

ADR Care Homes Limited

Keneydon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Keneydon House is registered to provide accommodation and personal care for up to 21 people. The provider is not registered to provide nursing care. The home is located over two floors. At the time of our inspection there were 19 people living at the home.

This comprehensive inspection took place on 11 March 2016 and was unannounced. A registered manager was in post at the time of the inspection, they had been registered since February 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and the provider had failed to display their ratings within the home and on their website.

Staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. However, full pre-employment checks had not been completed on staff to make certain they were suitable to look after people who lived at the home. People were supported to take their medicines as prescribed and medicines were safely managed.

Risk assessment were not personalised and did not give the information on how to reduce the risk and ensure that people were kept safe.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. People were looked after by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of our inspection people who lived at the home who did not have capacity to make decisions about their support and care. The provider was aware of the procedure to follow and DoLS applications had been made. People were treated by respectful staff who encouraged and enabled people to maintain their independence.

People's needs were met and although people's care records did not provide full detail of the support that is required, especially for those people whose behaviour can challenge others. There was a process in place so that people's concerns and complaints would be listened to and acted on.

The registered manager was supported by a senior management team and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were enabled to make

suggestions about the running of the home. Quality monitoring procedures were in place and action had been taken where improvements were identified.

We found two breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement ●

The service was not always safe.

Whilst assessments were undertaken of risks to people and staff, they did not provide details of the risk or how to minimise it.

Robust recruitment procedures were not in place.

There were appropriate staffing levels to meet the needs of people who lived in the home.

There were processes in place to help make sure people were protected from harm and staff were aware of safeguarding reporting procedures.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (MCA and DoLS).

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who lived in the home told us they enjoyed living there and found the staff caring and kind.

Staff were respectful of people's privacy and respected their dignity.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was not always responsive.

Care plans were in place although they did not always outline all people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences.

A complaints policy and procedure was in place and people told us that they knew how to complain.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The provider had failed to display their ratings.

People and staff were involved in making improvements to the quality of the care provided. Arrangements were in place to listen to what people and their relatives had to say.

Procedures were in place to monitor and review the safety and quality of people's care.

Requires Improvement 

Keneydon House

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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.'

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 was 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.

The inspection took place on 11 March 2016 and was unannounced. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with the local authority contract monitoring officer. We had also received concerning information in relation to the staffing levels in the home.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We observed how the staff interacted with people and how they were supported during their lunch.

We spoke with eight people who used the service, one visitor, the registered manager, three care staff and the cook.

We also looked at two people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

Staff confirmed that they did not start to work at the home until their pre-employment checks, including a satisfactory criminal records check, had been completed. However, the staff personnel files we looked at showed that not all the required checks had been carried out before the new staff started work. One recently employed person had only received one character reference and no reference had been received from their previous employment. This meant that the provider had not taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a risk assessment process in place to ensure that people remained safe and that care and support would be appropriately delivered. Risks assessments included risks to the person when moving around the home, fire and falls. However, we saw that a number of the risk assessments were generic and did not look at the risk to the individual person or how this could be minimised. For example one person had a sensor mat in place. It did not indicate why the mat was being used or what the risk to the person was and how this could be used safely. Therefore this put people at risk of not receiving the support they required.

Accidents and incidents were reviewed on a monthly basis and the registered manager stated that they would look for any trends for example the time of day. They also told us that when a person had more than two falls a referral was made to the falls clinic.

Medicines were stored, administered and disposed of in a safe manner and accurate records of medicines received in the home, administered and returned to the pharmacy were maintained. Protocols were in place for people who required medicines on an as required basis. The registered manager regularly audited the medicines records to identify if there were any areas for improvement. Where improvements had been identified action had been taken. For example where a missed signature had been identified the person was spoken to and additional monitoring was put in place. The registered manager informed us that none of the people living in the home kept their own medication and that staff administered all peoples prescribed medicines. Staff we spoke with and training records confirmed that staff only administered medicines once they had received the training.

Staff demonstrated to us their knowledge on how to recognise and report any suspicions that people may have suffered any harm. They were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I have received safeguarding training and I would not hesitate in reporting any concerns to the [registered] manager." We saw that there were safeguarding reporting guidelines available in the office which included key contact numbers for the local authority safeguarding team. Records showed that appropriate processes had been followed to ensure people are kept safe from harm.

