

M. J. M. (Furnishings) Limited

# Kexborough House

## Inspection report

113 Churchfield Lane  
Darton  
Barnsley  
South Yorkshire  
S75 5DN

Tel: 01226385046

Date of inspection visit:  
20 March 2019

Date of publication:  
03 April 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Kexborough House provides personal care and accommodation for up to 22 older people. Accommodation is on two floors, access to the first floor is by a passenger lift. There is also a single storey purpose built extension. Kexborough House has large landscaped gardens to the rear of the property, with an accessible patio area. At the time of our inspection there were 18 people using the service.

People's experience of using this service:

Staff supported people in a caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. Everyone we spoke with made positive comments about how staff delivered care and how the home was managed.

People received safe care and treatment. People's needs had been identified, and management plans were in place which respected their freedom and choices. People were safeguarded from the risk of abuse. Accidents and incidents were monitored to identify and address any patterns or trends. People's medicines were managed in a safe way.

There were enough staff employed to meet people's needs in a calm and unrushed manner. People received consistent care from staff they knew.

The service was clean and tidy. Overall people were protected from the risk of infection, however, some areas of the home needed attention. We discussed these with the management team who gave us reassurances plans were already in place to address them.

Recruitment procedures continued to make sure staff employed were suitable to work with vulnerable people. Staff had received the training and support they needed to develop their skills and knowledge. This enabled them to meet people's needs effectively.

Care and support was planned and delivered in a way that met people's individual needs and preferences. Where possible, people had been involved in planning their care. People were offered choice over their daily routines and how they lived their lives.

People received a varied and healthy diet which offered choice and met their needs. Everyone we spoke with was complimentary about the meals and snacks available at the home.

People had access to social activities and events which they said they enjoyed. However, there was no activities programme to make sure stimulation was provided on a regular basis.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff made sure

they had people's consent before delivering care and support.

The service had an open and positive culture which encouraged the involvement of people using the service, their families and staff. The registered manager was visible around the home and staff had a clear understanding of their roles and responsibilities.

Checks had been completed to identify areas the service needed to improve. Where areas for improvement had been highlighted, the management team had put action plans in place to address them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: Good (report published 26 October 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive.

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Kexborough House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an adult social care inspector.

#### Service and service type:

Kexborough 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 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:

The Inspection was unannounced. This meant no-one connected to the service knew we were visiting.

#### What we did:

Prior to the inspection visit we looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We contacted health and social care professionals who worked with the home to support people. We also used the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with 13 people who used the service and six visitors. We spent time generally observing staff interacting with people as they provided care and support. We spoke with six staff including the registered manager, the operations manager, the cook, team leaders and care workers. We also spoke

with a visiting community nurse to gain their opinion about the service.

We looked at care records relating to two people who used the service, the medication system, staff records and information relating to the management of the service. This included, records of accidents and incidents, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because the provider had robust policies in place and staff had a good understanding of the safeguarding process.
- People told us they felt safe living at the home. Relatives also spoke positively about the way staff supported their family members. One relative told us, "Yes, [people are safe] I wouldn't have [family member] here if not."

Assessing risk, safety monitoring and management

- Risks associated with people's care and the general environment had been identified and risk management plans put in place to minimise injuries and hazards.
- Staff were aware of risks to people and knew how to support them in a safe way, while maintaining their freedom and promoting independence.

Staffing and recruitment

- The provider continued to recruit staff safely. This included obtaining pre-employment checks prior to people commencing employment.
- Our observations and discussions with people who used the service, relatives and staff indicated there were enough staff on duty to make sure people's needs were met in a timely manner.
- The registered manager had used a dependency tool to assess how many staff were required. Staff comments indicated this had led to flexible staffing to meet people's changing needs.

Using medicines safely

- People's medicines were managed in a safe way.
- Systems were in place for ordering, administering and disposing of medicines safely.
- Staff were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date.

Preventing and controlling infection

- The home's environment was clean and fresh, and relevant equipment and products were available to promote good infection control practices.
- We noted some areas were in need of attention, such as damage to the wall behind the sluice and some chipped paintwork. We discussed the areas for improvement with the management team who had already identified these in their audits. An action plan was in place to address these areas shortly.

Learning lessons when things go wrong

- The management team responded to accidents and incidents in a timely way, and measures were put in place to help minimise them reoccurring.
- Accidents and incidents were monitored to identify trends and patterns.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care from staff who had been trained and supported to meet their needs effectively.
- Staff had completed an induction when they started working at the home. This included essential training and working with an experienced care worker for their first shifts.
- Periodic refresher training had been provided and most staff had completed a recognised national care award.
- People spoke positively about how staff delivered their care and felt they had the training and knowledge to meet their needs effectively. Comments included, "Staff are smashing" and "First impressions, it's fantastic [care]. Care is second to none. Staff are super helpful and friendly."
- Staff said they felt supported by the management team and worked well as a team.
- Records showed staff received periodic supervision and an annual appraisal to monitor their performance and support them in their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed to ensure their care and support was delivered appropriately.
- Care plans had been developed with people, to ensure their preferences and diverse needs were met in all areas of their care. This included protected characteristics under the Equalities Act 2010, such as age, culture, religion and disability.
- People told us they were very happy with how they were treated.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a healthy balanced diet which met their needs and took in to consideration their preferences and any special dietary needs.
- People told us they were offered choice and if they did not want the planned menu alternatives were available. During the lunchtime meal we saw one person had chosen a different option to the lunch menu.
- The menu was clearly displayed. Meals were of a good quality, with thought being given to how they were presented. People were offered second helpings throughout the meal.

