

# Kiwi House Care Home Limited

# Kiwi House

## 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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 25 and 26 July 2017 and the first day was unannounced.

The provider is registered to provide accommodation for up to 78 older people living with or without dementia in the home over three floors. There were 62 people using the service at the time of our inspection. This was the service's first inspection since registration with the Care Quality Commission (CQC).

A registered manager was in post and was available throughout the inspection. A registered manager is a person who has registered with the CQC 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 did not always receive their medicines as prescribed.

Risks were not always managed so that people were protected from avoidable harm. Staff did not always follow safe infection control practices.

Staff understood their duty to protect people from the risk of abuse and knew how to report any concerns. Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices.

People's rights were protected under the Mental Capacity Act 2005, however, documentation was not always completed to fully demonstrate that capacity was being considered on a decision by decision basis and that decisions were being made in people's best interests.

People told us they received sufficient to eat and drink but the mealtime experience required improvement in one dining room and food and fluid documentation was not always accurately completed. Adaptations could be made to the design of the home to better support people living with dementia.

Staff felt supported and received induction, training and supervision. Appraisals were in the process of being arranged. External professionals were involved in people's care as appropriate.

Staff were kind and knew people well. Staff responded effectively to people showing signs of distress. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence. People could receive visitors without unnecessary restriction.

People received personalised care that was responsive to their needs. People felt they were supported to

access activities that met their needs.

Care records contained information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints. Complaints were responded to appropriately.

Systems were in place to monitor and improve the quality of the service provided, however, they were not fully effective. As a result the provider and registered manager were not fully meeting their regulatory requirements.

People and their relatives were involved or had opportunities to be involved in the development of the service. Their feedback was acted upon by staff. Staff told us they would be confident raising concerns with the management team and appropriate action would be taken.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People did not always receive their medicines as prescribed.

Risks were not always managed so that people were protected from avoidable harm. Staff did not always follow safe infection control practices.

Staff understood their duty to protect people from the risk of abuse and knew how to report any concerns.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People's rights were protected under the Mental Capacity Act 2005, however, documentation was not always completed to fully demonstrate that capacity was being considered on a decision by decision basis and that decisions were being made in people's best interests.

People told us they received sufficient to eat and drink but the mealtime experience required improvement in one dining room and food and fluid documentation was not always accurately completed. Adaptations could be made to the design of the home to better support people living with dementia.

Staff felt supported and received induction, training and supervision. Appraisals were in the process of being arranged. External professionals were involved in people's care as appropriate.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff were kind and knew people well. Staff responded effectively to people showing signs of distress.

**Good** ●

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence. People could receive visitors without unnecessary restriction.

### **Is the service responsive?**

The service was responsive.

People received personalised care that was responsive to their needs. People felt they were supported to access activities that met their needs.

Care records contained information to support staff to meet people's individual needs.

A complaints process was in place and staff knew how to respond to complaints. Complaints were responded to appropriately.

**Good** ●

### **Is the service well-led?**

The service was not consistently well-led.

Systems were in place to monitor and improve the quality of the service provided, however, they were not fully effective. As a result the provider and registered manager were not fully meeting their regulatory requirements.

People and their relatives were involved or had opportunities to be involved in the development of the service. Their feedback was acted upon by staff. Staff told us they would be confident raising concerns with the management team and appropriate action would be taken.

**Requires Improvement** ●

# Kiwi 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 25 and 26 July 2017 and the first day was unannounced.

The inspection team consisted of an inspector and two Experts 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 (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Derby to obtain their views about the care provided by the service. We used this information to plan this inspection.

During the inspection we observed care and spoke with 11 people who used the service, seven visiting relatives or friends, a visiting healthcare professional, a housekeeper, a laundry assistant, two activities coordinators, a maintenance staff member, three senior care assistants, the cook, a kitchen assistant, four care assistants, the training manager, the compliance manager, the registered manager and the operations director.

# Is the service safe?

## Our findings

Processes were in place for the ordering and supply of medicines. However, these were not fully effective and some people had not received at least one medicine as prescribed due to the medicines not being available. Staff had not responded to this issue promptly and this issue had not been promptly identified and addressed by management.

