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Kenilworth Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Kenilworth Care Home is registered to provide care and accommodation for up to three people who have a learning disability.

The premise is presented across two floors with access to the first floor via stairs. People's bedrooms are single occupancy. Communal space consists of two lounge areas and dining room/kitchen. There is a private garden with a patio at the rear of the property.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid people's mobility needs. The home had a homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 22 March 2016 and was unannounced.

There was positive feedback about the home and caring nature of staff from people who live here. One person said, "All the staff are very kind to us."

People were safe at Kenilworth Care Home. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. One person said, "There are always enough staff here to help me if I need it." Staffing levels changed to reflect the support needs of people.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. A staff member said, "It's about not stopping people from doing what they want to do, but to lessen the risk to them." Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to

evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency. An alternative location for people to stay was also identified in case the home could not be used for a time.

People had the capacity to understand and make decisions about their care and support. The registered manager and staff had a good knowledge of what would need to be done if people did not have the capacity to understand or consent to a decision. They would then follow the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

As people had capacity to make decisions for themselves their liberty had not been restricted to keep them safe. The Staff and management had a good understanding of the requirements of the Deprivation of Liberty Safeguards (DoLS), so if a person's capacity changed they would know what to do to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. Staff had a good understanding of specialist diets that people were on to ensure people could eat and drink safely, and still enjoy their meals.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. One person said, "All the staff are very kind to us." Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted, and other arrangements were available to maintain contact with relatives who lived a long way away.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods in the care plans matched with what we saw on the day of our inspection, and with what people told us.

People had access to activities that met their needs. A large proportion of the activities were based in the local community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals, and had supported them for many years.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. This was a small family owned business so the provider regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People had the opportunity to be involved in how the home was managed. Surveys were completed and the feedback was reviewed, and used to improve the service. One person said, "I have lived here many years and the staff are very nice people. I am very happy here."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go and visit them, whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities that matched their interests. People had good access to the local community.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey.

Staff felt supported and able to discuss any issues with the manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Quality assurance records were up to date and used to improve the service.

Kenilworth Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 March 2016 and was unannounced.

Due to the very small size of this home the inspection team consisted of one inspector who was experienced in care and support for people with Learning Difficulties.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with all three people who lived at the home and four staff which included the registered manager and the provider. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in October 2013 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Kenilworth Care Home. One person said, "I have lived here many years and the staff are very nice people. I am very happy here."

There were sufficient staffing levels deployed to keep people safe and support the health and welfare needs of people living at the home. One person said, "There are always enough staff here to help me if I need it." Staff said that they felt there were enough staff for them to support people and meet people's needs. The registered manager calculated the number of staff that were required based on the support needs of the people that lived here. Staffing rotas demonstrated that the number of staff on duty matched with the numbers specified by the registered manager. Staffing levels also changed to reflect the needs of the people, so if people were out visiting their relatives at the weekend, there were less staff deployed in the home to reflect this. During busy times, such as when people may have been ill, the number of staff had been increased to ensure people's needs had been met.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. At the time of our inspection there had been very few accidents at the home, showing people received a good safe level of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things they liked because it was too 'risky'. A staff member said, "It's about not stopping people from doing what they want to do, but to lessen the risk to them. We may need to give them more support, or do a new care plan so there are clear guidelines for staff." Assessments had been carried out in areas such as ironing clothing, smoking, mobility, and behaviour management. Measures had been put in place to reduce these risks, all of which involved the person. The assessments recorded how each person had discussed the risk with staff, and how they had agreed to control the risk. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

External hazards and accidents were also reviewed to see if people who lived here would be affected. A fairly recent accident happened in Surrey involving a person who smoked. The registered manager had reviewed the risk assessments around smoking with the people in response to this accident, to ensure the current controls they had in place would keep people safe.

People were cared for in a clean and safe environment. The home was well maintained. The risk of trips and falls was reduced as flooring was in good condition. Assessments had been completed to identify and

manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. One said, "We have to keep the environment safe for people, by looking for things that could cause an accident." Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who supported people with medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A person said, "Staff are really good and know the things I need help with."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member told us they had regular one to one meetings (sometimes called supervisions) with the manager, as well as group team meetings. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

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 all had capacity to make decisions for themselves, and were able to go out on their own if they wished.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. One staff member said, "MCA is about where someone may have a disturbance in the brain or mental health condition. I can't make decisions for them if they can't make them for themselves. We would have to have a best interests meeting to discuss consent, and may need to use independent advocates to make sure we are acting in a person's best interests." Staff were seen to ask for people's consent before giving care and support throughout the inspection. They also took time to explain decisions and possible consequences to help people make decisions for themselves.

