

Portsmouth Estates Limited

Kinross

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 8 and 12 January 2015 and was unannounced. The service provides care and accommodation for up to 29 older people some of whom live with dementia. There were 27 people living at the home when we visited. The home is across two floors with a mix of single and double occupancy rooms. Communal areas included a main lounge, a quiet lounge, dining room and large garden area.

At the last inspection on 5 August 2014 we asked the provider to take action to make improvements to the care and welfare of people who use the service, cleanliness and infection control and assessing and monitoring the quality of service provision. The provider sent us an

action plan in October 2014 stating the action they would take to meet the requirements of the regulations. The provider had taken action and were meeting the requirements of the regulations, however we identified areas which required improvement.

Whilst CQC had a named registered manager on our system, this person had left employment at the home in August 2014. As such there was no registered manager. The provider was working in the home every day to provide management support whilst they decided who would take on this role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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 told us they felt safe. Relatives we spoke to had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained information to guide staff about the management of risks for people and staff understood these. Risk assessments associated with the use of equipment had been completed. These were recorded in people's care records and reference was made to these in people's care plans.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People and staff told us there were enough staff on duty.

People were supported to take their medicines as directed by their GP. Three medicines rounds were observed however one that we observed demonstrated poor practice by staff. Guidance on the use of as required medicines was not in place.

The home was clean and tidy and the provider had introduced appropriate systems to monitor this.

Staff were supported to develop their skills by receiving regular training. People and staff said they were well supported. People's dietary and other health care needs were met and the provider worked well with other professionals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the service had submitted applications for DoLS to the local authority and had been informed these had been approved. Care records made reference to people's DoLS. Where people lacked the mental capacity to make decisions the provider was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People's privacy, dignity and independence were respected and encouraged. Staff demonstrated a caring approach to people and understood their needs well. Care records contained personalised information which staff said helped guide them when providing support. Activities were in place which people enjoyed and staff encouraged their engagement.

Service delivery was open and transparent. Communication in the home and with other professionals was positive and effective. The provider was undertaking regular checks of the service however these were not recorded and some audits they planned to implement had not yet started. We have made a recommendation about the effective auditing of service provision.

We found a breach of the Health and Social Care Act 2008 Regulated Activity Regulations (2010) which corresponds to a breach 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 this report.

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?

The service was not always safe. Medicines were not always administered safely and where 'as required' medicines were used there was no guidance for staff about when these may be required.

The provider had a good understanding of safeguarding people at risk and responded appropriately. Care records gave guidance to staff about the measures they should take to reduce any risks associated with people's care.

Recruitment of staff was safe and appropriate checks were undertaken. Staffing levels were appropriate to meet the needs of people.

The home was clean and tidy. The provider had introduced effective systems to monitor this.

Requires Improvement



Is the service effective?

The service was effective. Consent was sought from people before care was delivered. The provider and staff had a good understanding of the Mental Capacity Act 2005 and demonstrated how they had applied this. Where people could provide consent the provider had requested this.

Staff were well supported. They were encouraged to undertake further qualifications and the provider was monitoring and discussing training requirements with staff.

People's dietary needs were understood and met. The provider worked well with other professionals to ensure health needs were met.

Good



Is the service caring?

The service was caring. Staff understood and knew people's needs and preferences well.

People were encouraged to be involved in decisions about their care and the service. Decisions were respected.

Privacy, dignity and independence were encouraged and respected.

Good



Is the service responsive?

The service was responsive. Care plans were personalised to meet people's individual needs. They provided guidance to staff about the support people required. People were encouraged and supported to do as much for themselves as they could.

There was a clear complaints procedure in place. People were confident any concerns would be addressed.

The provider sought feedback from people and their relatives and used this to identify where development needed to take place.

Good



Summary of findings

Is the service well-led?

The service was not always well led. The service did not have a registered manager who was working in the home.

The provider was in the home every day and supported staff to ensure an open and transparent service.

Auditing systems were not always fully effective in identifying issues of concern.

