Advent Estates Limited

Kilsby House Residential Home

Inspection report

Rugby Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Kilsby House Residential Home is a residential care home providing personal care to older people living with dementia. At the time of the inspection 24 people were using the service. The service can support up to 39 people.

People's experience of using this service and what we found
Systems and processes were not robust enough to identify and monitor the issues we found during the inspection.

Risk assessments were not always completed with the strategies needed to mitigate the known risks.

Records of care tasks were not always completed fully. For example, we found gap in the recording of pressure damage and food and fluid charts.

On the first day of inspection we found concerns with infection control and the management of COVID-19, however by the second day of inspection the provider had made improvements.

People were supported by enough staff who knew them well and had been safety recruited.

Staff and relatives knew the registered manager and felt comfortable raising any concerns with them.

The registered manager and staff were open and transparent throughout the inspection. The registered manager implemented changes immediately after inspection. The provider needs to ensure these changes are embedded into the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 12 April 2019)

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kilsby House Residential Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to infection control, safe care and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Kilsby House Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Kilsby House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. On 15 January 2021 one inspector started the inspection looking at infection prevention control. On 4 February 2021 another inspector completed the focused inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We were not able to speak to people who used the service. We spoke to four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, care workers and domestic staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at rotas, audits and training.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff did not always record whether people ate and drank sufficiently. For example, we found one person's record had no information regarding their lunch, tea, supper or additional snacks for one day and other days had gaps in recording. People's records did not identify if the food or fluid had been fortified or thickened as required. People who required their fluid monitored did not have the optimum amount calculated to ensure they met their target. This put people at risk of malnutrition or dehydration.
- People who had pressure damage to their skin did not always have the required information logged on a body map. For example, we found one person who staff had noted they had 'redness' on their skin did not record the placement, size or shape of this potential skin breakdown. We also found various other records did not contain the information required of the skin damage in line with the providers procedures.
- People who were unable to use their calls bells did not have a risk assessment with strategies to mitigate this risk. Hourly checks in place to ensure people's safety were not consistently completed. The registered manager implemented these after the inspection.
- Risk assessments were completed for risks associated with equipment, manual handling and health and safety. However not all risk assessments contained enough information to implement the strategies needed to mitigate these known risks. The registered manager updated these risk assessments after inspection.
- Medicine management required improvement. We found not all medicines that were administered had medicine administration record [MAR] charts in place. This put people at risk of not receiving their medicines as prescribed. The registered manager put the relevant MAR charts in place immediately after feedback.
- Staff did not always have protocols to follow for people's 'as required' [PRN] medicines; to understand why, how and when to give the medicine and the dosage required. When PRN medicines were administered staff had not always recorded to reason why. This meant the effectiveness of the PRN medicines could not be monitored.
- People were not always referred for a medicines review when they refused, or were unable to take their medicines; or when PRN medicines had been given for prolonged periods of time. The registered manager contacted the GP immediately after the inspection for review and no harm occurred.
- Staff did not always followed safe medicines practice in line with the provider's policy. For example, one person's MAR chart did not have the name of the medicine recorded and transcribed information had not been signed by two staff. This put people at risk of receiving incorrect medicine or dosage of medicine.

We found no evidence that people were harmed, however, the provider had failed to ensure that all strategies to mitigate risks had been completed and that the safe and proper management of medicines was in place. This was a breach of Regulation 12(2)(b)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

● The provider had not ensured the processes for cohorting and zoning were established and effective. Cohorting and zoning means separating and grouping people and staff with and without infection, which reduces the risk of the virus spreading.

● Staff who lived on the premises had not effectively isolated when they were COVID-19 positive. This meant the risk of infection spread was high.

● There was no information on people's bedroom doors confirming their COVID-19 status to support staff to safely manage their care.

● We were not assured that effective cleaning processes were in place for the use of shared bathrooms. Effective and enhanced cleaning during the pandemic period supports people stay safe.

● People did not consistently have their temperature checked twice a day to identify if they were showing any COVID-19 symptoms.

● Staff did not consistently check their temperature when commencing duty to identify if they were showing any COVID-19 symptoms.

