Choice Support

Roy Kinnear House

Inspection report

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Date of inspection visit:
10 April 2017
12 April 2017

Date of publication:
22 May 2017

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

We carried out an inspection of Roy Kinnear House on 10 April 2017. The inspection was unannounced, with a return visit on the 12 April 2017 to complete the inspection. At the previous inspection of 12 December 2014 the home had met all the required standards.

Roy Kinnear House is a home for up to five people who have complex learning and physical disabilities. At the time of our inspection there were five people living in the home. There was a qualified nurse on duty at all times. The home had a manager who had recently been registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

Staff had appropriate skills and training and were familiar with the needs, likes and dislikes of people using the service. Care and support were provided in a professional, supportive and compassionate way. The manager was able to demonstrate that the provider had sufficient systems, records and policies in place to ensure the service was safe and well-led. Care records showed us that people had their care and support needs met in an individual and personalised manner and that their health and social care was managed effectively.

People who lived at the home were protected from the risk of abuse happening to them. People did not communicate conversationally or in other conventional ways. However, throughout the inspection visit they were able to demonstrate through their body language and interaction with staff that they felt safe and well cared for.

We saw that people's health and nutrition were regularly monitored. There were well established links with GP services and other community health services such as occupational therapists, physiotherapists, social services staff, dieticians and speech and language therapists.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, and information which would be helpful to hospitals or other health support services.

Staffing levels were managed flexibly to suit people's needs so that people received their care when they needed it. Staff rotas ensured that people who required one to one support or greater received the correct level of support. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge and skills they required to care for people effectively.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about

their care and staff understood the requirements of the Mental Health Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was an open and inclusive atmosphere in the service. Staff told us they found the management team to be approachable and supportive and felt able to challenge when they felt there could be improvements. Feedback from relatives and other external contacts was also positive, with people feeling welcomed in the home, staff having time to talk and a manager who was approachable and accessible.

Some relatives felt that there needed to be improvements in the quality of communication between the home and families in order to ensure that events and incidents were reported speedily and that all necessary items were checked prior to people leaving to spend time with family.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. Action plans were used so the provider could monitor whether necessary changes were made.

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 who lived at the home were protected from the risk of abuse happening to them, supported by clear policies and staff training. There were clear policies and procedures in place relating to safeguarding and whistleblowing.

Risk assessments of people's activities, including the premises and environment supported people to be safe.

There were sufficient numbers of staff on duty to keep people safe.

Medicines were safely and securely stored in a locked medication cupboard and staff had received up to date training. The home had facilities to ensure the safe storage and administration of controlled medicines should this be required.

Is the service effective?

Good

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice. Staff received appropriate support and supervision.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. People were involved in day to day decisions about their care.

People were supported to have sufficient food and drink. Staff had received training and were skilled in ensuring people with complex dietary needs such as Percutaneous endoscopic gastrostomy (PEG) or Percutaneous Endoscopic Jejunostomy (PEJ) were supported to enjoy their meals. People's cultural and religious needs were appropriately catered for.

People were supported to have good access to health care, including specialist health care teams where appropriate. Staff were skilled and trained to ensure that people's day to day health was monitored and supported.

Is the service caring?

Good

The service was caring. People had positive relationships with staff. People's needs, including their health, disability and cultural needs were understood and supported by staff.

People were supported to express their views and make their own decisions. Staff were able to use a variety of approaches for those people who had difficulty communicating.

Staff respected people's privacy, dignity and human rights. People had their individual wishes respected and families and visitors were able to visit. People's individual support needs and how they liked to be supported were documented in up to date care records.

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs. People's needs were assessed and support plans drawn up which included the views and contributions of people.

Accidents and incidents and concerns expressed by people were recorded and monitored. These were shared with all staff and discussed with a view to addressing issues and improving the support provided to people.

There was a full programme of personalised activities for people which were regularly carried out.

The home had a complaints procedure that was understood by people and visitors.

Is the service well-led?

Good

The service was well-led.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People and staff were positive about the culture and atmosphere in the home. Some relatives felt that communication between staff and relatives could be improved.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as forums for providers. Records and information were stored securely and safely.

Roy Kinnear 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 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 10 April 2017 and was unannounced with a concluding visit on 12 April 2017.

The inspection was undertaken by one inspector. Before the inspection we looked at information about the home that we had. This included previous inspection reports, information provided by the home, the provider information return (PIR) form, correspondence and notifications.

During the inspection we spent time with the people living in the home. We also spoke with the manager, support workers and nursing staff in the home. We spoke with three relatives who shared their experiences of the home.