Requires Improvement



Kinross

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 8 and 12 January 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience in providing nursing care to older persons. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people using the service and two family members. We spoke with the provider and six staff including care staff, kitchen staff and administration staff. We also spoke with four external health and social care professionals and an external activity provider. We looked at care plans and associated records for six people, staff duty records, five recruitment files, supervisions and training records for 12 staff. We looked at records of complaints, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. 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.

Is the service safe?

Our findings

People we spoke with felt safe and relatives confirmed this. They described staff as caring and responsive to their needs. However, medicines management was not always undertaken in a safe way.

We observed medicines being administered and were concerned about our first observation. This was not carried out safely. Medicines records were not available to support the checking process needed to administer medicines safely. On two occasions we saw a staff member dispense the medicines, place them on a table and a second staff member enter the room, pick them up and then administer to the person. The second member of staff could not be assured this medicine had been dispensed correctly and was for the person it was prescribed for. The provider told us this had not happened before, however we found an incident record dated December 2014 which showed a medicines error because the person dispensing the medicines did not administer it. We observed a further two medicines rounds and observed this practice did not happen. On these occasions, one member of staff was involved in the medicines administration and ensured all records were available and checked against these.

Most staff had received training in medicines administration. The provider was a registered nurse and said they observed staff administering medicines to deem them as competent to do so, before allowing them to do this alone. Records of these observations and competency were not recorded.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Medicines were stored in locked cabinets within the main office. Medicine storage cabinets were clean and well organised.

Medicines Administration Records (MAR) were up to date with no gaps or errors. The provider told us a stock check and audit of medicines was undertaken weekly by the provider however only records of controlled medicines checks were recorded. Care plans were not in place for 'as required' medicines and there was no guidance for staff about how to assess when these may be required. For example, for one person who was prescribed medicines to support the management of behaviours, there were no guidelines about when staff should consider using this

or how they would identify the need to administer this. Although staff could tell us when these were used, the lack of guidance placed people at risk of receiving medicines inappropriately.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection in August 2014 we found the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010) because care and treatment was not always planned and delivered in a way that ensured people's safety and welfare. People were at risk of not receiving the care they required. We also found people were at risk because appropriate infection control measures were not in place. The provider sent us an action plan telling us the action they would take to ensure they met the requirements of the law. They told us they would achieve compliance with the regulations by the end December 2014. At this inspection we reviewed the progress the provider had made and found they had made improvements.

Assessment tools were used to identify risks to people and risks were safely managed.. These included, behaviours, personal safety, moving and handling and falls. Care records provided information to staff about the management of risks. For example, for one person a risk assessment was in place regarding falls. This identified the risk and gave staff instructions to ensure a falls alarm mat was used. The care plan did not state there was a falls risk for this person, however it gave instructions for staff on how to support the person's mobility which included measures which would reduce the likelihood of falls. For example, ensuring correct and secure footwear. Ensuring that mobility aids were to hand and ensuring the area was obstacle free. Staff knew this person very well and knew the risk of falling. They said they encouraged the person to use alternative mobility aids however through choice they choose not to. As such they regularly checked this person throughout the day. For a second person their care records contained information about a health condition which could present a risk to the person. This gave clear information about the risks, the signs and symptoms staff should observe for and any necessary actions they should take to ensure the safety and welfare of the person.

Is the service safe?

Improvements had been made to the cleanliness of the home. People were cared for in a clean and hygienic environment. The provider had recruited new cleaning staff who worked seven days a week. The home was clean, tidy and odour free. Staff demonstrated good infection control practices. Daily and weekly cleaning records had been introduced and these were signed when the work had been completed. These had been signed for on most occasions. The home carried out monthly environmental cleanliness checks. Where actions were identified these had been recorded and completed. The training record showed seven of 12 Care staff and one of two cleaning staff had completed on line training in infection control. The provider had advised all staff of the need to complete this. Staff confirmed this.

The provider knew what actions to take in the event any safeguarding concerns were brought to their attention. There had been one incident that was reported to the local authority safeguarding team. The manager told us they had discussed this with the local authority who were satisfied

with the action taken. The provider had not recorded this discussion; however the local authority confirmed this. Social care professionals told us the provider responded appropriately to safeguarding concerns and they had seen improvements in the way the service was provided as a result. Staff had completed safeguarding training and were able to describe the types of abuse they may witness or be told of. They knew how to report any safeguarding concerns within or outside the service.