We raised this with management who carried out a full check of all people's medicines. They identified where medicines were not available or where staff had not completed medicines administration records (MAR) correctly. Following our inspection the provider put an action plan in place and has informed us of the actions they have taken to address this issue. The provider told us that a GP has confirmed that people have not suffered harm as a result of the missed medicines.

The provider had failed to ensure people received their medicines as prescribed. This was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely in locked trolleys, cupboards and a refrigerator within a locked room on all three floors. However, temperature checks were not always recorded daily of some of the rooms and refrigerators used to store medicines. Creams were not always dated when opened which meant that there was a greater risk that they would be used after their effective date. We found one cream which was out of date in a person's bedroom and staff removed it from use immediately.

People we spoke with told us that they felt their medication was well managed. A person said, "I get lots of pills every day. They explain what they are for. After I have taken them [staff] record them in the register. [They] give them to me with a glass of water." Another person said, "The doctor said I was losing bone and so I got a tablet for that. I get paracetamol for my arthritis."

We observed the administration of medicine; staff checked the medicines against the medicines administration record (MAR) for each person and stayed with the person until they had taken their medicines. MARs contained a photograph of the person to aid identification and a record of any allergies. People's preferences for taking their medicines were noted in their care records. Protocols were in place to provide additional information about how medicines should be given when they were prescribed to be given only as required, for example, pain relief medicine.

Staff received training and had their competency to administer medicines assessed every three months. That helped to ensure people received their medicines in a safe way.

People told us that staff supported them to move safely. A person said, "I got help with a bath from one of the [staff]. She was careful and gentle." A visitor said, "I have never seen any bruising from [my family member] being lifted. She is well cared for." We observed people were mostly assisted to move safely, however, we saw that a staff member did not check the position of a person's foot when pushing a chair in. The chair was pushed in and hit the person's ankle, which had a dressing on. The person cried out in pain in

relation to this. We raised this with management who told us they would remind the staff member to ensure they took care at all times. We also saw that the provider performed observations of staff providing care which included moving and handling practices to ensure they were being performed correctly.

Risk assessments were completed and reviewed regularly to assess risks to people's health and safety. These included whether staff should administer a person's medicines, risks of moving and handling, falls, nutrition, and pressure ulcers. When bedrails were used to prevent a person falling out of bed, a risk assessment was completed to ensure they could be used safely however, the bedrails risk assessments required further detail to ensure all risks relating to the use of bedrails were considered.

We saw documentation relating to accidents and incidents and the action taken as a result, including the involvement of external professionals. Accidents and incidents were analysed to identify any trends or themes so that actions could be taken to reduce any risks of them happening again. This included referring to external professionals for guidance.

Pressure-relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers and they were functioning correctly. However, we saw that records were not fully completed to show that a person received support to change their position to minimise the risk of skin damage in line with their assessed needs as set out in their care plans. We raised this with management who told us they would remind staff to complete this documentation.

We saw that the premises were safe and well maintained and checks of the equipment and premises were taking place. Potentially harmful substances were safely stored or supervised, however, on the day of the inspection, we saw that one anti-bacterial spray had been left unattended in the communal bathroom. We raised this with management who told us they would remind staff of their responsibilities in this area.

There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans (PEEP) were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A contingency plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

A person said, "My bedroom is cleaned every day whilst I am at breakfast. The linen is changed probably once a week." Another person said, "The windows are cleaned. The room and bathroom are cleaned daily. New towels every day. The bedsheets are changed weekly." During our inspection we looked at some bedrooms, all toilets and shower rooms and communal areas and found that home was generally clean. However, we saw that staff did not always follow safe infection control practices. This included extraneous items left in sluices, a clinical waste bag left on the floor of the sluice, continence products stored out of their protective wrapping, gloves not being stored correctly, an unclean bath and the staff member responsible for laundry describing poor practice when managing soiled laundry. We raised this with management who told us that they would take immediate action to address these issues.