Adapting service, design, decoration to meet people's needs

- The design of the home met people's needs.
- People had access to communal rooms where they could socialise, and their private rooms were furnished in line with their personal tastes.
- Communal areas were nicely decorated and an outside patio area gave access to the garden for people who could not access the main garden at the rear of the building.

- There were areas of the home that needed attention, such the damage to the sluice room wall and the need for shelves to store equipment off the floor. Some corridor carpets looked worn in places and some paintwork was chipped. However, the provider had identified areas needing addressing and an action plan, with clear timescales for completing the work, was in place. We saw redecoration of one area was already underway.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare professionals as and when they were needed.
- A district nurse told us, "Staff are friendly and capable. They have everything ready for my visits, very organised."

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA.
- People's consent to care had been obtained and our observations showed staff explained to people what they wanted to do and gained their consent before proceeding.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us care was provided by staff who were friendly, caring and responsive to their needs and preferences.
- The provider recognised people's diversity and promoted this in their policies and training.
- People were supported to maintain relationships with family members and friends and supported to maintain practices in line with their culture or religion. One person told us how they attended their local church regularly, which they said staff supported them to do.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in decision making in relation to their care and support, this was reflected in their care records.
- Staff encouraged people to make choices in the way they received their care and their choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. This was confirmed by people's comments and our observations. We saw staff knocked on people's doors before entering and spoke with them discreetly, to maintain confidentiality. One person described how staff covered them up while providing personal care to maintain their privacy and dignity, while always asking what they wanted.
- Throughout the day we saw many examples of good interaction between people and the staff supporting them. Staff consistently spoke to people with warmth and respect, and were supportive and caring.
- During our visit we heard staff laughing and joking with people. There was lots of friendly banter and everyone we spoke with commented on the positive attitude of staff. One person told us, "I love it here, we have such fun."
- Relatives also commented positively about people's dignity being maintained.
- People were encouraged and enabled to be as independent as they could be.
- Care records were kept securely, so confidentiality was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs and in line with their individual preferences.
- People had been encouraged to be involved in developing and reviewing care plans, to make sure they met their expectations.
- People had access to social activities and stimulation. On the day of our visit we saw a bingo session taking place, which people said they enjoyed. However, there was no-one coordinating the activities provided. Staff told us they facilitated activities on an ad hoc basis, which depended on the time available.
- Staff had recorded some activities that had taken place, but not consistently, which made it difficult to determine exactly which activities people had been involved in and whether they had enjoyed them. We discussed the benefits of having a more structured system in place with the registered manager, who said they would consider it.
- The noticeboard highlighted forthcoming events. Records showed periodic church services, entertainers, clothing parties and celebrations of key dates such as St Patricks day and Bonfire night had taken place.
- People told us they enjoyed the activities provided, especially the entertainers, bingo and craft sessions. A few people said they would like more to do, but could not say what these would be. A visitor told us, "Lots of activities [take place], bingo, singers and raffles."
- Staff supported people to maintain positive relationships with their family members, friends and partners. All the visitors we spoke with commented on how welcoming staff were when they visited the home. We also saw one relative taking their family member on an outing.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints procedure and encouraged people to comment about the service.
- People told us they would feel comfortable raising concerns if they needed to.
- The registered manager said no-one had raised any complaints over the last year and none of the people we spoke with could recall making a complaint.
- We saw numerous thank you cards had been sent to the home. These praised the staff and the way they had delivered care to people.

End of life care and support

- The provider had systems in place to ensure people were supported at the end of their life.
- We saw an end of life plan being used. This had involved the GP, family and other people involved in the person's care.
- To inform and guide staff a 'Celebrating my life' document was in use to highlight topics such as the

person's religious beliefs, their final days wishes and funeral arrangements.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager, who was supported by senior managers and team leaders.
- Staff had a good understanding of their roles and responsibilities.
- Staff spoke positively about the registered manager. They told us they were approachable, readily available when they needed advice and active in the day to day running of the home.
- People using and visiting the service said they had good access to the registered manager and found her friendly and approachable.
- Everyone we spoke with was complimentary about how the home was run.
- Notifications had been submitted to us as required by law and the rating of the last inspection was on display in the home.

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

- The provider engaged with people using the service to ensure people's voice was taken into consideration. People were invited to attend meetings and complete questionnaires, which were analysed for any areas needing attention. A summary of the last survey, completed in December 2018, contained positive outcomes and had been shared with people on the home's noticeboard.
- Everyone we spoke with felt the service listened to them and acted on their suggestions.
- Staff told us they also felt listened to and supported by the management team.

Continuous learning and improving care

- The provider's quality auditing system identified areas needing improvement and actions plans helped to make sure shortfalls were addressed in a timely manner.
- Staff had attended regular staff meetings, periodic one to one support sessions and an annual appraisal of their work. These kept them informed about how the home was operating, gave them the opportunity to share their views and assessed their work performance.

Working in partnership with others

- The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care.
- A district nurse told us they would recommend the home to people. They added, "The management are good, they think ahead, are organised. They said they often visited people in the community who had stayed

at the home for respite care and feedback was always very positive.