We spoke with staff who told us that they had been short of staff on some shifts and that people had on occasions had to wait for their care and support needs to be met. One member of staff said, "Staffing is much better now that we have recruited some new people." Another member of staff said, "It has been hard not having enough staff but it is better now." Our observations showed us that people were supported by sufficient numbers of staff. Staff who provided care and support during our inspection undertook this in a cheerful, unhurried and safe manner. Staff told us that staffing levels now allowed them to spend some individual time with people living at the home. We observed that peoples care needs were met in a timely way. We saw that staff assisted people to access the local community so that they did not become isolated

Is the service effective?

Our findings

People and a visitor told us that they felt staff had the appropriate skills to support them or their relative. One person said, "They [staff] know what they are doing and help me when I need it." The visitor said, "I think the staff get the training they need, they always know what to do."

Staff told us they loved their job. They said there was a training programme in place, which ensured they had appropriate training to meet people's needs. Staff told us they were also offered opportunities for more advanced training to develop their careers. One member of staff was enthusiastic about their job and told us that they had recently completed a team leader's course. They also told us they held a national vocational qualification (NVQ) at level 2 and 3 in care.

Staff told us they received face to face supervision, which included discussion of their progress and training needs. Staff told us that they had received an annual appraisal, which looked at their achievements during the year and then the setting of objectives for the coming year. Staff said that although there was no formal observation of their care practices they felt that they were monitored informally and provided with any support that they required.

People told us that staff respected their decisions. One person said, "Yes, I can choose when to go to bed." Another told us, "They [staff] always ask me if I need help before they do anything." A visitor told us, "They [Staff] accept and respect choices that [family member] makes. They try and encourage [family member] to take part in activities otherwise they would do nothing."

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).

People's capacity to make day to day decisions had been assessed by the registered manager. Where people lacked mental capacity to make decisions, they had been supported in the decision making process. This involved people who knew the person well, such as their relatives and other professionals. This meant that people's rights to make decisions were respected.

Staff had received training in the MCA and DoLS. We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood, and were able to demonstrate, that they knew about the principles of the MCA and DoLS. The staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and ensured that people's rights were protected. The registered manager had submitted a number of applications for DoLS to the supervisory body (local authority). At the time of our inspection the supervisory body had not made a decision on these applications. The registered manager told us she would review those that had been submitted some months ago and follow up with further correspondence to the supervisory body. This showed that staff understood and ensured that people's legal rights were respected.

We observed lunch and one person told us, "The lunch is lovely today. I love fish and chips they are my favourite." The atmosphere at lunch was calm and unhurried. Staff engaged in gentle banter and there was lots of laughter, which people enjoyed. People who required assistance to eat their meals were supported by staff who were patient and gave them the time they needed.

Whilst we found that people's views on the food was mixed, on the whole most were complimentary and comments included, "I can eat most things and usually do"; "I get what I want and like"; "They [staff] will get me what I like, if I don't like what's on the menu"; "It's not like home cooked food, I could cook much better, but I don't go hungry" and "I get enough to drink." On the day whilst most people ate the main choice of the day alternatives were on offer.

People were referred to the GP and dietician if they had unplanned weight loss. People received supplements, including the use of cream and full fat milk, to help them regain their weight. For example one person was being given additional supplements and records showed they were slowly gaining weight. This showed that action was taken so that people, at an increased risk of malnutrition or dehydration, were provided with meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately.

Records showed that people's health conditions were monitored regularly and they were seen by the GP. Details in people's care files confirmed that they were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Records showed that staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Staff told us that they had good support from the local GP surgeries and the district nurses. People had access to the local mental health team and where there were any concerns identified about people's mental ill health, reviews were arranged. The registered manager told us that people were provided with regular health checks from a range of health care professionals including chiropodists, opticians, nurse practitioners and mental health specialists. Records showed that referrals were made to health care professionals in a timely manner and that any advice given by health care professionals following their visits was incorporated into people's care plans.

Is the service caring?

Our findings

Staff were respectful, friendly and caring. One person told us, "The staff are lovely. They help me when I need it." Another person said, "They [staff] are very nice, we have a laugh and a joke, they are very helpful." A visitor also made positive comments about the staff, "Staff are caring and they treat everyone with dignity."

There was a welcoming atmosphere within the home which was reflected in the comments we received from people, the visitor and staff. People told us that their visitors were made welcome at the home. A visitor told us they were able to visit whenever they wanted to. One person told us, "My relatives can visit whenever they want." We saw there were a number of smaller areas in the home for people to socialise as well as in the main lounge.

All staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff knew people well and told us about people's history, health, personal care needs and preferences. A member of staff told us, "We like to ask families about people's lives as it is important to understand people and what like to do." This helped staff to understand people's actions and behaviours. Another member of staff said that this knowledge made it easier to talk to people living at the home about what their past lives had been like.

