Auditcare Kirlena House Limited

Kirlena House

Inspection report

18 Kennington Road Kennington
Oxford
OX1 5NZ
Tel: 01865 739223
Website: www.auditcare.com

Date of inspection visit: 20 October 2015
Date of publication: 27/11/2015

Ratings

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

Overall summary

We inspected this service on 20 October 2015. This was an unannounced inspection. This was the first inspection of this service since a new provider had taken over the running of the service.

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 11 people living at the service.

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. People, their relatives and staff were complimentary about the registered manager and provider. The registered manager and provider were open to any suggestions to improve the service. They had a clear plan of further changes they were going to make to the service to improve the quality of service people received.

People felt safe living at the service. Staff understood their responsibilities around safeguarding vulnerable

Summary of findings

adults and knew how to raise concerns. However, for two people staff did not always follow guidance in their care plans and risk assessments to ensure they were safe and their needs were met.

Medicines were administered safely. Most medicines were stored safely. However, one medicine that could present a risk to people if not taken in the right way was stored within reach of people on a kitchen work surface. We showed this to the registered manager who took immediate action to ensure it was stored safely.

Staff did not fully understand their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make their own decisions. Capacity assessments were not always completed appropriately. Where people may have been deprived of their liberty for their own safety, applications to the supervisory body had not been made to ensure any restrictions in place were being made lawfully, were the least restrictive and in the persons best interest.

There was a calm and homely atmosphere at the service. People told us they were happy living at the service. People were cared for in a kind and respectful way. Staff engaged with people and offered support to promote people's independence. Staff knew the people they cared for and what was important to them. People's choices and wishes were respected by care staff and recorded in their care records.

People had been involved in reviewing their care. People had a range of individualised assessments in place to maintain their independence. People were assessed regularly and care plans were detailed. Where required, staff involved a range of other professionals in people's care. Staff were quick to identify and alert other professionals when people's needs changed.

People were supported to have their nutritional needs met. People liked the food, regular snacks and drinks were offered and mealtimes were relaxed and sociable.

There were enough staff to meet people's needs. People felt supported by competent staff. Staff were motivated to improve the quality of care provided to people and benefitted from regular supervision, team meetings and training.

People were cared for in a clean and tidy environment. Staff adhered to the provider's infection control policies. Equipment was stored appropriately and maintained in line with nationally recommended schedules.

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

Requires improvement

The service was not always safe.

Staff did not always follow guidance in people's care plans and risk assessments.

Improvements were required to ensure medicines were always stored in a safe way.

People told us they felt safe. Staff were knowledgeable about the procedures in place to recognise and respond to abuse.

The service was clean and staff adhered to the provider's infection control policies.

Is the service effective?

Requires improvement

The service was not always effective.

People were not supported by staff who understood and embedded the principles of the Mental Capacity Act 2005 (MCA).

Staff felt supported and received a range of training to help them meet the needs of the people they were caring for.

People were supported to maintain their independence. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring. People spoke highly of the staff. People were cared for in a kind, caring and respectful way.

People were supported in a personalised way. Their choices and preferences were respected.

Is the service responsive?

Good

The service was responsive to people's needs.

People were involved in the planning of their care. Care records contained detailed information about people's health needs.

People knew how to make a complaint if required.

Is the service well-led?

Good

People benefited from a service that was well led. There was a positive and open culture where people, relatives and staff felt able to raise any concerns they had.

Summary of findings

The quality of the service was regularly reviewed. The registered manager took action to improve the service where shortfalls had been identified.

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 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 20 October 2015 and was unannounced. The inspection team consisted of two inspectors.

Before our visit we reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with four people and one relative. 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. We also spoke with the registered manager, the nominated individual and three members of staff. We looked at records, which included six people's care records, the medication administration records (MAR) for all people at the home and five staff files. We also looked at records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

Risks to people's safety had been assessed, reviewed regularly and people had plans in place to minimise the risks. However, staff did not always take action to mitigate those risks. For example, one person had a risk assessment that stated they were at risk of falling because they were unsteady on their feet. An action documented in their risk assessment was that staff should encourage the person to use their call bell if they required assistance. We heard this person calling for assistance. We went to see the person because there were no staff in the vicinity of their room. Their call bell system was out of their reach. We activated the call bell to alert staff and told the staff member the person could not reach their call bell. The person was assisted by the staff member however, the call bell was not placed in reach of the person before the staff member left the room. We alerted the registered manager who took action to ensure this person had their call bell within reach. Another person had been assessed by a speech and language therapist (SALT) as requiring a soft diet because they had swallowing difficulties. They had been served a side dish that was contrary to recommendations made by the SALT and to their care plan. Staff were not aware this food was on a list of foods that were classed as high risk to people with swallowing difficulties.

We also found 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 that had been issued in February 2015. For example, one person's thickener was stored in the kitchen, on a work surface. This meant people could access the powder which may put them at risk. We discussed this with registered manager who took action to ensure the powder was stored where people could not access it.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were administered safely. Staff had received training in medicines management and supported people to take their medicine in line with their prescription. People had individual protocols for medicines prescribed to be taken as required (PRN) which provided guidance to staff on when to administer the medication. Staff signed medicine administration records when they had administered people's medicines.

