Kesh-Care Limited

The Old Hall Residential Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 12 August 2015 and was unannounced.

The Old Hall Residential Care Home is located in the small village of Halton Holegate. It is registered to provide accommodation and personal care for 25 people some of who may be living with a dementia. There were 18 people living in the home on the day of our inspection.

There was a registered manager at the home. 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.

Summary of findings

There was a breach in relation to the systems around good governance. Systems in place to identify, monitor and improve the quality of the care provided and to reduce the level of risk in the service were not always effective and did not always identify or correct issues. The provider had not updated the fire procedures to take account of a new extension that had been built.

Individual risks to people while receiving personal care were identified and appropriate equipment was in place. Staff knew how to raise concerns if they were worried that a person was at risk of harm and the registered manager worked with the local safeguarding authority to ensure people were safe.

The provider had systems in place to ensure staff were safe to care for people who lived at the home. Staff were kind and caring with the correct skills, training and support to meet people's needs. At busy times people had to wait for care and there were not enough staff to fully monitor people's safety.

People received their medication safely. However, care plans did not support staff to use medicines prescribed to be taken as required. In addition, gaps in the medication administration record made it difficult to see if medicine had been administered correctly.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. The registered manager was aware of their responsibilities under the Mental Capacity Act 2005. However, they had not always involved all the relevant people when making decisions in a person's best interest.

People were supported to access drinks on a regular basis. They were also supported to make choices around their food. However, where people liked to eat with their fingers the information in care plans did not support staff to make appropriate food choices.

People were involved in planning their care, however, care plans did not contain information about people's lives and other information was not always easy to find There was no set activity schedule and activities only happened if staff had time.

People told us they were happy with the care they received and while they knew how to raise a complaint no one had done so. People were able to feedback their experiences of care and if any changes were needed to the service.

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 consistently safe.

The provider had not reviewed the fire plan to take account of the new extension.

People's medicines were administered and stored safely, however, the recording of medicines was not always accurate.

Staff were not always deployed to meet people's needs. Staff were not always available to monitor people's needs and at times people had to wait for care.

Staff were knowledgeable about how to keep people safe and the registered manager had worked with the local authority to respond to concerns about people's safety.

Is the service effective?

Requires improvement

The service was not consistently effective.

The registered manager and staff had received training in keeping people safe. However, they had not always gathered the views of all appropriate people before making a best interest decision.

Staff were supported with training and supervisions to have the skills needed to care for people.

People were supported to access drinks throughout the day and were offered choice around their meals.

Is the service caring?

Requires improvement

The service was not consistently caring.

The care provided did not always support people's dignity.

People were involved in planning their care.

People were supported to be independent.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Care workers did not always have the time to support people with interests, hobbies and activities.

People received care which met their needs.

People knew how to complain and the registered manager responded appropriately when concerns were raised.

Summary of findings

Is the service well-led?

The service was not consistently well led.

Systems to assess, monitor and improve the quality of the service and to mitigate risks were not always effective.

The registered manager had systems in place to gather the views of people living at the service, visitors and health professionals and responded to any changes they requested.

Requires improvement

The Old Hall Residential 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 12 August 2015 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they planned to make. We also reviewed the information we held about the service. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commissioned care for some people living at the service.

During the inspection we spoke with eight people who lived at the service, five visitors to the service and spent time observing care. We spoke with, two senior carers, three care workers, the registered manager and the provider. 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 to us.

We looked at three care plans and other records which recorded the care people received. We also looked at management records including how the quality of the service provided was monitored.

Requires improvement

Is the service safe?

Our findings

The home had been recently been extended and the new rooms were now in use. However, the provider had not updated their fire plan. This meant that staff did not have clear guidance of who to evacuate and to where in the event of a fire. In addition, there were no evacuation plans in place to support staff and inform the emergency services of people's abilities and how they may react during an incident. We discussed this with the registered manager who was aware that it was an area which needed attention.