We looked at the home's policies and procedures, two care records and a sample of medicines administration records. We also looked at three staffing records. We also wrote to and received feedback from a sample of external professionals who provided support to the home.
We observed the care practice at the home, tracked the care provided to people by reviewing their records and interviewing staff.

Good

Is the service safe?

Our findings

The service was safe. People did not communicate conversationally or in other conventional ways. However, throughout the inspection visit they were able to demonstrate through their body language and interaction with staff that they felt safe and well cared for.

Relatives we spoke with told us that they were confident that the home provided a safe and secure environment for people. One person told us, "The staff are great. I have never felt any concerns about safety in Roy Kinnear House". Staff were supported with information and training to guide them in the event of a safeguarding concern being identified and all staff spoken with were able to describe the sort of issues that would require raising a safeguarding alert. Other areas of training which related to safety, such as First Aid, Hygiene and Infection Control, use of hoists and feeding pumps were also provided and updated.

We saw that safeguarding alerts had been raised and acted upon appropriately by the home and that safeguarding procedures had been followed, including working with the local authority safeguarding team. This demonstrated that the provider would respond appropriately to any allegation of abuse with the aim of keeping people safe.

Risks to people's health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people's care and support. Where appropriate other agencies input was considered, such as speech and language team, behaviour therapist and occupational therapist to provide additional support and guidance.

The provider had a staff recruitment and selection policy and procedure. Recruitment procedures ensured that people were protected from having unsuitable staff working at the service. Recruitment checks included reference checks and details of previous employment as well as checks made under the Disclosure and Barring Scheme (DBS). This ensured staff were fit and suitable to work in a care setting.

There were enough staff on duty to care for people, with a nurse and eight support workers on duty at each shift during the day until 8pm, and one nurse with three support workers on waking duty from 8pm till 8am.

Medicines were safely and securely stored in a locked medication cupboard in people's rooms. There was a system in place for ordering and delivery of medicines in blister packs on a four weekly basis by a local pharmacy. Medicines were disposed of safely with a system in place for counting, returning to the pharmacy and signing where medication needed to be disposed of. The home had facilities to ensure the safe storage and administration of controlled medicines should this be required. We looked at a sample of people's medicines administration records (MAR) and saw that they were correctly completed and provided a clear audit trail that enabled the provider to monitor medicines and their safe use.

We saw that the home was clean, free from odours and well maintained. The layout and décor was that of an ordinary domestic home, although care had been taken to ensure that areas were free from hazards and that people could have access to all areas of the home in a safe way. There were infection control

procedures in place and the facilities to ensure good practice was maintained.

Good

Is the service effective?

Our findings

The service was effective. People who lived in the home received care from staff who had had appropriate training and who were aware of good care practice.

People's needs were assessed and support plans were put in place which took into account people's wishes, their support needs and their lifestyle and culture. Some staff acted as a key worker for people and ensured that people's views were included when reviewing their support needs.

Staff told us they received sufficient training and felt supported by the manager. Training records showed staff were appropriately skilled and experienced to care for people safely. In addition to mandatory training covered by the 15 standards contained in the Care Certificate, staff were developing their training further with specialist support services which provided guidance and training to staff in the areas of using hoists, diet and nutrition and speech and language.

Care staff received regular supervision and annual appraisals. Personal supervision was carried out monthly and allowed the opportunity for staff to discuss any work related issues and to receive feedback about their performance. Other forms of supervision included working alongside staff and team meetings where issues relevant to all staff could be raised.

The registered person had suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. At the time of inspection all five people living at the home had appropriate DoLS authorisations.

Staff understood the requirements of legislation relating to the need for people to give consent and to act in their best interests when consent could not be given. We saw training records that showed staff involved in both learning about the MCA and DoLS.

Staff were knowledgeable about people's dietary needs and preferences. People were supported to have sufficient food and drink. Staff had received training and were skilled in ensuring people with complex dietary needs such as percutaneous endoscopic gastrostomy (PEG) or Percutaneous Endoscopic Jejunostomy (PEJ) were supported to enjoy their meals. People's cultural and religious needs were appropriately catered for.

We saw that people's health and nutrition were regularly monitored. These were discussed at staff handover sessions and recorded in care plans and daily notes. There were well established links with GP services,

dieticians, occupational therapists, speech and language therapists and other social and health services.

Good

Is the service caring?

Our findings

The service provided a caring environment for people. People were able to express through their body language and interaction with staff that they felt secure and well cared for. This was expressed through smiling, touching and engagement with the particular staff during activities.

