Birmingham City Council

Kenrick Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected the Kenrick Centre on the 19 December 2016 and 05 January 2017 and it was unannounced on the first day of the inspection. At out last inspection in June 2015 there was one area where the service was not meeting regulations. We found that people had not always been involved in decisions about their care. At this inspection we found that improvements had been made regarding supporting people with decisions about their care.

The Kenrick Centre is a purpose built centre which is registered to provide two types of service.
On the first floor there is an enablement service which provides personal care for 32 people for up to four weeks following discharge from hospital. The purpose of the enablement unit is to provide a further period of recovery and assessment to prepare people for their return home or identified placement. The ground floor is registered to provide accommodation and care for 31 people. At the time of our inspection 59 people were living at the service.

A registered manager is required to manage this service. The provider had chosen to register two managers for this service. There were two registered managers in post at the time of our inspection one for each of the units. 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.

The systems in place to audit the quality of the service were not always effective because they did not identify where improvements were needed. Medicines were not always managed effectively to reduce the risks associated with them. Although issues raised at our inspection action was taken to address them. These issues had not been identified through the day to day auditing of the service.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know where to report any concerns. Staff received training and supervision to support them in their role. Staff training was monitored and opportunities were provided to staff to further develop their knowledge and skills. Sufficient staff were employed to provide care and support to people and ensure their needs were met.

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People told us that People had been involved in decisions about their care and received support in line with their care plan.

People were supported to maintain good health and had regular access to healthcare professionals. They had enough to eat and drink and individual dietary needs were met where needed.

People were encouraged to pursue interests, hobbies and activities that were of interest to them. People told us that they felt confident that any concerns they raised would be dealt with.

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.

Not all people living at the service could be confident that they received their prescribed medicines as and when required.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were assessed although improvements were needed to ensure that people received safe support consistently.

People were supported by adequate numbers of staff on duty so that their needs were met.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had been trained to meet their needs and who obtained their consent prior to supporting them.

Staff ensured people had access to sufficient food and drink. Staff supported people to access healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and treated them with dignity and respect.

People's dignity, privacy and independence were promoted and maintained.

Is the service responsive?

Good

The service was responsive

People were supported by staff who responded to their needs

appropriately.

People's needs and preferences were assessed to ensure they would be met in their preferred way.

People had access to a variety of activities on a daily basis. There were systems in place to listen to people's complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staff felt supported and listened to by the registered manager's.

Systems were in place to monitor the quality of the service provided but were not always effective at identifying where improvements were needed.

Kenrick Centre

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 visit took place on the 19 December 2016 and 05 January 2017 and was unannounced on the first day of the inspection. It was carried out by one inspector, an expert by experience and a specialist adviser on the first day and the inspector returned on day two to complete the inspection. The expert by experience had personal experience of using or caring for someone who used a health and social care service. The specialist adviser had professional expertise as a nurse.

We reviewed the information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. Notifications are information about accidents, incidents deaths and safeguarding that the provider is required to send us by law. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We used a range of different methods to help us understand people's experiences. We spoke with 14 people who lived at the home and four relatives. We spoke with seven care staff. We also spoke with three deputy managers, both of the registered managers and four health and social care professionals.
Some people were less able to express their views so we observed the care and support that they received in communal areas. 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 five records about people's care to see how care and treatment was planned and delivered. We also looked at records maintained by the home about staffing, training, accidents and incidents and the quality monitoring system.

Requires Improvement

Is the service safe?

Our findings

We looked at the management of people's medicines on both units and found that although most people received their medication as prescribed this was not the experience for all of the people. On the residential we looked at the records for prescribed creams and we found that the records did not record that these creams were being used regularly and we saw that for some people a stock of unused cream had built up which indicated they were not always receiving their prescribed creams. A person's skin may become dry and sore if creams are not applied as often as the doctor intended. Some people were prescribed eye drops. We saw that the specific eye drops in use for some people were required to be stored in a fridge and these guidelines were not being followed. The incorrect storage could impact on the effectiveness of the eye drops. We also saw that one person's eyes drops had passed the used by date and another eye drop had not been dated when opened. Dating medicines with a short expiry date ensures that staff can monitor that the drops are only used within the manufactures recommended shelf life and remain effective for their purpose. We saw that a person with limited capacity to make decisions about their care or treatment was given their medicine disguised in food. Records showed that procedures had been followed to ensure that this practice was in their best interests; however there was no written management plan in place to support this practice including details of how this practice would be reviewed.