People told us that they felt the home was safe. A person said, "Oh yes [feels safe], definitely, there's always, always people all around us." Another person said, "I feel safe. The atmosphere is very good. People are very kind and helpful without being condescending." A visitor said, "It is wonderful here. There is no abuse or bullying here. Only kindness and caring."

Staff were aware of safeguarding procedures and the signs of potential abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. The provider agreed to make information on

safeguarding available to give guidance to people and their relatives if they had concerns about their safety.

People told us that they were kept safe but were not unnecessarily restricted. A person said, "You can come and go if you want to." Another person said, "I enjoy my own company and am a bit of a loner. I have a lot of freedom."

Systems were in place to identify the levels of staff required to meet people's needs safely. A staffing tool was used to inform decisions about staffing levels. The registered manager explained that people's dependencies were considered when setting staffing levels. Staffing levels were monitored closely to ensure that the correct level was maintained.

Most people told us that staffing levels were appropriate and that staff were available to provide help. However, others felt that sometimes due to sickness or annual leave there was a shortage of staff. A person said, "Normally yes, there are enough staff. But not yesterday when some staff were ill. There was only one staff member on this side of the home (ground floor) and she was struggling to get everyone up. They got someone in. So, people were late getting up." Another person said, "At times there are enough staff. They try to rectify it when there are less staff." A third person said, "Oh yes, there's a lot of them." A relative said, "They have good staffing levels." Another relative said, "I don't see staff stressed or hassled. They work well as a team."

People had mixed views on whether staff responded promptly when they rang their call bell. A person said, "Staff come quickly when I need them." Another person said, "You have to wait, they're so busy." Staff felt that they had sufficient time to complete their work effectively. During the inspection we observed staff promptly attending to people's needs and call bells were responded to within a reasonable time.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

## Is the service effective?

### Our findings

People felt staff were capable and competent in their role. A person said, "I think they know their job. Never found them wanting." Another person said, "I think they do [have knowledge/skills], yes – they've perhaps said something while they're working and you think, 'Oh yes, they do know their job'." A visitor said, "I have seen staff help to get [my relative] into and out of a chair. They do it with ease. They know what they are doing."

Staff felt supported by management. Staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to.

Staff told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. Training records showed that staff attended training which included equality and diversity training.

Staff also told us they received regular supervision and records we saw confirmed this. A staff member said, "I can have a one-to-one chat whenever I want." However, we saw that staff working in their probation period did not always receive review meetings in line with the provider's policy. The registered manager told us they had identified this issue and would be taking action to address this. They also told us they had started to plan annual appraisals now that some staff had been in their role for a year.

People told us staff explained what they wanted to do and checked with them prior to providing care. One person said, "They explain things to me and get my permission." Another person said, "Staff never question my choices." A relative said, "Staff respect [my family member's] choices. They don't force her." We saw that staff generally checked with the person before providing them with support. However, while staff explained to people they were putting a clothing protector on, they did not give them the choice of whether they wanted to wear a clothing protector at mealtime or not.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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 checked whether the service was working within the principles of the MCA.

We saw a mental capacity assessment had been completed for a person who received medicines covertly. Medicines are given covertly when they are given to a person disguised in food or drinks without their

consent. However, we saw that documentation in other areas of people's care was not fully completed to fully demonstrate that capacity was being considered on a decision by decision basis and that decisions were being made in people's best interests. Staff had an appropriate awareness of MCA and DoLS. We saw that some authorised DoLS were in place and any conditions related to the DoLS authorisations were being met.

Care records contained guidance for staff on how to effectively support people at times of high anxiety or distress. Staff were able to explain how they supported people with periods of anxiety. A relative said, "[My family member] can get very aggressive but staff have tremendous patience." We observed staff responding appropriately to a person in distress.

We saw the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. We saw that DNACPR forms had not always been fully completed. The registered manager agreed to contact the relevant healthcare professional to ensure the forms were reviewed.