We observed staff interaction with people and observed people interacting with each other. People were treated with respect and kindness. We saw that people were comfortable around the staff and that staff spoke to them in a friendly but respectful way. Staff demonstrated a good knowledge about the people they supported and were able to tell us about people's individual needs, preferences and interests. These details were included in the care plans.

People were supported to maintain relationships with their families and friends. Families would either visit or staff would support people to visit their family home. Relatives told us they were pleased with the caring attitude at the home. One relative told us, "I am very happy with the staff and manager. On the caring front you can't fault them." Another relative described the caring attitude of staff as "wonderful".

We observed staff always knocked on doors before entering people's rooms. Staff respected people's private space and always made sure they spoke to people in a respectful manner, for example, by ensuring that they faced someone who was in a wheelchair rather than speaking from behind.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Information about people was written in a personalised way.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that staff attended promptly when people needed their support. People had the degree of support and staffing assistance that was agreed in their care plan and each person had a distinct and personalised support plan.

Following referral, people were assessed to determine if the service could meet their needs. The assessment looked at the person's needs, risks to themselves and others and identification of any additional support that would be required. We looked at care records and saw that they contained assessments relating to mobility, healthcare including medicines, eating and drinking, behaviour and independence.

Relatives spoke positively about the way staff were able respond to individual needs and were prepared to listen to the views of relatives. One relative told us, "I am always made to feel welcome when I visit, and the manager is very supportive. They ring and let me know how things are, and I am invited to reviews."

However, all relatives felt that communication could be improved further, particularly with regard to the length of time it sometimes took for messages to be passed between staff and relatives. One relative said, "They are great at the caring but not so good with the length of time it takes to make decisions about things." Another person told us that sometimes communication was poor enough that it resulted in the person not having something important with them when they visited the family home, such as medicine, a sling hoist or continence supplies. All relatives told us that they had confidence that the manager was slowly working on improving this area.

People had individualised care plans which highlighted their various interests and this was reflected in the variety of activities which they took part in. There was a minibus which enabled people to go out on trips. We saw that the staff were confident and skilled at ensuring people got on and off the minibus in a safe manner. In addition to going out people were able to enjoy indoor activities including art, music, reading and the newly developed sensory room. One relative commented that they would like to see some diversity in the range of activities in the evening period where, it was said, "things were a bit boring".

People were supported to maintain their relationships with family, relatives and friends and the home had an open policy for visitors. We saw in people's care records that the views of family and significant people were welcomed while planning or reviewing people's care.

Accidents and incidents and concerns expressed by people were recorded and monitored. These were shared with all staff and discussed with a view to addressing issues and improving the support provided to people.

Information about the complaints procedure was available to people using the service and relatives. This set out the process which would be followed by the provider and included contact details of the provider, local authorities and the Care Quality Commission. On-going day to day concerns or issues raised by one person were logged in the daily records kept by the service and we saw information was shared with external care

managers as required.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering for people. We saw that people were supported to have as much independence and autonomy as they were able to, or wished and that this support was underpinned by good practice and clear policies and procedures.

The policies and procedures of the home described a vision and a set of values that included the importance of involvement, compassion, dignity, independence, respect, equality and safety. These were also built into the general staff training programme based on the CQC standards.

Staff we spoke with understood the policies and procedures and we saw that staff promoted these values in their work. The manager kept these under review through regular supervision, carrying out internal and external audits and ensuring that staff training was kept up to date.

We spent time observing the interaction between staff and the people living in the home. There was an atmosphere of openness in the home and staff were able to speak with people, advise and support them appropriately and safeguard them from harm if necessary.

Staff we spoke with told us they felt comfortable about discussing issues at team meetings and at supervision and were aware of the whistle blowing policy and procedures.

The service demonstrated good management and leadership through ensuring that it complied with the requirement to have a registered manager in place. There was a clear staff structure and hierarchy which was underpinned by clear policies and procedures and regular supervision of staff. The manager had gradually replaced the need for having agency staff with full time permanent staff, which everyone we spoke with felt contributed to ensuring a positive and unified culture in the home.

The service aimed to deliver high quality care through a mix of performance management of staff, engaging people and their relatives to share their experiences of the service and through internal and external audits of the service.

Internal audits were carried out on all aspects of the service, including health and safety, medicines, the quality of people's rooms, staff training and care records. External audits and monitoring were undertaken by senior managers, who linked their audits to any action plans that internal audits had produced. Further evidence of the open and transparent culture of the service was reflected in these audits, which were prepared to highlight areas of improvement as well as areas they thought they performed well in.

Records were held in a secure and confidential manner.