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 are called the Deprivation of Liberty Safeguards (DoLS). As people had capacity to make decisions for themselves, the DoLS were currently not applicable at the home. Staff understood that people's capacity could change, and if they had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS. This would ensure people's human rights would be protected.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. A person said, "The food is very nice and I get to eat my favourite things." Lunch was observed to be a lively and had a 'family meal' feel to it. People were able to choose where they would like to eat. People were involved in laying out the table, choosing the food they would like, and supported by staff when needed. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they enjoyed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. One person said, "If I get unwell, staff help me feel better." Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. One person said, "I get to go to hospital every six months for a check-up." Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the effective care given by staff, for example overcoming colds and flu.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "All the staff are very kind to us." Staff were focussed on caring for people. Another person said, "This is a lovely place to live." A staff member said, "The best part of the job is talking with the people, and going out with them to do things."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff were very caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. People's independence was promoted and supported by staff. Each person had specific duties to complete around the home, such as cleaning, or ironing and other household tasks. One person said, "We have house duties and I really enjoy doing them." Another person took great pleasure in spending time in the garden weeding.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Their knowledge covered people's past histories, and family life, down to a person's favourite food. The information staff shared with us, was confirmed as correct when we spoke with the people who lived here.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy.

People's rooms were personalised which made it individual to the person that lived there. Each person took great pleasure in showing us their room, and took pride in how they had get their rooms tidy, and talked to us about the decorations and what they meant to them. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. People told us they could have relatives visit when they wanted, or go and stay with their relatives if they wished. Where relatives may not have lived locally the registered manager had provided a computer for people to use so they could make video calls and keep in touch with family and friends.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the manager or key worker. Family members, health or social care professionals, and people involved in activities outside the home were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs.

People's choices and preferences were documented and were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. People received support that matched with the preferences record in their care file, for example being supported to do activities they enjoyed, or helping them to apply medicinal creams.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. There was also a section that gave very specific important information about the persons support needs. This would go with them if they needed to be admitted to hospital so that staff there would have clear guidance on the person's preferences and choices, and how they liked to be supported.

People had access to a wide range of activities, many of them based in the community. One person said, "I get to go out on my own whenever I want, and I go and visit my family at the weekend." Activities were based around people's interests and to promote their independence and confidence. People had access to day centres, social clubs and holidays abroad. During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as gardening, or listening to music and watching programmes on the television.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. The registered manager said, "Things like complaints, and inspections are an opportunity for us to learn and we can use that feedback to improve the home for people." There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. There had been no complaints received at the home since our last visit.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. When we arrived at the home, the people who lived here were the ones who opened the door, introduced themselves and welcomed us in. It was clear they felt that this was their home, and not just a place they stayed to get support.

Senior managers were involved in the home because it was a small family run business. Both the registered manager and the provider had a hands on approach to care and support, and were in the home on a daily basis. They were both in constant contact with the people and the staff, so could see that a good quality of care was being provided in a safe environment. This made him accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's high standards. The registered manager and provider had a good rapport with the people that lived here and knew them as individuals.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when. Actions that had been highlighted were addressed in a timely fashion, such as a staff meeting being arranged.

People were included in how the service was managed. People had access to regular house meetings where they could discuss items they would like to buy, any issues they wanted to raise, and what activities they would like to take part in. Minutes of the meetings showed that people had the opportunity to raise any concerns, and were encouraged to tell the staff what needed to be done around the house, or in relation to their care and support needs. The registered manager also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the home and staff. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the home.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. One staff member said, "I feel very supported by (the registered manager and provider). They are both very supportive and flexible if we have a problem." Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. One staff member said, "We have staff meetings, where we can discuss things around the home that need improving, and then how we can improve the care and support for the people who live here."

The registered manager was aware of their responsibilities with regards to reporting significant events to the

Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.