Feedback on the quality of the food was positive and people told us they had choices and their nutritional needs were met. A person said, "It's very nice, if you don't like it you don't eat it. Alternatives? Oh yes. I'm a bit fussy and I think it's nice." Another person said, "I am a very fussy eater. I have food allergies. They know my allergies so I get a diet. I'm asked what I want. And after discussion I can get what I choose." A visitor said, "Always smells lovely, we've had buffets what they do and it's always something nice. Very tasteful and the puddings look lovely." Another visitor said, "[My family member] can ask for Caribbean food and it can be brought in." People received food that met their cultural or dietary requirements, for example, a person requiring a gluten free diet.

We observed the lunchtime meal in three different dining areas. In two of the three areas observed, staff appropriately supported people to have sufficient to eat and drink and the mealtimes were pleasant, sociable occasions.

The mealtime experience in the other area required improvement. Staff did not assist people promptly. This meant that one person was observed eating from another person's meal. The person eating, required food prepared to minimise their risk of choking. The lack of prompt staff assistance and supervision meant that they were able to eat a large piece of food which was a potential risk to them. Staff saw this taking place but were not able to intervene in time to prevent it, fortunately the person did not come to harm.

Another person was struggling to eat by themselves and staff did not identify this until very near the end of the meal which meant that the person's food was no longer hot by the time they ate the majority of it. Staff also started talking to this person about dessert and then put their dessert out next to them while they were still eating their main meal. This meant that there was a greater risk that the person would stop eating their main meal in order to eat their dessert which might compromise their nutritional intake.

We did not see any people being offered choices for their main meal, dessert or drinks. We also saw some people left sitting at a dining table for a period of time after they had finished their meals and two people were not brought to a dining table for their meal. Management told us that those people should be brought to the table for meals and not left to eat their meals in the living room area. Staff had told them that they had not had time to bring people to the dining table before meals were served.

People told us that they had sufficient to drink. A person said, "There is enough to drink." We saw that people were offered drinks throughout the inspection. Drinks and snacks were readily available from kitchenette areas next to each lounge. Records showed that people were weighed regularly and appropriate

action taken if people's weights were of concern.

However, we saw that food and fluid charts were not always completed accurately. We observed a person eat little during lunch but their records stated that they had eaten all of their lunch. We also saw that another person's fluid intake had been recorded incorrectly stating that they had drunk more than they actually had. Both people were at risk in these areas. The provider had recently introduced an electronic care record system and fluids were recorded using this system. The provider told us that the fluid recording issue was as a result of staff still familiarising themselves with the new system.

People told us they were supported with their healthcare needs. A person said, "I can see the doctor, chiropodist, optician and I get taken to hospital appointments." A visitor said, "Four weeks ago [my family member] was dizzy and told staff. The next day she went to hospital for inspection. The problem was treated and she came back after ten days. She is fine now." A visiting healthcare professional told us that they had a good relationship with staff working at the home. They told us that staff were pretty good at following advice and also asked for advice when they needed to and, if anything, referred for advice more than other homes. Care records contained a record of the involvement of other professionals in the person's care, such as the GP and community nurse.

People were happy with the premises. A visitor said, "Oh it's lovely." The home was spacious with wide corridors. A pleasant garden area was available which was next to a local park. The home also had secure outside spaces for people living on the upper floors. The home had a cinema and a pub area.

However, adaptations could be made to the design of the home to better support people living with dementia. People sitting in one of the areas did not have easy access to the current day, date and time and we observed a person asking staff a number of times for this information. Bedrooms, bathrooms and toilets were not clearly identified and the flooring was not designed to ensure people with dementia could move about more safely. We saw that one person kept trying to step over parts of the flooring which was of different colour to other parts putting them at risk of falling. A staff member said, "[The person using the service] steps over flooring in the lounge area as he thinks it is a step."

## Is the service caring?

### Our findings

People told us that staff were kind and caring. A person said, "Staff are kind and caring. We have banter and jokes." Another person said, "I have never found staff other than kind and caring." A visitor said, "There's a lot of staff around and they're very caring." Another visitor said, "Yes they are. The way they speak is caring. They give [my family member] a kiss on her cheek. They ask her how she is today."