The fridge used to store peoples' medicines had a recommended temperature range that should be maintained to ensure that medicines are stored at the correct temperature. Records that we reviewed showed that the daily temperature records were not maintained consistently. They also showed a recording of the temperature being too high and there was no record of what action had been taken to remedy this. On both the residential unit and enablement service we saw that some people refused their medicines. Staff told us that the medication procedures advised that people could refuse their medicines three times before they [staff] needed to consult with the GP about this. However, some were essential medicines and we could not see that the impact for the persons health and well being had been fully considered. When we returned for day two of our inspection the registered manager told us that action had been taken on the medicine matters raised. A new procedure was in place in respect of refused medicines and we saw that this gave guidance for staff to follow and showed prompt action would be taken upon refusal of medicines considered to be a risk to maintaining people's health and wellbeing.

People told us that they always received their medicines on time and were satisfied with how they were supported with taking their medicine. One person told us, "The staff help me and they are good, Yes I do get them [medicines] on time". We saw that medicines were kept secure and staff told us that they had received training in safe medicine practice.

People spoken with told us they felt safe with the service provided and that staff supported them with their care needs. One person told us [residential unit], "Staff are always around. The staff are always coming into my room to see if I'm okay or if I need anything". Another person told us, "I have never been shouted at they [Staff] are kind not a bad bone in their body all of them" A person on enablement unit told us, "I feel very safe in the home everything is here for our needs. Staff have been very good to me but I am due to go home

and I feel I could now recover quicker in my own surroundings".

Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. They gave us examples of some of the signs and symptoms that might alert them to be concerned. Staff told us that they were confident that the management team would ensure that any concerns were dealt with appropriately. We saw that information about safeguarding was displayed in the service and informed people about how to raise any concerns that they may have. Information we hold about the service showed that we had been kept informed about incidents that had occurred and that the appropriate actions were taken by staff. The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The registered manager was aware of their role and responsibilities in raising and reporting any safeguarding concerns.

We saw that for one person the risks associated with eating were not clear, records of the food they had eaten showed that they were being served a normal diet. However, care records were not clear and the hospital discharge information indicated a soft diet was required and the care records indicated a fork mashable diet. This was brought to the registered manager attention [residential unit] so they could take action to ensure that people were supported to eat their food safely. When we returned for the second day of our visit we were told that advice had been clarified with the speech and language therapists and records had been updated to reflect this. We saw that people at risk of developing sore skin were provided with equipment such as pressure relieving cushions and special mattresses for their beds. We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A visiting healthcare professional told us, "I am visiting three people here today and can see that people's skin has been cared for and people have been repositioned. I have no concerns about the care in place to reduce the risk of sore skin". They went on to tell us that staff contacted their service promptly when needed if they were concerned about a person.

The provider had emergency procedures in place to support people in the event of a fire. Fire safety equipment were checked to ensure it was maintained in good working order. Staff we spoke with confirmed they had received fire safety training. One person on the residential unit told us that the buzzer in their room had not worked and this had happened several months ago. We asked the registered manager about the monitoring of the system and she confirmed that regular test and servicing of the system took place. We saw that health and safety checks of the building took place and a business continuity plan was in place to inform staff about what action they should take in the event of a health and safety emergency.

We saw that there were staff with particular responsibilities including care, cleaning and catering at the service. Staff spoken with told us that there were sufficient staff to support the people they cared for. Some staff told us that there were some occasions when they were very busy. A staff member told us, "Staffing is adequate but it can get very busy at times, some days are busier than others". A person on the enablement unit told us that they thought staffing was a bit short and they needed to wait for some assistance in the morning. Both registered manager's told us that they had a system in place for ensuring safe staffing levels were in place. Another person on the same unit told us, "Staff respond quickly here if you need anything". The number of people living at the service did fluctuated and the registered manager told us their system was flexible to allow for this. For example, on the first day of our inspection there were 20 people living on the enablement unit. On the second day of our inspection this had increased to 29 and we saw that the staffing levels had been adjusted to reflect this. Staff told us and records confirmed that senior staff were available day and night on both units to support care staff.