Recruitment records for staff contained all of the required information including two references, an application form and Criminal Record Bureau (CRB) or Disclosure and Baring Service (DBS) checks. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. There were enough staff on duty to meet people's needs. Staff were not rushed and were able to spend time with people. People raised no concerns about staffing levels and said they responded promptly.

Is the service effective?

Our findings

At our last inspection in August 2014, we found the provider had not made suitable arrangements for obtaining and acting in accordance with the consent of people. Consent forms had been signed by relatives with no evidence they had the legal authority to provide such consent. There was no evidence of mental capacity assessments or best interest decisions for those people who required these. At this inspection we found improvements had been made.

Where people were able to provide consent the provider had sought this and people's decisions were respected. The provider and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for ensuring that people's rights to make decisions are supported and that capacity to make decisions is assessed where appropriate. Staff knew that if a person lacked capacity, relevant people needed to be involved and meetings held to help ensure decisions were made in the persons best interests.

Where people lacked the capacity to make decisions about living in the home the provider had completed mental capacity assessments and recorded the best interest decision making process. We saw this process had included relevant others in the decision making. The provider had submitted applications for Deprivation of Liberty Safeguards authorisation where this was required. A copy of the application was held in the person's file and where the provider had received written confirmation of the authorisation this was also retained. A record was held of the date these expired to allow the provider to monitor these and people's care plans made reference to DoLS.

All new staff members completed an induction when they first started work. This provided them with guidance about their job role and involved a period of time shadowing other experienced staff members. The provider supported staff to obtain recognised qualifications such as Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard).

Supervision meetings with staff had not previously been consistent at our last inspection and the provider had worked to ensure each staff member received these. At this

inspection, records showed every staff member had received a supervision session to discuss areas that were working well and where their development was to be supported.

The provider had recognised the need to improve staff training. They had invested in an online package to support staff and which allowed the provider to monitor staff progress and further development needs. Staff were confident training helped them in their roles. The training record showed gaps for some staff in some training areas. For example, four of 12 staff had not completed dementia awareness, four staff had not completed training in safeguarding vulnerable adults and six had not completed training in person centred care. This training had been made available to staff. The provider was aware of the gaps and told us they were discussing these in supervision meetings.

People said they enjoyed the food and always had enough to eat and drink. They said there was always something to eat and drink available and if they wanted more or something different this was supported. The cook had prepared a variety of options for the evening meal and told us how they were discussing options with people based on their likes and dislikes. One person we spoke with confirmed this. The cook was aware of each person's dietary needs and how they preferred their food to be cooked. For example, they told us how one person likes their fish to be really crispy or they would not eat it.

People had care plans associated with eating and drinking, their preferences and the support they may require. For example, one person preferred to drink from a mug and due to a health condition needed to avoid rich foods. Another person had a small appetite. The provider did not have a set of sitting weighing scales in the home and told us they did not have the storage for these. They monitored people's weight by measuring their arm circumference. Guidance was available for staff to understand how to use this measurement appropriately. At the time of our visit no one's food and fluid intake was being monitored using a formal recording system. Staff and the provider told us if there was a cause for concerns this would be implemented and a discussion with the GP would take place and be recorded.

People had access to a range of health care professionals including opticians, dentists, GP and specialist nurses. One health care professional told us the home made timely and

Is the service effective?

appropriate referrals for support and were confident they would ask for support from others when this was needed.

They acted on advice and guidance. Following a GP visit staff acted promptly to ensure the local pharmacy had the prescriptions prepared to ensure people could start medicines as soon as possible.

Is the service caring?

Our findings

People were satisfied with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. One person said “Very nice; clean; good food, well-cooked; I feel well looked after. There’s a family atmosphere.” And: “You’d have to be very hard to please, not to like it here.” Another said “They are so kind – the girls wait on you hand, foot and finger.”

