Auditcare Kirlena House Limited

Kirlena House

Inspection report

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Date of inspection visit:
10 November 2016
11 November 2016

Date of publication:
29 December 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 10 and 11 November 2016. It was an unannounced inspection.

Kirlena House is registered to provide accommodation for up to 12 older people who require personal care. At the time of the inspection there were 12 people living at the service.

At the previous inspection on 2 October 2015 we found the home was not acting in accordance with the principles of the Mental Capacity Act 2005 (MCA) and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We also found that the registered manager had not taken reasonable steps to mitigate the risks to the health and safety of service users receiving care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made significant improvements to address the areas of concern and bring the service up to the required standards.

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

Staff understood the MCA and applied its principles in their work. The home had taken reasonable steps to mitigate the risks to the health and safety of service users receiving care. Care records contained up to date guidance for staff to manage the risks associated with peoples care. Staff followed this guidance.

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The service sought people's views and opinions. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality

of the service the home provided. Learning from audits took place which promoted people's safety and quality of life.

People had sufficient to eat and drink. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

Staff spoke positively about the support they received from the registered manager and the provider. Staff had access to effective supervision. The registered manager's visions and values of the home were embedded within service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive. People's needs were assessed to

ensure they received personalised care.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

There was a range of activities for people to engage with.

Is the service well-led?

Good

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

There was a positive and open culture in the home and the registered manager was available and approachable.

Kirlena House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

This inspection took place on 10 and 11 November and was unannounced. The inspection was carried out by one inspector.

We spoke with five people, four relatives, four care staff, the chef, the registered manager, the nominated individual, the provider and one healthcare professional. We reviewed six people's care files, six staff records and records relating to the management of the home. Prior to the inspections we spoke to commissioners of the home to get their views on the service is run.

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.

Before the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

At the previous inspection on 20 October 2015 we found that the registered manager had not taken reasonable steps to mitigate the risks to the health and safety of service users receiving care. Thickening powder that was prescribed to be used as part of the treatment for people with swallowing problems was not stored in line with safe storage guidance. Call bells were not always in reach and the home had not followed the recommendations of a speech and language therapist (SALT). This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made improvements to address the areas of concern and bring the service up to the required standards.

We noted that people had call bells within reach and that staff responded to call bells in a timely manner. At this inspection the home was not supporting people who had been prescribed thickening powder. However the registered manager demonstrated their knowledge of the safe storage guidance and showed us where thickeners would be stored in the event that a person was prescribed them.

At this inspection the home was not supporting people who had received recommendations made by SALT. However we noted that the service had made a referral to SALT following concerns that a person was starting to have difficulties swallowing. We spoke with the chef who understood foods that were classed as high risk to people with swallowing difficulties.

People told us they felt safe. Comments included; "We are all safe here", "They look after us here, they are very good", "Yes I am safe here" and "They have been ever so good to me since I have been here".

Relatives told us that people were safe. Comments included "Oh yes definitely mum is safe here", "Mothers the sort of person that would tell you if there was a problem, she tells us she is really happy here" and "Mums in the best place she could be. When I ring mum, she always tells me she is happy".

People were supported by staff who could explain how they would recognise and report abuse. One staff member we spoke with described the different types of abuse. They told us "We are here to protect people from harm whether it is self-neglect, physical, sexual, emotional or financial and "If I felt that something was wrong or saw that people were being treated differently then I would act on it". Staff we spoke with told us they would report concerns immediately. Comments included; "I would go to my manager or the person on duty, if nothing was done then I would go above", If I had any concerns then I would raise it with my manager. We need to make sure people are safe" and "I would report it straight to [registered manager]".

Staff were also aware they could report externally if needed. One staff member told us "I would go to the CQC (Care Quality Commission)". Another staff member said "I would contact safeguarding".

People's care plans contained risk assessments which included risks associated with; moving and handling, choking, pressure damage, falls, personal care and environment risks. Where risks were identified plans

were in place to identify how risks would be managed. For example, one person was at risk of developing pressure damage. The person had been referred to the tissue viability team and their guidance was being followed. This included the use of pressure relieving equipment and to frequently encourage and support the person to change their position. We observed staff following this guidance. We spoke with this person and they told us "They have been ever so good to me, I don't know what I would have done without them".

Another person was assessed as being at high risk of falls. This person's care record gave guidance for staff to mitigate the risk to this person by ensuring that the person's walking aid was within reach. We observed staff following this guidance.

People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result.

People had their medicines as prescribed. Staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager.

We observed a medicine round and saw correct procedures were followed ensuring people received their medicine as prescribed. Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

We observed, and staffing rotas confirmed, there were enough staff to meet people's needs. Relatives told us there were enough staff to meet people's needs. One relative said, "I feel there is enough staff. If mum needs something all she has to do is click her fingers and they are there straight away". The registered manager provided a 'dependency tool' that evidenced how the home matched the needs of people against the number of staff needed. We saw evidence that this was regularly reviewed by the management team. During the day we observed staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Good

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

At the previous inspection on 2 October 2015 we found the home was not acting in accordance with the principles of the MCA and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made significant improvements to address the areas of concern and bring the service up to the required standards. For example we noted that the staff had acted in a person's best interest following a mental capacity assessment that was carried out by the home. We saw evidence that this best interest decision had involved the person's relatives, their G.P and the local pharmacy team. The impact of this was that the person's quality of care improved.