We observed a medicine round and saw that the member of staff administering the tablets did so in a methodical manner which reduced the risk of them making a mistake. They spent time with people and advised them of the best way of taking the medicine and ensured medicine had been taken before recording the medicine on the medicine administration record (MAR). However, when we reviewed the MAR charts we saw that on one day several of the medicines had not been signed as being given. Therefore we could not be assured that people had always received their medicines as prescribed.

Some people had medicine which was prescribed to be taken as required. However, care plans did not contain information to support staff on when the medicine would be required to be given. With no guidance in place staff were left to make individual decisions on when to give this medicine and people may have received a fluctuating level of care.

One person was concerned as they did not always receive their morning medication on time as they were often asleep. They told us that having their medicine first thing meant they had a better day. We discussed this with the registered manager who explained that the person was difficult to wake. They were working with the person to try and resolve the issue including supporting the person to self-medicate.

We saw one person had asked staff to crush their medicine so it was easier for them to take. However, crushing some medicines affect how they work and it is important to check with a pharmacist which tablets are safe to crush. The registered manager had not taken advice from a pharmacist.

People told us they thought there were enough staff to deal with their needs but that at times they had to wait for care. One person told us, "The carers are very kind, but there are only two on [duty] to get us all up." The registered manager had used a staffing tool to identify how many staff were needed to support the people at the home. The tool took account of people's needs and abilities and staffing was provided in accordance with the tool.

However, during the midday meal staff were task focused and did not always maintain a presence in the dining room to observe what was happening. We saw one person who had finished their meal kept asking another person if they had finished. When the other person put their cutlery down the first person a reached over for their plate and proceeded to eat up their left overs. Another person sat at the next table was getting annoyed about this behaviour and cross words were exchanged. There were no staff around to intervene if needed and staff would be unable to record accurate food intake for these people.

People told us they felt safe living at the home. One person said "I feel safe here and well looked after."

Staff understood the different types of harm people may experience and knew how to raise concerns both internally and externally. Risks to people's safety were recorded in people's care plans and actions needed to keep people safe were identified. Where people were at risk of harm staff were aware of the actions they had to take to keep people safe. The actions staff told us they took to keep people safe from harm matched the information recorded in people's care plans.

The registered manager had worked jointly with the local authority safeguarding team to investigate any concerns raised. They had used the outcome of these investigations to improve the care provided and to keep people safe.

Care plans identified the risks to people and how their risks could be decreased. For example, people's risk of pressure sores was decreased by involving the district nurses if skin was red, ensuring proper equipment was in place and encouraging or supporting people to reposition themselves on a regular basis.

People's preferred routines which may put them at risk were identified and plans put in place to manage the risks without impacting on the person's right to choose. For example, one person liked to walk upstairs instead of using the lift. Staff helped the person to walk upstairs but ensured they had the right number of people and correct equipment to support them.

Requires improvement

Is the service safe?

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who lived at the service.

Requires improvement

Is the service effective?

Our findings

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). These are laws which ensure people's rights are protected when they are no longer able to make decisions for themselves. However, we identified two instances where the provider had made decisions in people's best interest without gathering the views of other health professionals and family members. For example, one person was routinely refusing their medicines, staff had discussed this with the Nurse practitioner from the local GP practice who had advised that the medicine be given covertly. This is where medicine is hidden in food so the person is unaware they are taking it. However, there was no discussion with family or other health professionals to see if other options would have encouraged the person to be more compliant with taking medicine.

Records showed where people required constant supervision to keep them safe the registered manager had recognised that this may impact on their freedom. To ensure people's rights were protected the registered manager had requested the people be assessed as needing a DOLS to protect their rights.

Staff told us and records showed that staff were provided with training and support that enabled them to do their job and meet people's needs. For example, when staff first started working at the home they received an induction which covered learning about the processes and policies to keep people safe from infection and other risks. In addition, staff also shadowed an experienced member of staff so they could see the systems in place which supported them to meet people's needs. During their induction staff met regularly with the registered manager so that they could discuss their progress and any extra training or support they needed.

Furthermore, there was a programme of ongoing training to support staff to keep their skills up to date. Staff were also supported to complete qualifications and currently seven members of staff were completing a nationally recognised qualification in care at level two and three were working towards a higher level qualification. Staff told us they received regular supervisions every other month with the registered manager.