Staff were aware of people's religious and cultural values and beliefs. This information had been incorporated into people's care plans. Arrangements were in place for a monthly church service to take place in the home and people told us that they very much enjoyed the service. There were notice boards in the main lounge providing people with information of forthcoming events within the home.

People were supported and encouraged to make day to day decisions. For example, one person told us, "I go to bed when I want and I get up when I want." We saw people being asked what they would like to eat and drink and how they would like to spend their time. Information on accessing advocacy services was available in the home. An advocate told us that the staff at the home had made appropriate referrals to their service and that advocates were welcomed in the home. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Is the service responsive?

Our findings

People said that staff met their care needs. One person told us, "They [staff] look after me well." Another person said, "They [staff] are wonderful I get everything I need." A visitor said, "The staff are lovely and know [family member] well." Staff told us they try to be flexible and provide what people ask for and try to keep families involved in the care of their relative where appropriate.

Generally care plans were written in a way that gave details of the person's individual care and support needs, including their abilities and their preferences. However, we found that where people's behaviour may challenge others, there was not a detailed plan in place. This put people at risk of not receiving appropriate and consistent care.

We found that staff were knowledgeable about people's needs and preferences. People's care needs were assessed prior to moving into the home. People were involved with their care plans as much as was reasonably practical. Where people lacked mental capacity, their families, other professionals, and their historical information was used to assist with their care planning.

People were supported and encouraged to take part in hobbies, interests and activities of daily living. Care records showed staff had obtained information about people's interests and encouraged these to be maintained and new interests developed. People had mixed views about whether there was sufficient activity to keep them interested and occupied. One person said, "We're all so different although I don't do things I don't like. Although I like singing." Another person told us, "I love the crafts activities." A third person told us, "There is something happening most days even if only for an hour or two." They spoke of group activities they joined in and of entertainment that they enjoyed. However, another person said, "There is not enough activity. We need more games and quizzes."

Care staff told us they provided activities and engaged people in one to one chats whenever possible during the day. There were numerous photographs of the activities and entertainments that people had taken part in.

Everyone told us they were confident that any concerns they might raise with the registered manager or other staff would be addressed quickly. One person said, "I would know who to speak with about any problems." Two other people told us, "No complaints. I would go to the manager if had a complaint." Information about how to make a complaint was available in the home. Staff had a good working knowledge of how to refer complaints to the registered manager. A complaints process was available in the entrance to the home. There had been no complaints since the last inspection.

Is the service well-led?

Our findings

We found that the provider had failed to display the rating of the service both within the home and on the provider's website. The registered manager told us that it had been on display but they had recently carried out some decoration and it had not been replaced, although registration certificates were on view. They were unable to find a copy of the ratings during our inspection. Following our inspection the registered manager informed us that the ratings were now on display in the home.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People knew who the registered manager was and during this inspection we saw that the registered manager had a visible presence in the home. The registered manager knew the needs of all of the people living in the home and staff told us that the registered manager was very approachable.

Staff told us that regular staff meetings were held, that there was an agenda and that minutes of the meetings were kept for reference. Staff were able to add items to the agenda and felt confident that any suggestions that they had would be listened to. There were meetings for senior staff, as well as full staff meetings.

Staff told us that they felt supported by the registered manager and that if they had any concerns they would not hesitate to contact her. They said that she kept them informed of any developments or changes; this included new staff introductions and any decoration of the home. Staff were aware of the whistleblowing policy and told us that they would raise any concerns using the policy if they needed to. They were confident that the registered manager would take any concerns that they had seriously.

The registered manager carried out a wide range of weekly and monthly audits of the service. These included audits of medicines, care records, equipment, falls and window restrictors. We found that where areas for improvement had been identified, action had been taken. For example one person who had suffered a high number of falls had been referred to the falls clinic. The registered manager also audited complaints and accident records to identify any themes or trends.

The registered manager had systems in place to ensure that the building and equipment was safely maintained. Essential checks such as those for fire safety took place regularly.

People's views about the service were sought and there were residents meetings where people living in the service could suggest areas for improvement. These were held every three months and relatives were also invited to attend the meetings. One suggestion had been to put in a wet room and this had recently been completed. Questionnaires were also sent to relatives, people using the service and other stakeholders to seek their views about the service. The latest survey results had not been collated. Although the registered manager told us that a report would be written and any suggestions for improvements would be incorporated into an action plan.

CQC had received all notifications as required. Notifications are events that registered people are required to tell us about by law.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services were not protected because robust recruitment procedures were not in place. Regulation 19 (1)(a) and (3)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider has failed to display the ratings on their company website and in the home. Regulation 20 A (2) (3)