We found at our last inspection that the provider had robust recruitment procedures in place. We were told

by the registered manager that no new staff had been employed since our last inspection. The provider was in the process of a consultation period about the future of their services so no new staff were being recruited until the consultation period was completed. The registered manager told us that vacant posts and sickness was covered by agency staff. We looked at the records in place for the agency staff and saw that systems were in place to ensure that only agency staff who were trained and checked for their suitability to work in this role were used. The registered manager told us that because the arrangement to use agency staff had been in place for a long time they had been able to have a core team of staff who knew the service and the needs of people and this had helped ensure consistency with people's care.

Good

Is the service effective?

Our findings

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).

At our previous inspection we found that the registered manager and senior staff for the residential service did not have a practical working knowledge of the MCA and DoLS. MCA assessment had not always been completed when needed and the appropriate applications had not been made for the people who were being deprived of their liberty. At this inspection we found that improvements had been made. We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. There was also a system in place that ensured all staff were aware of the stage of the application and when approval had been received and what this meant for the people they cared for.

We saw that staff asked people's permission before they supported them with their care needs. Staff were able to explain how they obtained consent to provide care on a day to day basis. Staff told us and we saw that they explained things to people and give them the choice to agree or disagree. Staff told us that if people declined support, they would try again later and they understood that people had the right to choose the care they received.

Staff told us they received training and support through discussions and meetings with senior staff so that they were able to meet people's needs appropriately. Staff told us they had regular supervision and appraisals to support their development. A staff member told us, "I receive regular supervision from one of the deputy managers its very good. I am asked if I have any ideas or any concerns about people". Agency staff told us that they received an appropriate induction into the service when they started their work and the registered manager told us that they held meetings with agency staff to ensure that they received the information they needed to provide safe and effective care to people. We saw that staff training records showed that some training updates were needed. The registered manager told us that plans were in place to ensure that staff received the training they needed.

During our inspection we saw that the food looked appetising, was well presented and people received support to eat if they needed it. We saw that people were offered alternatives including lighter meals if they were not hungry at lunchtime and people made a choice about where they ate their meal. One person told us, "I have plenty of food here cooked breakfast twice a week and plenty of choices at lunch and dinner, it's like a hotel they wait on me hand and foot". Another person told us, "I get plenty to eat and drink. If I don't fancy what is on the menu they offer to make me a toasty, Can't fault them". We saw that one person requested spaghetti on toast and this was provided for them. Some people that had difficulties in swallowing food were provided with soft and pureed meals. We saw that for one person all the food items

had been pureed together and from talking to staff we established that this was not a one off incident. This did not ensure that the mealtime experience was a pleasant opportunity for the person to express their choice and experience different tastes and flavours. We discussed this with the registered manager on the residential unit. When we returned for the second day of our inspection the registered manager told us that this had now been rectified and she had spoken with the kitchen staff to ensure that food items were prepared separately.

We saw that people's health needs were met. We saw that community health professionals such as the district nursing service, dietician and chiropodists were involved in supporting people with their health needs. People told us that they could see the doctor when they needed one. One person told us, "If I need a doctor or district nurse they come in to see me the optician is coming to see me tomorrow". During our inspection we saw that people received the support they needed to ensure their health needs were met. For example, one person had recently been discharged from hospital and staff were concerned about their wellbeing. We saw that staff monitored the person and had requested a visit from the GP to check on the person's wellbeing. A visiting healthcare professional told us that they had no concerns about people's care and that staff followed their instruction and sought their advice when appropriate.

Good

Is the service caring?

Our findings

We saw that people were taken to their rooms to be supported with their care in privacy. We did see on a few occasions that people's bedrooms doors were not completely closed when staff were assisting people. However, we saw that a senior staff member noticed this and took action to close the individual's door. We also heard a few staff interactions that involved staff speaking loudly to each other across a room. One person that we spoke with told us that on occasions staff spoke loudly and sometimes this was during the night. The registered manager told us that they closely monitored these issues to ensure that staff provided care in a way that was polite, respectful and maintained people's privacy.

We observed that people were supported by staff who were kind, caring and thoughtful. One person told us, "You couldn't not like it here staff are marvellous, no matter what you ask nothing is too much trouble for them". Comments received from relatives were equally positive, such as, "The staff have been wonderful to my aunt, we have watched how attentive they are to her, we can only say how good it is here couldn't say anything else, very happy with all the staff". And, "She [Person that lives at the service] loves it here, they have looked after her so well it's a pleasure to come here to visit".

