Kolbe House Society

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Kolbe House on 11 December 2017. The service was last inspected on 7 December 2015, when we rated the service Good overall.

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

Kolbe house provides accommodation and personal care for up to 25 older people predominantly from the Polish community. There were 22 people living at the service at the time of our inspection.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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.

Staff did not always follow the procedure for recording and the safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified. However, audits had failed to identify the areas for improvement that we found during the inspection.

The risks to people's wellbeing and safety had been assessed, but there was not always enough information on people's records about how to mitigate these risks.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments. However, assessments and care plans did not always contain the necessary information for staff to know how to support people and meet their needs and were not always written in a person centred way.

There were organised activities. However these were not always person-centred and did not always meet the needs of people living with dementia.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Safe Care and Treatment, Person Centred Care and Good Governance. You can see what actions we told the provider to take at the back of the full version of this report.

There were procedures for safeguarding adults and staff were aware of these. Staff knew how to respond to

any medical emergencies or significant changes in a person's wellbeing.

Staff received training in infection control and there were systems in place to protect people from the risk of infection.

The provider ensured that lessons were learned when things went wrong. They had systems in place to manage incidents and accidents and took appropriate action to minimise the risk of reoccurrence.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff's absence. Recruitment checks were in place to obtain information about new staff and ensure they were suitable before they started working for the service.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training on this. People's capacity to make decisions about their care and treatment had been assessed. Processes had been followed to ensure that, when necessary, people were deprived of their liberty lawfully.

People's health and nutritional needs had been assessed, recorded and were being monitored. People gave positive feedback about the food and told us they were offered choice. People had access to healthcare professionals as they needed, and their visits were recorded in people's care plans.

Staff received effective training, supervision and appraisals. The registered manager sought guidance and support from other healthcare professionals and attended workshops and provider forums in order to keep abreast of developments within the social care sector and shared important information with staff.

People told us they felt safe at the home and trusted the staff. They told us staff treated them with dignity and respect when providing care and treated them with kindness. Relatives and professionals we spoke with confirmed this. We saw people being cared for in a calm and patient manner.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

Staff did not always follow the procedure for the recording and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

The risks to people's wellbeing and safety had been assessed, but there was not always enough information on people's records about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these.

There were enough staff on duty to meet people's needs in a timely manner. Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

The environment was not designed in a way to support people who were living with the experience of dementia.

People's care and support had been assessed before they started using the service. However, assessments we viewed were basic, lacked detail and were not always written in a person centred way.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles. People had consented to their care and support.

People were supported by staff who were well trained, supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People were protected from the risks of inadequate nutrition and hydration. People had a choice of food and drink for every meal, and throughout the

day.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful. Staff knew people well and had developed a trusting relationship with them.

Care plans contained people's background and their likes and dislikes. People were supported with their individual needs in a way that reflected their diversity, values and human rights.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. However, care plans did not contain enough detail for staff to know how to meet peoples' needs and were not always written in a person centred way.

There were organised activities. However these were not always person-centred and did not always meet the needs of people living with dementia.

There was a complaints policy and procedures in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified. However, medicines audits and other checks carried out by the provider had failed to identify the issues we found.

The service conducted satisfaction surveys for people and their

relatives. These provided vital information about the quality of the service provided.

People and their relatives found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Kolbe 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 comprehensive inspection took place on 11 December 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience who undertook interviews with people and their relatives. 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, the provider completed 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 the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we looked at the care records of five people who used the service, four staff files and a range of records relating to the management of the service. We spoke with two relatives, the registered manager, a member of the committee, an administrator and two care staff. We also spoke with two visiting healthcare professionals who were regularly involved with people who used the service.

Requires Improvement

Is the service safe?

Our findings

We checked medicines storage and medicines records for all the people who used the service. All prescribed medicines were available. Medicines were stored in a locked medicines trolley in a designated locked room. There was a medicines fridge and we saw a temperature chart was in place and temperatures recorded were within targets. Whilst it was evident that most people received their medicines as prescribed, some did not and we saw evidence of this in the medicines administration record (MAR) charts we looked at. For example, three people were prescribed a pain relief medicine, one or two tablets to be given four times a day. For two people, there were no staff signature for the last two weeks, and for the other person, there were only two signatures on two consecutive days and staff had not made clear if they had administered one or two tablets. We raised this with the registered manager who told us this medicine was for PRN (as required). However, we saw no such instruction in the records we looked at and the registered manager was unable to provide us with evidence of this.

One person was prescribed eye drops. We saw that the instructions on the MAR chart were to administer this medicine five times a day, although staff had been signing for this four times a day. We discussed this with the registered manager who told us this was an error on the MAR chart as it should be four times a day. We checked the medicine box and saw that the instructions on the medicine label were to administer it three times a day. This discrepancy meant that we could not be sure how many times a day this medicine was to be administered and if the person was receiving this medicine safely. Additionally, we saw that staff had not signed for this on two days, and there was no explanation for these omissions.