We discussed the MCA with the registered manager who was knowledgeable regarding the act. They told us "We assume that everyone has capacity until proven otherwise. If we have concerns or see changes then it's time to assess it, we do this by involving the person, their family, G.P and other professionals". People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included "Capacity can change", "Everyone has capacity until proven otherwise" and "It protects people to do what they want".

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). We found the home was meeting the requirements of DoLS. At the time of our inspection the service had made DoLS applications for one person.

People told us staff were knowledgeable about their needs and supported them in line with their support plans. One person told us "The staff here certainly know what they are doing". Relative's told us staff were knowledgeable. Comments included; "The staff are very good and they know what mum needs", "The staff are marvellous" and "I am safe in the knowledge that she's getting the right care by staff who know her".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included MCA, moving and handling, safeguarding, dementia, infection control, fire awareness, medication and pressure care. Staff comments included "The training is alright, I like it", "The training is good, we get a lot of updates" and "We always discuss training and areas for improvement. I enjoy the training". Staff told us and records confirmed that staff had access to further training and development

opportunities. For example, staff had access to national certificates in care.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff told us they felt supported by the registered manager. Comments included; "We have supervision and I can discuss what I like and what I don't like here. I get to share my ideas", "[Registered manager] is very supportive", "I feel supported" and "In supervision we discuss the residents and make sure they are fine". The registered manager told us "I also get the support that I need from [Provider]".

Since our last inspection the service had made changes to the adaption and design of the home to ensure that a stimulating environment was created for the people living there. We observed parts of the home where people were living with dementia were decorated in a way that followed good practice guidance for helping people to be stimulated and orientated.

People had sufficient to eat and drink. People who needed assistance with eating and drinking were supported appropriately. The kitchen assistant advised us that if people did not like the choices available an alternative would be provided. During our inspection we observed that the food looked wholesome and appetising. People told us they enjoyed the food provided by the home. Comments included "The foods very nice", "The curry they do is lovely", "We've got fish and chips tonight. That's my favourite" and "The foods really good". One relative we spoke with told us "[Person] gets good food here".

Menus were displayed in the homes dining area and staff assisted people with their choices. People were offered a choice of meals three times a day from the menu. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout. People had access to and were offered drinks throughout the day. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for. We spoke with the chef and they told us "I use fresh foods" and "We all get together and change the menu weekly".

People had regular access to other healthcare professionals such as, G.P's, district nurses, occupational therapists, podiatrists and other professionals from the care home support team. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, one person we spoke with told us how they regularly accessed podiatry appointments. This was recorded in the persons care records.

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "The staff here are unquestionably caring", "The staff are wonderful they all deserve a medal", "The staff will be everything they can for you" and "They are as good as gold".

Relatives we spoke with us told us the staff were caring. Comments included; "Mum thinks the staff are great, she came here on respite and didn't want to leave", "This place is small and homely, it's what mum likes" and "They are brilliant, in fact I can't fault them. I think they are amazing".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one person had a chesty cough. A staff member went to support this person. The staff member knelt down to the person's eye level and supported them to sit forward in their chair. The staff member asked another staff member if they could bring the person a drink of water. The person was reassured by staff throughout the interaction. When the staff member returned with the glass of water, the person took a drink and gave staff a big smile.

One person's care records highlighted that the person needed support with their continence needs. We observed staff supporting this person in a caring and dignified way. For example staff would occasionally ask the person if they needed support. Staff knelt down to the person's eye level and offered support in a discreet and respectful way. The impact of this was that staff supported this person in maintaining their dignity.

People were treated with dignity and respect. Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example, we observed one person who was at risk of pressure damage being repositioned. Throughout the interaction the staff member kept the person updated on what they were doing and what they were going to do next. We spoke with this person following the interaction and they told us "These girls are marvellous".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said "We keep people informed and explain each procedure beforehand. It avoids confusion and keeps people safe".

People told us they were treated with dignity and respect. One person told us "They certainly treat me with dignity". Another person told us "I don't question their approach to supporting and maintaining my dignity". We asked staff how they promoted people's dignity and respect. Staff comments included "We have to respect people and their choices", "We use dignity towels to make sure people are covered up" and "We must make sure doors are shut". We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed.

People told us they felt involved in their care. One person told us "They are always involving me". Relatives we spoke with told us "We are always encouraged to get involved", "We are always asked for input" and "We are involved and updated on things".

Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. One staff member told us "We must encourage people to do what they can for themselves". Another staff member said "We must supervise people, but also encourage them to do what they can, this is also important because it encourages exercise". We noted care records highlighted tasks that people could carry out independently. We spoke with the registered manager about this and they told us "It's there to remind staff of levels of independence". The language used in care records and support documents was respectful and appropriate.