People told us they were comfortable with staff and were listened to. A person said, "The staff look after you and listen to your problems."

A person said, "The staff know me and sort my problems out. They are only too keen to help you." Another person said, "[Staff] know me well and know what I like and don't like." Staff had a good knowledge of the people they cared for and their individual preferences. We observed staff interacting well with people and visitors and talking in a kindly, friendly manner. Staff effectively responded to people showing signs of distress offering them reassurance and kind words.

Most people we spoke with were unsure about having a care plan. However, visitors told us that they were involved in care planning. A person said, "I've not seen a care plan. Staff ask me daily what I need. I don't have many serious problems." Another person said, "I have not seen it but know that you can ask to see it." A visitor said, "I have power of attorney so I signed the care plan. [My family member] has had a couple of reviews." Another visitor said, "I always receive phone call updates and feel that my views are taken into account."

Care plans indicated that people or their relatives, where appropriate, were involved in the development and review of their care plans. Care records contained information regarding people's life history and their preferences. We also saw examples where relatives had been involved in the best interests decision-making process. This meant people could be assured that their views were taken into account during the care planning process to ensure that the care provided met their personalised needs.

When people were unable to communicate easily, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager agreed to add information on advocacy to the guide for people who used the service so that the information was more easily accessible.

People told us staff respected their privacy and maintained their dignity. A person said, "Oh yes, they knock before they come in – I say who is it, come in." Another person said, "The staff respect me." A visitor said, "The en suite bathrooms give [my family member] dignity. Staff ask her very quietly if she needs the toilet to

protect her privacy." We observed staff knocking on bedroom doors and respecting people's dignity by closing curtains and doors during personal care. There were areas in the home where people and visitors could have privacy if they wanted it.

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. However, staff did not always speak about people in a way that respected their dignity and we saw a staff member standing over a person when assisting them to eat which did not respect their dignity. We raised this with the registered manager who agreed to take immediate action to address this issue.

People told us that they were encouraged to be independent if they were able and to ask for help if required. A person said, "I like staff to get my clothes out but like to dress myself." Another person said, "I like to just do a few jobs that want doing, clean up or something." We saw a person helping staff to wash and dry cups and plates. We also saw a person helping to lay tables at lunchtime. Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us there was no restriction on when they could receive visitors. A person said, "Yes, anytime." A visitor said, "I can come anytime I want." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the information guide for people who used the service.

## Is the service responsive?

### Our findings

People told us that they felt they received support that was personalised to their needs. A person said, "We can get up and go to bed anytime." Another person said, "You can choose what times to get up because I am an early bird and you can go to bed when you like." A staff member said, "People get up when they want. It's their home, their own space." Another staff member said, "People let you know when they want to go to bed."

People's views were positive about the activities that were provided. A person said, "It's quite good, you get laughs and it's quite happy – the entertainment's been very good." Another person said, "The entertainment is really, really good. [The activities coordinator] comes in every day and tells us what's going on and then we decide if we want to participate." A third person said, "I do get involved. The cinema, garden, bingo, making cards. I did a trip to another home and a shopping centre. We visited a health centre and a school. I've also done family visits out." A visitor said, "There's always activities here, singers come in." We spoke with one of the activities coordinators who explained the range of activities that took place and gave us a copy of the activities programme for the month for one floor. Activities listed included a mixture of physical and mental activities and some outside visitors attending to provide entertainment. The activities coordinator described group and one-to-one activities that took place in the home and they had plans for more outside trips to take place.

We observed group and individual activities took place during our inspection. We saw films being put on in the home's cinema room which had a large cinema screen with cinema style seating. We also saw a pub area on one floor which was being used for a person's birthday party. People enjoyed a pub atmosphere with a barman and glasses of wine or other drinks. People were laughing, joking and the activities coordinator carried out a pub quiz in which there was almost total participation from all people present. Questions were asked verbally and people raised their hands or called out the answers before being told the answers.