People told us there were enough staff to meet their needs. The provider reviewed the needs of people living at the home and staffing levels were set according to people's dependency level. One person told us, "They are always here. Assistance is immediate". Throughout the inspection we observed call bells were answered promptly and staff assisted people in a timely way. Off duty rotas viewed confirmed the target numbers of staff had been met.

People told us they felt safe. One person told us they felt "Very safe because they (staff) are on the spot if you need help". Care and ancillary staff had good knowledge of the provider's whistleblowing and safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

People were supported to take risks to live the life they chose. For example, one person went out alone and made their own hot drinks. Staff had discussed the risks with people and developed individualised risk assessments and management plans to ensure people were supported to be independent whilst being as safe as possible.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

The service was clean and staff adhered to the provider's infection control policies. Equipment used to support people's care, for example, the hoist, was clean, stored appropriately and had been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules.

Requires improvement

Is the service effective?

Our findings

People did not benefit from a service that fully understood and embedded the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure the human rights of people who may lack the capacity to make some decisions are protected. Staff had received training in the MCA but did not understand the principles underpinning it. Staff told us how they would help people to make choices such as what they would like to eat but told us people who were living with dementia would not be able to make decisions about their care. Care records did not always contain clear information relating to people's capacity. For example, two people who were not considered to be lacking capacity had a generic, non-decision specific capacity assessment completed. Two other people had entries in their care records indicating they may lack the capacity to make decisions about their care. There was no evidence to show that these people had any assessment s of their capacity completed. The provider acknowledged there needed to be an increased awareness of the MCA.

The provider did not fully understand their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. For example, two people were closely supervised by staff at all times and would be prevented from leaving the home if they tried to do so. This could mean these people were being deprived of their liberty. The provider told us they had not made an application to the supervisory body because the person had not made an attempt to leave the property. We asked the provider to make the applications following our inspection to ensure any restrictions in place were being made lawfully, were the least restrictive and in the persons best interest.

These issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt supported by competent staff. One person said "They (staff) know what they are doing". New and existing staff had received the training they required to meet people's care needs. For example, staff were up to date with attending the services mandatory courses such as annual basic life support and safeguarding. One staff member told us "There is training for everything, it's very good".

Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed. The induction plan followed nationally recognised standards and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently.

Staff had received their annual appraisal and had one to one supervision. This gave them the opportunity to discuss areas of practice. Supervision records recorded areas where staff had worked well and any areas where improvements were needed. Staff were also given the opportunity to discuss and identify training needs. Staff told us they felt supported by the registered manager and provider.

People had enough to eat and drink and told us they enjoyed the food. One person told us, "Food is good". People were given a choice of what to eat and drink. People were shown a picture or a plated meal at the mealtime so they could see what the food looked like before making their choice. Mealtimes were a sociable event and people who needed assistance to eat were supported in a respectful manner.

People had regular access to other healthcare professionals such as, the district nurse, chiropodists, opticians and dentists to ensure their health needs were met. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, a healthcare professional had advised one person should sit with their legs raised. We saw a staff member assist this person to a chair and encourage them to sit with the recliner up raising their legs. The staff member reminded the person why it was important for them to sit in this position. Where professionals had recommended people used pressure relieving equipment such as specialist cushions, we observed people using them.

Good

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff and living at the service. Comments included, "It's very good, they (staff) treat us very well", "They are always pleasant" and "I can't find a fault with it apart from its not home". A relative said, "Staff here are caring, genuinely" and "My mum is happy to be here".

People were treated with dignity, respect and staff understood the importance in ensuring people were given the privacy they required during care tasks. For example, staff knocked on people's doors and waited to be invited in before entering. People were assisted with personal care discretely and in ways which upheld and promoted their privacy and dignity. Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, closing doors and making sure people were covered. Staff were knowledgeable about how people preferred to be supported. For example, staff told us it was important for one person to have their nails painted. We observed staff painting this person's nails on the day of the inspection. They told us "I love having my nails done, they do it every few days". People appeared clean, well kempt and were dressed appropriately for the weather.

Staff talked about people in a respectful way and were knowledgeable about the things that were important to people as well as their likes and dislikes. For example, one person told us they loved the garden. This was documented in their care records. Staff had ensured the person had a room overlooking the garden and the person told us they were always assisted to a chair in the lounge where they could see the garden.

Throughout the inspection we saw many examples of people being supported by staff who were kind and respectful. Staff took every opportunity to acknowledge and engage with people. For example, one staff member was walking around the lounge and people's rooms, ensuring people were comfortable and happy. Every time staff went into the lounge they acknowledged everyone and briefly talked to them. A relative told us "Staff talk to my mother even though she is confused most of the time." People responded positively to staff. It was evident that both people and staff valued the relationships they had developed. One person pointed to the staff member and said "She's wonderful; I wish I could keep her".