We saw that staff were patient and not hurried in their approach with people. For example we saw staff supporting a person with a visual impairment. They took time to carefully explain to the person where their drink and snack was placed on the side table next to them. They made sure the person could reach the items safely and they ensured that the person was supported to retain their independence. The staff member was supportive to the person but was also discreet.

We saw that staff were friendly and we saw that they made time to sit and talk with people and laughed and joked with people. We saw a number of compliment cards that had been sent by people and their relatives, commenting on the level of care they had received whilst using the service.

We saw that people were supported to observe their faith, multi-faith services took place and someone from the local church visited to give holy communion for people who requested this service.

Staff supported people to maintain contact with their family members. We saw that part of the keyworker role was for them to maintain regular contact with the person's family. Relatives told us that they were always made to feel welcome at the service. We saw relatives visiting during our inspection and they were made welcome by staff and supported to be involved with their family members care.

We saw that people had access to equipment that enabled them to maintain their independence as far as possible. There were walking frames and wheelchairs for people to be able to move around the home independently. The enablement service was specifically aimed at ensuring people were supported to maintain their independence. One person told us, They try and encourage you to be independent here". Another person told us, "They are good and let me do what I can for myself and help me with the bits that I find difficult".

We saw that regular resident and relatives meeting took place and a range of topics were discussed. We saw that in a recent meeting presentations were made to the people who had recently come to live at the service welcoming them to their new home and also presentations were made to the people who had lived at the service since it first opened in 2009.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well, knew their likes, dislikes and what was important to them. People told us that staff supported them the way they wished to be supported. One person told us, "I go to bed when I want and get up when I want. There is no rush here".

We saw that many of the staff had worked at the home for a number of years and knew the people they supported well. Staff were able to provide us with a good account of the people they supported. We saw that life story books had been developed for people living in the residential home, so that people's life experiences and preferences could be included in their care plan. Staff told us that they had sat with people to talk with them about their life experiences to ensure they had relevant information to enable people to receive individualised care and support. For example, a staff member was able to tell us all about a person's work history and what the person enjoyed doing and their family member's names. This ensured that they had taken an interest in the persons and their interests and was able to speak with them about things that were important to them.

Staff on the enablement unit talked us through their referral process. They told us that systems were in place to ensure that only people suitable for the service were referred to them [All referrals were received from the hospital discharge teams]. This included a telephone referral process prior to admission where specific criteria needed to be met. Staff explained that although these systems were in place some people who were outside of their criteria were still placed there and also some people arrived without the essentials needed to meet their needs, for example medicines. We saw that when this happened the staff ensured that the appropriate action was taken this included completing a monitoring discharge form and forwarding this to the discharge hospital to raise their concerns and confirm what action had been taken to address the concerns. For example, a person had been late arriving at the service. The hospital concerned looked into the reason and identified that there had been serious traffic problems that had caused the delay and they also ensured that the appropriate staff were informed of the cut off time for admissions to the service.

On the residential unit staff explained to us about how they ensured a consistent approach to care. Staff were allocated to support people and worked in teams. Staff told us that a handover took place at each shift change and they were kept updated with any changes that they needed to know about. They showed us on their electronic recording system that they could send and receive alerts about people's care. For example, we saw that an alert was sent to let staff know about the outcome of a GP visit.

We saw that the service had an induction loop system in place. This helps people who are deaf or hard of hearing pick up sounds more clearly by reducing background noise. One person we spoke had a hearing aid unfortunately the battery was not working. When this was brought to a staff member's attention they responded promptly and replaced the battery. However, we were unsure how long the person's hearing aid had been like this.

People living at the service were able to take part in exercise classes and events that were of interest to them. We saw information displayed about a variety of activities including 'knit and natter', movie night,

individual shopping trips and bible stories. One person told us, "Staff are very kind to me. They often play dominos with me. They also take me to another care centre three times a week. Nothing is too much trouble for them". Another person told us, "I join in the activities there is always something going on here. I like it when the entertainer comes in weekly we all have a good sing a long". A third person told us, "I am very happy here I like to keep myself to myself and this is respected by staff". We saw that a person enjoyed knitting and staff ensured they had their wool and needles to hand. We saw that a person's record stated that they enjoyed classical music and we saw that they had been supported to access classical music on an IPad.