Where people were at risk of dehydration their fluid levels were monitored and staff were able to tell us the actions they would take if a person's fluid intake dropped to an unacceptable level. This included encouraging the person to drink more and raising their concerns with the registered manager.

We saw that there was no tea trolley at set times of the day, instead we saw people were offered drinks constantly and consistently throughout the day. Where people were able to be independent they could go to the kitchen at any time to request a drink. In addition, we saw staff frequently ask people if they would like a drink and fetch them a drink of their choice.

People told us the food was good and that they were offered a choice. One person said, "On average pretty good, good days and bad days." Another person said, "The food is very nice."

People were offered a choice of food at mealtimes. For example, while most people chose to have the hot meal at midday we saw one person preferred to have a salad. We also saw that people were offered a choice of four different desserts. We saw staff were aware of people's preferences, for example, one person liked a lot of gravy of their meal and they were given a separate serving so they could prepare the meal to their liking.

People were supported to be independent at lunch times with the use of plate guards and other equipment. People were given time to eat their meals at their own pace and were not rushed.

Care plans showed that appropriate health professionals had been involved in people's care. For example, we saw that people had been offered the influenza vaccination. One person said that the nurse came to visit them every Wednesday and that they were very kind and always explained what they were going to do. People had also been supported to access an optician and hearing specialist.

Requires improvement

Is the service caring?

Our findings

The provider had helped staff build positive relationships with people by having care plans which accurately recorded people's needs. For example, one person did not like to be touched. Having this information helped staff develop a relationship with the person while maintaining the person's personal boundaries. However, staff did not always provide care which supported this person. We saw they liked to eat with their fingers and for their midday meal they had a dish with some potatoes and casserole. We saw that they had spilt this over themselves and needed support to be clean. As the person did not like to be touched this was distressing for them. There was no guidance in the care plan to identify food which was more appropriate or any protective equipment the person needed to stay clean.

Staff did not always think about how systems to support themselves to provide care impacted on people. For example, one person had a sign on their door which said "I use the hoist. This did not respect that the person may not want other people living at the home and visitors to know about the care they received.

We saw that one person liked to have a variety of drinks available in their bedroom. For example, we saw they had some milk, water and squash. However, all the drinks were in plastic bottles which had previously held mineral water. While the person may like to drink from a bottle the use of single use plastic bottles did not support the person's dignity.

People who lived at the home said they were well cared for. One person told us, ""The carers are very kind." Another person said, "They take good care of us all." Staff all had kind and caring natures and worked to make people as comfortable and safe as possible. For example, a person was sat outside and a member of staff came and put the sunshade up to make sure that they did not get sun burnt. They explained to the person what they were doing and also checked if they would like another drink, and explained about de-hydration.

We saw another person was sitting in a communal area and the registered manager noticed one of their slippers had become wet. The registered manager supported the person to remove their slippers and arranged to have them washed. At the same time they offered the person a new pair of slippers from a supply they had in the home. The person was happy and comfortable when the registered manager left them.

People who lived at the home told us they felt informed and involved in their care. Staff explained how they offered people choices about their lives, for example, about what clothes they wore, when they got up what they wanted to eat. We spoke with one person who chose to have their meal in their room, they told us that sometimes they went to the dining room but had decided to have lunch in their room that day. The member of staff knocked on the door before entering with their lunch.

The front door of the home was locked but staff opened the door for people on request and we saw several people chose to go out the front door for a short walk. This allowed people to maintain some independence

We saw that people could choose whether to have their bedroom doors open or closed whilst they were in their bedrooms and some people had a door key. One person told us, "I could lock my bedroom door if I wanted, but I am happy to leave it unlocked."

Requires improvement

Is the service responsive?

Our findings

People living at the home and their relatives said that the care provided met their needs. One person told us, “I’m really happy here, and the staff are so lovely.” A visitor to the home told us how their relative’s health had improved since moving into the home.

