatives (where appropriate) would be included in the consultation. The registered manager told us that prior to moving in to the home people would visit the home to make sure they were happy with the placement. People’s compatibility with people already living at the home would also be considered.

We asked people if they felt able to go to staff if they had any concerns or complaints. All the people we spoke with felt comfortable in talking to staff if they had concerns. One person said, “If I was worried I would talk to staff.” They told us they had not made a complaint but if they were unhappy, they would be able to make a complaint. One person had many complaints about the service but these had been responded to appropriatelyFor example one of the complaints was about the noise made by other residents, the manager had dealt with this by asking people to be more considerate when watching the television or playing music. We looked at how the registered manager dealt with concerns or complaints. Where people had complaints they were logged as formal complaints to be investigated. Complaint outcomes were recorded detailing how they had investigated the complaint. There was analysis confirming any learning or actions to be considered as a result of the investigation. This meant the staff and manager continually wanted the service to improve and trends and patterns were identified and addressed.

Staff had good relationships with the people they supported and were able to respond calmly to challenging behaviour. For example we saw one situation when staff dealt with and calmed the incident effectively. Staff told us “We (staff) don’t take things personally (meaning verbal abuse) that they may experience, we take a personalised approach, and we understand the person and their needs.” Staff told us “We try to de-escalate the situations using calm voices and distraction techniques”. Staff also completed incident reports detailing the situation and how they dealt with it.

The community health professionals we spoke with had positive things to say about the service. They told us they were happy with the service provided and that people’s needs were being met. One person told us “Staff are always patient but set boundaries and demonstrate good communication skills with people with mental health issues.”

Staff explained that some people who used the service had plans to move into their own accommodation one day. Staff said in response to people’s aspirations they helped

People access education, work and activities. This promoted confidence, independence and social contact. Relatives felt they were always welcome at the home.

Good

Is the service well-led?

Our findings

Staff we spoke with shared the provider's vision for the service. They told us that their responsibilities were to provide quality care that was safe and respected people's dignity which matched the provider's vision. Staff we spoke with told us they enjoyed working at the service. The three members of staff we spoke to all stated "I love my job, I really enjoy working here".

We observed that the registered manager was visible and available to people who used the service, relatives, visitors and staff. A community health professional who supported a person at Kismet House told us that the registered manager was always available to discuss that person's needs. During our inspection we saw the registered manager take a personal and participative interest in the people who used the service.

Staff were aware of the whistleblowing policy and procedure and their responsibility to raise any concerns that they may have. One staff member said " That will be for me (to whistle blow) if I witness abusive behaviours and raising it (concern) to anybody I need to tell

the

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the support delivered was completely person centred. We found that the registered manager was constantly looking at improvements that could be made and always ensuring the home was safe and provided compassionate care. We found that under their leadership the home had developed and been able to effectively support people with various mental health needs, including during times of crisis.

There was a system of checks to assure the manager that good care was being delivered in a safe environment. This included regular checks on medicine records, weekly, monthly and a yearly check with the pharmacy, and yearly checks on the competency of staff to ensure medicines were administered safely. These checks included actions planed stating what action the manager would take should there be any mistakes including retraining and observations on staff practice. There were also checks to ensure the monies held for people in the home were accounted for properly, incidents and accidents were monitored, and checks made on safety of the premises and equipment.

The manager encouraged a culture of openness and transparency. People were confident in approaching them with their issues and staff felt valued and trusted. Staff told us "The manager is very supportive". Staff also said that if the manager was not on the premises they are always on the end of the phone". We observed good team work during our visit, with all members of staff supporting with other with tasks, for example the night staff supporting the day staff to administer medicines when the other member of the day staff was called away to deal with a phone call. The manager and staff supported each other to make sure people's needs and interest were met.

We also saw that regular monthly meetings were held with people who used the service. At these meetings people were actively encouraged to look at what could be done better. Also we saw that surveys were completed with every person who used the service and their relatives. The information from this was analysed and used to look at areas for improvement.

A local authority contracts monitoring officer told us that they had no concerns about the safety and quality of people's care.