● Visiting health professionals were not screened for Covid-19 symptoms upon entering the service. This meant the risk of further infection spread was high.

● The provider's outbreak management policy was not followed in some areas. For example, spot checks on staff to ensure they were following infection controls and using Personal Protective Equipment (PPE) appropriately, had not been completed for five days. We were informed this should be completed daily on all staff.

● People using the shared bathroom were also sharing toiletries. For example, shampoo and shower gel. This is not in line with best practice guidance and increases the risks of cross contamination and the potential spread of COVID-19.

Infection control procedures did not consistently protect people from the risk of infection. This was a breach of Regulation 12(2)(h) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured that the provider was preventing visitors from catching and spreading infections.

The provider sent a report to CQC outlining the actions they have taken to make improvements after the first day of inspection.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes in place to ensure unexplained bruises or injuries were identified and recorded required improvement. Body maps had not always been completed and we found not all injuries were investigated. However, the manager completed the investigation immediately after the inspection and put more robust systems into place to ensure information was not missed.

● Staff received training on safeguarding and all staff we spoke to understood their role in identifying, reporting and recording any allegations or incidents of abuse.

● The registered manager had reported and investigated as necessary any safeguarding concerns.

Staffing and recruitment

● Systems were in place to ensure adequate staffing. Staff told us they felt there were enough staff to meet people's needs. One staff member said, "We have enough staff to keep people safe and also to spend time with them, just to talk."

● Staff were recruited in a safe way so that, as far as possible, only staff with the right skills and experience

were employed.
● Staff received induction training when they first began working at the service. There was also ongoing training for staff to attend to refresh and update their knowledge.

Learning lessons when things go wrong
● The registered manager audited falls to identify if there were any trends or patterns. Information found was shared with staff so lessons could be learnt, and different strategies implemented as required.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes were not robust enough to identify the issues we found during the inspection. For example, gaps in recording food and fluid intake, mattress checks, hourly safety checks, body maps not being completed, and missing information on medicine records.
- We found records relating to water temperature checks where the water temperature in six rooms was above the Health and Safety Executive recommended temperature of 44 degrees. Water temperatures had not been checked again after. Staff had not consistently recorded the temperature before people accessed hot water. This put people at risk of scalding. The registered manager checked all temperatures after inspection, and they were all within range.
- Audits of care plans and risk assessments had not identified when more information was required. For example, when to gain advice on a person's urine output, what to look for regarding an epileptic seizure and what strategies are implemented regarding known risks.
- Systems to protect people from the risk of infection required improvement.
- The environment required some improvements. We found toilet doors did not have locks on them and a hole in the wall of staff toilet. This meant people and staff dignity could not always be protected.
- During the inspection we saw people gathered in the lounge with little to stimulate them.

We found no evidence that people had been harmed however, systems and processes were not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; Continuous learning and improving care

- In response to the feedback given, the registered manager implemented immediate action. For example, water temperature checks and updated records to ensure all information stored was correct and in place. The registered manager still needs to ensure updated tasks are embedded and that they continue to monitor the safety of the service.
- The registered manager and staff were open, transparent and accommodating throughout our inspection.
- We saw evidence of referrals being made to external healthcare professionals when required such as GP and District Nurse, who visited the service regularly.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● We saw no evidence of any recent complaints made by people, relatives or staff. However, staff and relatives told us that they would feel comfortable making a complaint should they need to. One staff member said, "Any issues are dealt with". Another staff member told us, "[Registered manager] always listens to both sides and then will sort it out. I am confident to raise concerns if I have them".

● The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Staff and people were asked for their feedback through meetings. We saw evidence of people and staff giving feedback on the service.

● We did not see any evidence of relatives being asked for feedback since 2012. However, relatives told us they had been asked to feedback about the service.

● People or staff that required additional support to communicate or understand information were given additional support to ensure they were able to engage with the service.

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 The provider had failed to ensure that all strategies to mitigate risks had been completed. The provider failed to ensure the safe and proper management of medicines was in place. The provider failed to ensure infection control procedures protected people from the risk of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have systems and processes in place to effective monitor the quality and safety of the service.