Each person had an individual plan of care. The provider told us they met with people regularly to ensure the care plans reflected their needs. People did not recall having a care plan or being involved in this however they all said staff knew how to support them and respected the decisions they made. Care plans contained some personalised detail about people's likes and dislikes and staff were aware of these. Care plans recognised people's abilities as well as the support they needed. For example, for one person their mobility care plan detailed how they used a grab rail to pull themselves up and hold their balance. Staff spent time talking with people and encouraged them to talk about things that were important to them.

People were offered choices and these were respected. For example, staff at the home were encouraging one person to use a walking frame however this person wanted to

continue using a walking stick. Whilst encouraging this person their decision was being respected and staff increased their observations to manage associated risks. A second person chose to remain in their room. Staff had tried a number of approaches to encourage them to join others, however they chose not to. This was respected and care records reflected their decision.

Staff were knowledgeable and understood people's needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them.

People's privacy and dignity was respected. Staff knocked on people's doors before entering and waited for a response before entering. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. Staff showed they had a caring attitude towards people and recognised when they needed support. One person became distressed at lunch time. A carer responded immediately, they were kind and compassionate in their approach. They recognised the person did not want others to see their distress and supported them to another room. This person told us they “Appreciated that”.

Is the service responsive?

Our findings

People said they were happy in the home and described the staff in a positive way. They told us staff knew and understood their needs and provided the care and support they required. One person told us of a previous injury they had in the past received medicines for. They said “It’s fine now, but [the manager] says if I ever want a tablet [pain relief]], I can have one.”

At our inspection in August 2014 we found the provider was in breach of regulation 9 of the Health and Social Care Act 2008 Regulations (2010) because care records provided basic information on the tasks people required support with, however no supporting or individualised plans of care as to how these needs should be met were used. There were no activities planned and very little engagement and stimulation for people. At this inspection we found improvements had been made.

Before people moved into the home a pre assessment was undertaken to ensure the home could meet their needs. This included gathering information about the history, likes, dislikes and current needs of people. Staff told us these gave them a good level of information to be able to understand the support people needed, including any risks that may be associated with their care.

Staff said the care plans supported them to respond to people’s needs appropriately. Care plans contained personalised information based on what people could do for themselves and where they required support.

One person was using a bed with a special mattress in place which was powered by a control unit to change the surface pressure of the mattress. This was to support the person’s skin integrity and help prevent the person from developing pressure sores. There was information in the care records to advise staff about how to ensure the bed was safe and to ensure staff checked the mattress setting daily. Staff knew how to change the setting if required and what setting this should be on. There was information in the person’s room to guide staff. Whilst this was checked daily, the checks were not recorded.

The manager told us of a meeting that had been held to review the needs of one person in the home. They said their needs had increased and the decision was made that the home could no longer provide appropriate support for them. Two professionals we spoke with told us the provider

was very good at recognising when people’s needs had changed and getting others involved as necessary. One health care professional told us “If they don’t think they can meet someone needs they take action to make sure the right placement is identified”.

When staff came on duty they received a verbal handover from staff going off duty. This included any issues that had occurred and any appointments or specific information for individual people. Staff told us these handovers helped to ensure staff were able to respond to people’s needs effectively and helped ensure people were supported in a meaningful way. There was also a staff communication book kept in the office. This was used by staff and management to pass on information to each other.

People told us there were now more activities and they enjoyed these. They described singers and musicians coming to the home, and staff did a variety of other activities with them. They told us Christmas was “Lovely” with a “Lovely Christmas tree and presents for everybody”. Activities from an external provider were prearranged and planned regularly. Activities were carried out in the main lounge area by staff. On the first day of our visit staff supported people to dance to music. Staff were encouraging people to participate and where their mobility needs meant they found this difficult, staff adapted the approach to ensure they could engage with the activity. They did this by moving the person’s chair and dancing with them whilst the person remained seated. An external activities coordinator attend both days of our inspection, they encouraged people to participate in singing and reminiscence. People were engaged and laughing throughout.