One person was prescribed an inhaler. Two puffs to be given four times a day. There were no staff signature for the whole cycle. The registered manager told us this medicine was also PRN, although they were unable to show us any evidence of this.

The code 'O' meaning 'other' was recorded on two people's MAR chart for a whole week in December. However, there were no explanation recorded to explain what 'other' meant.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Controlled drugs (CD) were stored in a locked CD cabinet. Random checks of several CDs were carried out during this inspection. The quantity of CDs in stock matched the quantity recorded in the CD registers. This indicated that appropriate records about CD medicines were being maintained.

People and relatives told us they felt safe at Kolbe House. Some of their comments included, "Yes I feel safe, because I don't see any danger", "Most safe. I am amongst other people", "Yes my [family member] has advanced dementia. When I ask her about things, she says she is fine" and "Oh definitely and we can tell that she feels safe too. She has never expressed any notion of fear. Never seen her agitated."

Where there were risks to people's safety and wellbeing, these had been assessed and graded low, medium

or high. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. However where risks were identified, they did not always record any action or instructions on how to mitigate these risks. We discussed this with the registered manager who told us they would address this and make improvements to the risk assessments. Staff told us they were aware about individual risks to people. One staff told us, "People are safe here. Safety is very important."

Staff had received training in infection control and we saw they used protective equipment such as aprons and gloves when carrying out personal care. All areas of the home were clean and tidy and free of any hazards and all cleaning products were safely locked away. However, we saw two air freshener sprays were left out in the corridor. The registered manager immediately locked these away and addressed this with the member of staff responsible. Overall the rooms were satisfactory and people had personalised their own rooms with photographs and objects of their choice.

Staff undertook regular checks during the day and night to ensure that people were safe. People were protected through the provider's safeguarding procedures. The registered manager knew how to raise alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of any notifiable incidents.

Staff told us they had access to the safeguarding policy and procedures and were aware of the whistleblowing policy. One staff member told us, "At this home, there is no abuse. We have training and a lot of knowledge about this. If there was a problem, I would report it straight away."

Accidents and incidents were recorded and included details such as time and place, action taken to manage these, outcomes and steps taken to prevent re-occurrence. Each record was analysed and included an action plan. However, these were recorded in Polish and we could not ascertain what the incidents and accidents were about. We raised this with the registered manager who told us they were constantly encouraging staff to write in English and it was an 'on-going battle'.

People lived in a safe environment. The provider had a health and safety policy in place, and staff were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The service had taken steps to protect people in the event of a fire. People had Personal Emergency Evacuation Plans (PEEPS) in place. These took into account people's individual needs and abilities and provided instructions about how to support them to evacuate the building safely in the event of a fire. Windows had recently been replaced and were all fitted with window restrictors to prevent them from opening wide and these were regularly checked.

There were enough staff on duty to keep people safe and meet their needs. People and relatives told us they were happy with the staffing levels. Their comments included, "Oh yes, four carers on during the day and two at night", "For my needs, there is no problem", "Oh yes, there is enough staff", "When I normally visit, it is at weekends and I see no visible shortage" and "Yes, there is always someone attending a resident, someone in the kitchen." We saw that there were enough staff on duty on the day of our inspection to meet people's needs. We looked at the staff rota for the months of November and December 2017. These showed there was always enough staff to support people. People told us that call bells were responded to promptly.

Staff we spoke with thought that the number of staff was sufficient for them to do their job effectively. We did not see people waiting for support and staff responded in a very caring way when people needed assistance. The atmosphere was relaxed and staff chatted and joked with people while they supported them.

Recruitment practices ensured staff were suitable to support people. We looked at four staff files. These included checks to ensure staff had the relevant previous experience and qualifications to work at the home. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the care they received and their choices were respected. People's care and support had been assessed before they started using the service. However, assessments we viewed were basic, lacked detail and were not always written in a person centred way. For example, in the 'communication' section of a person's assessment, a statement said, "Limited communication with the resident", but there was no advice or guideline about how to support the person with their communication needs. Some comments were not written in a respectful way. For example, in the 'toileting' section of the assessment, we saw "Resident should be reminded of going to the toilet. He's soaked at night." Another person's assessment stated, in the 'mental orientation' section, "completely disorientated most of the time" but no comment or action about how to support the person. We discussed this with the registered manager who told us that the staff's poor English contributed to the way they recorded information and was the reason why comments did not appear person centred. However they acknowledged that they needed to improve the way assessments were conducted and recorded.

The environment was not designed in a way to support people who had dementia. The colour schemes, lighting and additional features did not reflect good practice guidance for environments for people who were living with the experience of dementia. There was insufficient signage to help people find their way to bathrooms or toilets. The National Institute of Care Excellence (NICE) guidance: 'Dementia: Supporting people with dementia and their carers in health and social care' states, ''Good practice regarding the design of environments for people with dementia includes incorporating features that support special orientation and minimise confusion, frustration and anxiety.'' The guidance also refers to the use of ''tactile way finding cues.'' The Department of Health guidance on creating ''Dementia friendly health and social care environments'' recommends providers ''enhance positive stimulation to enable people living with dementia to see, touch, hear and smell things (such as sensory and tactile surfaces and walls, attractive artwork, soothing music, and planting) that give them cues about where they are and what they can do".