Care plans were in place to provide staff with information on people's care and support needs, including healthcare needs. These care plans were on an electronic system and some staff told us they found this system less accessible than the previous paper records. A visiting healthcare professional also made this point. The provider showed us that laptops had been ordered and would be placed on each floor so that care staff and visiting professionals, where appropriate, could more readily access full care records.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. For example, a person with visual impairment, and we observed that staff followed the guidance for supporting this person.

A person said, "I'm Pentecostal. The pastor has been. Occasionally friends take me to Church." We saw that people were supported to attend religious activities in line with their preferences. The provider's guide for people who used the service contained information on how people's beliefs and practices would be respected.

People told us they knew how to make a complaint. A person said, "I would talk with the [registered] manager. She is familiar. I've not raised any issue with her." A visitor said, "[The registered manager] and her staff are all very approachable. I'm comfortable raising any concerns."

We saw that complaints had been handled appropriately and responded to correctly. Guidance on how to make a complaint was displayed in the lift but not on the individual floors of the home. However, it was also detailed in the information guide for people who used the service.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them.

## Is the service well-led?

### Our findings

We saw that some audits had taken place, for example in the area of recruitment and the environment, and actions were clearly identified. However, detailed audits had not taken place recently in the areas of infection control and medicines and few care records had been audited. Audits had not identified and addressed the issues we found at this inspection including medicines and documentation including pressure care records, food and fluid records and MCA decisions. We spoke with the management team who told us that both manager and provider audits would be improved and be more frequent in the future.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received. This was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people and relatives told us that there were meetings where they could discuss their views on the quality of the care that they or their family member received. A person said, "Yes I have been. Sometimes they are useful if you have a good chair (person). I think I did a survey a long time ago." A relative said, "There are regular resident/relative meetings. I've received regular questionnaires and surveys." Another relative said, "Yes, there's a relatives meeting and we've been given a questionnaire."

We saw meetings for people took place where comments and suggestions on the quality of the service were made. Comments were generally positive and any issues were acted upon. We saw completed surveys were also positive on the quality of the service being provided. Some comments had been made regarding the complaints procedure and fire procedure. These issues were discussed at the next residents and relatives meeting to improve people's awareness of both.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy.

The provider's guide for people using the service stated, "Our philosophy of care is the belief that developing an atmosphere of individual care and attention for our service users will contribute to your well-being and comfort so as to enable you to enjoy life to its fullest potential." We saw that staff were generally observed to act in line with this philosophy of care during our inspection. The provider also had a vision and set of values in place.

During our inspection we were told that Kiwi House had been shortlisted for the care home of the year competition run by the local newspaper. Following our inspection, Kiwi House won the award for care home of the year in the Derby area.

A person said, "If I had to go I don't know what I'd do. I do love it here. Personally, for me I've got a home here and I love it." Another person said, "It's a congenial place. Friendly. Everyone is helpful." A visitor said, "I'm quite impressed with the place. It's an enjoyable place to be." Another visitor said, "Happy, friendly – staff are lovely, you can come, you can make yourself a cup of tea – relaxed." All staff were very positive

about the atmosphere of the home. A staff member said, "It's a lovely place." We found the home to be relaxed and friendly.

People told us that the registered manager was approachable and listened to them. Some people told us that they didn't see the registered manager often. A person said, "It's quite hard to get hold of her, she's so busy." Another person said, "The [registered] manager says hello to people and is easy to approach. She is managing well." A visitor said, "It's a positive environment with a positive attitude. The staff and [registered] manager are very approachable." A visiting healthcare professional said, "[The registered manager] is accessible and very caring."

Staff were very positive about the registered manager. A staff member said, "[The registered manager] is always on the end of a phone. She's very understanding and approachable." Another staff member said, "[The registered manager] is brilliant. Always willing and available. Any issues are dealt with." We saw that staff meetings took place and the management team had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A staff member said, "I have monthly supervision and it's really fair." A clear management structure was in place and staff were aware of this. Staff felt that they had clear guidance and worked well as a team as a result.

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 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  People did not always receive their medicines as prescribed.  Regulation 12 (1) (2) (f) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have an effective system to regularly assess and monitor the quality of service that people received.  Regulation 17 (1) (2) (a) (b) (c)