There were some barriers to verbal communication between staff and people due to English not being the first language of most staff. For example, one person was asked by a staff member if they wanted milk and sugar in their tea. The person responded but the member of staff did not understand what they were saying. After several attempts to make the staff member understand the person said "never mind". We discussed this issue with a member of staff and they told us they knew how the person usually took their tea but were offering them a choice to be respectful. We discussed this with the provider who told us that since they had taken over the running of the service they had introduced an English language test at the recruitment interview stage and were supporting existing staff with improving their language skills.

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. A relative told us "Staff are nice" and they felt welcome when they visited.

People told us they were supported to be independent. One person told us "I make my own drinks". Staff told us they supported people to be as independent as possible. They helped people to do this by encouraging them to do as much as they could for themselves but helped when people wanted or needed help.

Good

Is the service responsive?

Our findings

People's care records contained detailed information about their health and social care needs and how to maintain people's independence. Care records reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, care plans and risk assessments were reviewed to reflect people's changing needs. People and their relatives told us they had been involved in developing care plans and reviewing care. One relative told us they felt the communication with staff was good and said, "They ring me to update me of any changes".

Staff were responsive to people's needs. For example, staff raised concerns with the district nurse when one person sustained a wound. The nurses had assessed the person's skin and had provided guidance to staff around the equipment the person needed and around assisting the person. Staff followed the guidance and ensured this guidance was clearly recorded in the person's care plan. The wound had healed and the person had been discharged from the district nurses caseload. Where people had been prescribed specialist equipment such as pressure relieving cushions or mattresses to prevent pressure ulcers from developing, these were being used in line with instructions in their care plans.

Although an organised activity did not take place during our inspection, people told us there was usually enough to do. People told us they sometimes enjoyed outings such as to local concerts as well as enjoying visiting entertainers, board games, arts and crafts and gardening. Activities were seen as the remit of all staff. Routine activities such as completing care tasks and cleaning were seen as opportunities for spending time with people to promote interaction and stimulation. People who wished to remain on their unit or in their rooms were protected from the risk of social isolation. For example, One person chose to spend time in their room. We observed staff regularly went to talk to this person. People were supported to continue doing activities they liked. For example, one person enjoyed crocheting. There work was displayed and in use around the home and they proudly showed us a cloth on a table in the lounge they had made. Some people loved gardening but found this difficult to do in the main garden. Staff had obtained pots, seeds and bulbs so that people could grow plants.

People were actively encouraged to provide feedback about the quality of the service. For example, residents and relatives meetings were held. People knew how to make a complaint and the provider had a complaints policy in place. Leaflets asking for feedback about the quality of the service were also available in the communal areas of the service. Feedback could be anonymous. Where people or their relatives had filled them in and left contact details they had been contacted, informed what actions had been taken and asked if they were happy with the outcome. Any concerns received about the quality of care were investigated thoroughly and recorded. The registered manager discussed concerns with staff individually and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. A relative told us "Any problems we have had have been addressed promptly".

Good

Is the service well-led?

Our findings

The service had recently been taken over by a new provider. A registered manager was in post and was being supported by the provider. The management team was approachable and open and showed a good level of care and understanding for the people within the service. They were open to any suggestions to improve the service, and had a clear plan for further changes and improvements to improve the quality of service people received.

Staff spoke positively about the management and how they felt supported by the registered manager and provider. The registered manager ensured that staff were aware of their responsibilities and accountability through regular supervision and meetings with staff.

People and relatives were complimentary about the management team. The registered manager worked a combination of clinical shifts and supernumerary hours to undertake management responsibilities. People told us that both the provider and registered manager were visible around the service and had a good relationship with people. One person said of the registered manager, "She's lovely, always checking I'm alright".

Staff described a culture that was open. Staff were confident the management team and organisation would support them if they used the whistleblowing policy or raised a concern. Appropriate action had been taken by the registered manager to deal with any concerns raised about staff performance.

The services offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. There was a range of quality monitoring systems in place to review the care offered at the home. These included a range of clinical and health and safety audits which were completed on a monthly basis. Action was taken to address any areas for improvement and these were reviewed by the area manager to ensure they had been completed. For example, a health and safety audit had identified staff and visitors were not signing in when entering the service. This was discussed in a staff meeting. We looked at the signing in book and saw that staff had signed in and observed visitors to the service being reminded to sign the visitor's book. Results of audits were discussed at provider level and checks were in place by the provider to ensure any areas for improvement were addressed.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and actions were recorded. Incident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service.

The provider and registered manager sought feedback from people and their relatives about the quality of the service through meetings, quality assurance questionnaires and comment cards. The management team analysed any feedback to identify any trends and wider areas for improvement. Individual concerns were responded to promptly and followed up to check people were happy with any action that had been taken.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had not provided care and treatment in a safe way for service users.** **The registered person had not taken reasonable steps to mitigate the risks to the health and safety of service users receiving care.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person had not provided care with the consent of the relevant person.** **The registered person had not acted in accordance with the principles of the mental capacity act 2005 and associated code of practice.**