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms.

Good

Is the service responsive?

Our findings

People we spoke with told us that the service was responsive to their needs. One person we spoke with told us, "I recently had (medical condition) I asked if I could have an appointment to see my G.P and they arranged it for that day".

Relatives told us the service was responsive. Comments included "If there is a problem they are on to it straight away and they always phone me up", "They always tell me if something happens, weather she has hurt herself or not", "They always ring if there is a problem" and "I thought mum was going to go downhill when she went into a home. But that has not been the case. Mums doing really well there". A healthcare professional we spoke with told us "[Registered manager] is quick to call me if she has any concerns. She is very responsive".

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. For example one person had contributed to their assessment by adding information about who they would like to visit them, how they wished to spend their time and their sleeping arrangements. We observed from the person care records that this information had been included within their care plan and that these preferences were taking place. Care records contained details of people's medical histories, allergies and on-going medical conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate.

Staff were responsive to people's changing needs. We noted the service had responded to one person's changing needs surrounding there psychological wellbeing. Following this change in need the home liaised with the persons G.P and The Care Home Support Service. The result of this was that the person's condition improved. The impact of this was that the person's quality of life improved. We spoke with this person and they told us "The staff were brilliant there's no two ways about it".

One person had difficulties communicating verbally. The persons care records gave guidance for staff on how to support the person when they were communicating with staff. The guidance included 'minimising background noises' and 'ask [person] closed questions'. Throughout our inspection we observed staff following this guidance. The impact of this was that the person had access to communication that matched their individual needs.

People received personalised care and staff we spoke with were knowledgeable about the people they supported. For example, we spoke with one member of staff who was able to tell us a person's favourite television and what they enjoyed eating. The information shared with us by the staff member matched the information in the person's care records. One relative we spoke with told us "Whenever someone has a birthday they have a lovely do for everyone and get everyone involved".

Another person's care records highlighted a person's preferences in relation to personal care and the importance of staff following the person's regime. We spoke with this person and they told us that staff

followed this guidance.

People had access to activities which included range of activities that puzzles, art and crafts and music therapy. We also saw evidence that people had gone on days out to a local farm and a modern arts exhibition. Activities were seen as the remit of all staff. People who wished to remain in the privacy of their own rooms were protected from the risk of social isolation. For example, we observed staff regularly went to visit a person in their room for a chat and to see if they needed anything. The service ensured the spiritual needs of people were met. Two people that we spoke with told us that they were supported to follow their faith in the way that they like to. Care records highlighted people's faiths and religious practices.

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the reception area of the home. One person we spoke with told us "I raised a concern once. It wasn't a complaint. They took action immediately". A relative we spoke with told us "I haven't had to raise a complaint. But I believe that if I felt here needs weren't being meet then I would do so. I am confident they would listen and act because they are incredibly kind there". Where complaints had been made they had been logged and responded to in line with the organisations policy.

The home sought people's views and opinions through satisfaction surveys questionnaire. We observed that the responses to the recent survey were positive. One relative we spoke with told us "We are always being asked how things are going. I have filled in quite a few surveys, actually there was one not so long back".

Good

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included; [Registered manager] is a very good manager", "I think [registered manager is] is great", [registered manager] is approachable and knows what she is doing" and "She is really good".

The registered manager told us their visions and values for the home were, "To deliver a high quality service for people to receive", "To be open to suggestions and improvements" and "To continually enhance our skills". The registered manager also told us "I want the service to provide care that is high quality and keeps people safe from harm".

There was a positive and open culture in the home and the registered manager was available and approachable. People knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us, "I would have no problems whistleblowing".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

People were being supported by some staff whose first language was not English. During our inspection we did not observe that this was a barrier for people receiving care. However, to ensure that people had access to the appropriate levels of conversation the provider had put in place educational events with local colleagues to support staff development in this area. Following the inspection the provider informed us that they were 'Employing an in-house English language teacher that will develop an in-house course for 'English in a Care Home'. The bespoke course will teach the appropriate vocabulary for words and terminology that are used in a care home environment, as well as discussing English cultural events relevant for the elderly generation'.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans, environmental audits, infection control and medication. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following some minor discrepancies within the recording of medication. The registered manager and provider implemented refresher training for staff and updated the homes medication policy.

The home was continually looking to improve. For example, the home has recently been taking part in the development of a new training programme in relation to medication. This is currently being developed with the input of a national pharmacy and university.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, as part of the activities within the home the provider often brought in their pet dog which people enjoyed. However on one occasion a person suffered a scratch from the dog. The incident report highlighted that the service took immediate action and arranged for the person to visit their G.P. following the incident the provider put measures in place to mitigate the risk of this happening again.

Following concerns surrounding the responsibilities of night staff the registered manager and provider introduced unannounced 'spot checks' to ensure that staff were carryout their responsibilities in line with their job descriptions. We also noted that this had been raised within team meetings along with guidance for staff in relation to the responsibilities of night staff.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with told us "We have a great working relationship with them".