A number of links had been made with the local community including visits from local religious groups and schools. Arrangements were made for a pantomime to visit the home at Christmas and this took place on the first day of our inspection and we saw how much people and their relatives enjoyed this event. The service also had a number of resources within the building that were accessible to people who lived at The Kenrick Centre and the local community. There was a community café, multie faith room, computer facilities, hairdressing services and a gym facility with a variety of classes taking place. People told us that they used these resources. One person told us that they took part in a weekly gym session. Another person told us, "Facilities are available here for use when my family visit they wheel me down to the café, its wonderful here you know. If anyone say's anything else they are not telling the truth".

People told us that they had no complaints about the home or the care they received. We were assured that the one comment we received about some staff at times talking loudly was being dealt with. We saw that information was available in the home about how to make a complaint. Where complaints had been received, they had been investigated, dealt with and lessons learnt where appropriate. We also saw that people had taken the time to send in a number of compliments regarding the care they or their loved one had received.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of the service some areas of concern were raised. We saw that these areas of concern had been addressed by the registered manager. This inspection identified that there were still some aspects of the service that required improvement. We saw that there were a number of audits in place in order to assess the quality of the care provided. However, these had not always identified where improvements were needed. For example, on the residential unit we saw that some improvements were needed to medicine management so that people received their medicines appropriately. Records in place for medicine administration needed some improvement as we saw several gaps on these. We found that the storage arrangements for medicines required attention so that internal and external medicines were stored separately. Some people required thickened fluids and clarification was required regarding how these should be prepared. We also found that records in relation to risk were not always consistent with the practice in place. Also, some risk assessments were generic and not specific to the risks to the individual. An example of this was the risk assessment in place for the use of a specialist bed on the residential unit. Some care records in relation to supporting people on the residential unit who were distressed and showed behaviour that may present a challenge did not always show the positive steps that staff had taken to minimise this behaviour. Systems in place to ensure that DoLS applications were made appropriately and that staff were aware of who and why applications had been made were greatly improved. However, the provider was required to inform us, the Care Quality Commission (CQC) about the outcome of the applications and they had not done this. The registered manager of the residential service told us that she was not aware that she needed to do this. However, once we had brought this to her attention she took action to inform us immediately. Both registered managers presented as caring and very committed to the safety and welfare of the people that lived at the Kenrick Centre. Any issues brought to their attention were responded to appropriately and action taken to improve the service.

At the time of our inspection there was a registered manager in post for both the residential and enablement units. This meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

We saw that staff were motivated and they told us they enjoyed their work. There was a pleasant atmosphere in the home. Many staff had worked at the home for several years. Regular staff meetings took place which gave staff the opportunity to raise any concerns or issues they may have. Staff told us they were able to contribute to these meetings and felt and listened to. One member of staff told us, "Staff meetings are good and we are asked for our views and ideas". Staff told us they were aware of the whistle-blowing policy and were confident that if they raised any concerns they would be listened to. The registered manager's told us that they felt supported in their role by the provider's representative. There was a culture of promoting learning and ensuring staff were equipped for their role.

People and their relatives were happy with the care at the service. A person told us, "The atmosphere is very good, It's great here". Another person told us, "I am satisfied with everything here". People told us that meetings took place and we saw records of resident and relatives meetings. The records showed that the

outcomes of CQC inspections were discussed and development plans for the service. We also saw that information about MCA and DoLS was explained and discussed in these meetings which ensured that the registered manager kept people and relatives updated with important information.

At our last inspection we raised that some people that used the enablement service told us they did not know what plans were in place for their discharge and did not feel that they had been fully consulted. At this inspection some people told us that they were unsure about when they would be returning home or to their next place of stay. The registered manager told us that since the last inspection they had ensured that people were involved as much as possible in the process. Staff told us and records showed that discussions took place with people to update them on any plans, after the weekly multi-disciplinary meeting. The registered manager told us that the final discharge plans were out of their control as this was the responsibility of the social work team who arranged the discharge package.

A senior manager visited the service and completed a report of their findings. We saw that incidents that happened in the service were being analysed to support staff learning and improvement in the service.

The registered managers were aware of the requirements of the Duty of Candour regulations and explained how this meant that they would be open, transparent and share information about incidents in the home with people that used the service, relatives and professionals.