Records showed that care plans had been reviewed with the person receiving care or their representative on a three monthly basis. Staff told us they had time to sit and read the care plans, One member of staff told us, “I like to read the care plans as I get to know the person.” However, information in the care plans about people’s lives before moving into the home was missing. It is important to have this information for people living with a dementia as it may help staff to plan care and activities personalised to the person’s needs.

We observed a number of interactions between staff and people who lived at the home. We saw that staff were aware of people’s identified needs and tailored the care accordingly. For example, a care worker asked one person if they wanted pudding or if they would prefer some chocolate. The person chose to have the chocolate. The care worker told us they knew the person was partial to chocolate after a meal and always offered it as an alternative to their pudding. The senior care worker we spoke with was knowledgeable about people’s health and their care needs and was able to answer all of our questions.

We saw staff allowed people the freedom to do what they wanted without being overcautious about risks. For example, we saw a member of staff with a person who was living with dementia go into the garden. The member of staff supported them to have a walk around the garden, while keeping an eye on them, this gave the resident some independence and confidence.

On the day of the inspection there were no activities available for people. The registered manager told us that the activities were available as and when the staff had time. The activities board was on a wall behind a door in the dining room with various activities named and staff members would pick one and do an activity. One person told us there was, “Not a lot to do.” Another person said, “I hate bingo, it is nice to sit in the garden though.” While a third person told us, “I would like a change of scenery.”

Staff told us they would fit activities in when they could. They told us they asked people what they wanted to do every other day and had a set list of activities people could choose from. They also said they had film nights twice a week. Another member of staff told us when they had time they would sit and chat with people, or have a walk around the garden.

None of the people we spoke with had made a complaint about their care, but they told us if they had a problem they would speak to the registered manager. The registered manager was able to show that they had responded appropriately to any concerns raised.

Requires improvement

Is the service well-led?

Our findings

There were systems in place to monitor the service provided. For example, the registered manager had audited the medication administration record (MAR) charts and care plans had been audited. However, they did not identify issues which we found during our inspection. For example, they had not identified that there were gaps in some of the MAR charts or that information in care plans was note easy to find. We saw one person had a Deprivation of Liberty Safeguards (DOLS) assessment in their care plan but it had not been completed to show if they were at risk of having their liberty deprived. However, further on in the care plan it was clear a DOLS application had been submitted for this person. In addition, we identified some concerns with the cleanliness of the communal rooms and saw that some of the linen used was in poor condition. For example, the towels were old and frayed. Furthermore, the registered manager had not identified that care provided was task focused instead of led by the needs of people and the service had been without an accurate fire plan since the new extension opened.

This was a breach of regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

People living at the home, staff and visitor all told us that the registered manager was approachable and would help them to resolve any issues or concerns they had. Staff also told us they were happy to ask questions about anything they were unsure of and them registered manager would support them. This helped them to provide safe care which met people's needs.

There was a whistleblowing policy in place and staff knew this protected their rights if they raised concerns within the service to the provider or registered manager. Staff told us they were happy to raise concerns with the registered manager they told us, "The manager is responsive to concerns."

The registered manager had systems in place to gather feedback from people using the service, relatives and visitors and health professionals. We saw that they listened to the feedback and took appropriate action to ensure the service delivered reflected people's views and needs. For example, the registered manager was in the process of reviewing the menus. They had arranged a food tasting day where all the staff were to bring in a meal they cooked at home for people to try and any that people liked would be added to the menu. The registered manager explained that it was easy to get into a routine with the menus and felt that this would increase the variety of meals.

The home had had a new extension, which provided a spacious light and airy lounge and five new en-suite bedrooms. However, some of the home was in need of decoration, we saw paintwork was marked and carpets were stained. The provider had identified this as an area for improvement in their provider information return. The provider indicated they planned to make the home more supportive for people living with dementia, for example, by replacing patterned carpets with plain carpets as some people living with a dementia see patterned carpets as obstacles.

The provider had been inspected by the local authority and had received the highest score possible in relation to their kitchen facilities.

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 17 HSCA (RA) Regulations 2014 Good governance People who use services and others were not supported to access a quality service as systems to assess, monitor and improve safety and to assess, monitor and mitigate risks were not effective. Regulation 17 (2)(a)b)