Staff spent time with people and responded quickly if people needed any support. We heard a call bell sound in one of the rooms and this was quickly answered by staff. Throughout the day staff spoke to people and asked them if they wanted any assistance. People told us that the staff in the home knew the support they needed and provided this as they required it.

There was a complaints procedure in place and the manager told us that complaints and concerns were responded to in a timely manner. No complaints had been made since August 2014. Records of the complaints were maintained including the action the provider had taken. No one living in the home had any complaints and said they would be confident to take to the staff if they did.

Is the service responsive?

The provider had introduced resident meetings to give people the opportunity to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were encouraged to provide feedback and be involved. At the last meeting people were asked to think about whether they would like their relative's present.

People and their relatives were given opportunities to provide feedback about the home through annual surveys. The results of these had been analysed and the provider had identified the need to continue to improve activities within the home as people had been pleased with the improvements already made in this area.

Is the service well-led?

Our findings

Everyone we spoke with described Kinross in a positive way. They spoke highly of the staff and felt that if they had any concerns these would be addressed. Staff described Kinross as a positive place to work. They said there was good communication and team work, with a commitment to providing the best possible support to people. They said they felt well supported and had no concerns.

Following our last inspection the provider sent us an action plan telling us what they would do to meet the requirements of the regulations. This included auditing of leisure and social activities, audits of care planning and care records. They sent us this action plan in October 2014 and told us they would commence these audits after three months, therefore these had not yet been fully established or completed. There had been no audit of leisure/social activities. The provider said they had requested a summary of activities for people from the external activities provider and were currently waiting for this. Once received this would be reviewed to establish if this was working well for people. However they had discussed activities in a resident meeting and asked for feedback in their annual survey; both provided positive feedback regarding these.

Each month care plans were reviewed by the provider and updated as required. They said this was their record of audit of care plans. Whilst we saw that changes were made to some care plans we noted the assessments of risk were not always fully reflective of people's history. For example, the assessment tool for falls for three people we reviewed did not reflect their history of falls. Whilst staff were aware of this and care plans were in place to guide staff on the management of these risks, the review system used had not identified the conflicting information. Whilst the provider told us they audited medicines, there were no records of the audits, findings or any actions held. The provider told us they would be introducing a formal auditing tool however they had not yet completed this.

Monthly provider visits had taken place August, September and October 2014. Each of these recorded the same basic detail. They recorded what records had been looked at, that no risks had been identified and all service users had said they were "happy". These had not taken place since October and the provider stated this was due to them

being in the home every day. They said once they had appointed a new manager these visits would restart to ensure they could monitor all aspects of the service provided.

Whilst CQC had the name of a registered manager on our register they were no longer employed by the provider and were not working in the home. The provider had notified us of this and they were undertaking the role of manager whilst they recruited and appointed to this position.

The provider told us they had taken CQC's last inspection report very seriously and as a result had made changes to the service in order to meet the regulations and make the improvements for the benefit of people in the home. As such they were working in the home most days of the week to provide a supportive role model.

The provider explained the ethos of the service was for people to have the best care and do the things they enjoyed. This was echoed by staff throughout the inspection. The provider encouraged open communication and operated an open door policy, welcoming feedback. They were confident they had a good staff team and felt confident staff would talk with them if they had any concerns. Staff confirmed this and stated they could make suggestions at any time and these were listened to and acted upon as necessary. Staff were confident the provider was responsive to them and to the people living in the home. They had no hesitation in raising concerns. Records showed staff meetings had taken place and staff were asked to provide input. Staff were actively engaged in making suggestions to improve care and in developing the service.

A health care professional we spoke with told us the manager works well with them and is always looking to provide the best support to people. They described the provider as very thorough and stated communication was good. They told us they "definitely" felt it was a safe and well led home.

A social care professional told us they had "really gone out of their way for [the person]". They said the provider was open and transparent, were good at involving social services and responded well. They said they had seen improvements in the home since the provider had begun managing the service.

Is the service well-led?

We recommend the provider seek guidance from a reputable source about effective auditing of service provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the registered provider had not fully protected people against the risks associated with the unsafe management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 12 (1)(2)(g).</p>