We recommend that the provider seek and implement relevant guidance in relation to improving the environment to meet the needs of people living with the experience of dementia.

The Mental Capacity Act (MCA) 2005 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood

the principles of the MCA and had followed its requirements. The manager had identified people for whom restrictions had to be put in place and had taken appropriate action to make sure these were in people's best interests and were authorised by the local authority as the Supervisory Body. This included an authorisation for a person for whom going out unaccompanied could put them at risk of harm.

Staff employed at the service told us they had received training in the MCA and some were able to provide examples of where they had assessed someone's capacity to make a decision and how decisions could be made in people's best interests if they lacked capacity. We saw that MCA training was provided to staff.

People told us they were consulted in all aspects of their care and we saw evidence that they had signed consent forms where they were able to and where there were not able to, then their representatives were involved in making decisions about their care. During the inspection, we saw that people were consulted and consent to their care and treatment was obtained verbally.

People and relatives told us they were supported by staff who had appropriate skills and experience. Their comments included, "Oh yes, I do [think they are well trained]", "Yes I am sure of that" and "Yes, I would say so. They are very good around elderly residents. Very good at motivating whilst respecting their personal space and dignity." Staff told us they had received an induction when they started to work for the service. This included training and working alongside other staff members. Staff told us they were able to access the training they needed to care for people using the service. One staff member said, "Training is good. The manager is very good and always remembers important courses. Ealing gives us good courses."

We viewed the training matrix where the registered manager recorded all training delivered to staff. This indicated that staff had received regular training in subjects the registered manager identified as mandatory, such as moving and handling, health and safety, safeguarding, first aid, food hygiene and infection control. They also received training specific to the needs of people who used the service such as dementia, nutrition and hydration, pressure area care and end of life care. The provider used an external recognised trainer who delivered most of the training in-house. All staff had achieved a recognised qualification in Health and Social Care.

People were cared for by staff who were well supported. During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us they received regular supervision meetings with their line manager. One staff member said, "We get regular supervisions and appraisals. It helps us." The registered manager told us that these meetings provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

People's nutritional needs were met. The provider recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People and relatives were mostly positive about the food. Their comments included, "It is alright on the whole. I like it. It is Polish based", "Some better, some worse. I can't complain really", "[Family member] has never complained about it. When I am here, I see fresh fruit and a hot Polish raspberry drink. I see them encouraging her to eat to prolong her independence but also ensure she has enough to eat" and "It is alright on the whole. I am not amazed by it. My favourite are Polish pancakes made with potatoes." There were menus available but these were on A4 paper and typed in very small font, so it would be difficult for people with vision impairment to read these. We discussed this with the registered manager who assured us they discussed the menu with people each morning so they knew what was being cooked and were able to request an alternative if they wished. The registered manager told us they were planning to review the

menus and place them on each table in the near future. We viewed the menus for the week and saw that they changed daily and were rotated across the month. The food served was hot, nutritious and looked appealing. The meals on the day of our inspection were cooked using fresh ingredients. People had adequate amounts to drink. At lunchtime people were supported to come to the dining room. The chef was supplied with accurate information about people's dietary needs, including any allergies. People's likes and dislikes were recorded and respected. For example, we saw in a person's care plan that they disliked fish. The registered manager told us they were offered alternative choices when fish was on the menu.

There were enough staff available to support people during mealtimes. We observed staff sitting comfortably next to the people they were supporting. They supported them in an unhurried manner and engaged in social interaction.

People were given the support they needed to stay healthy. The provider was responsive to people's health needs. Staff told us that external health care professionals provided guidance for them on how to support people with various conditions. We saw evidence of referrals to the GP, dietician and district nurse. Records of external professionals' visits were maintained and included the reason for the visit and actions taken. On the day of our inspection, a healthcare professional visited a person who was not feeling very well. We spoke with them and they told us the service was responsive to people's health needs, and always followed their instructions. They added, "I have no concerns whatsoever."

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring and treated them with dignity and respect. People and relatives were complimentary about the care and support they received. Their comments included, "Yes they always treat me with respect", "Well yes. My talking now is more of a struggle and they wait for me to say what I want", "Yes, generally very, very friendly", "Oh yes, they do ([respect my dignity]. When I first came here, I liked that the ladies washed me and they still respected my dignity", "Yes I think they are kind. The interactions I have seen have been very positive" and "[Family member] is always nicely dressed. Very lovely ladies but firm and respectful."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. One staff member told us, "We wash the people and close the door. We knock on the door. It is the people's home. We talk nicely to them. We look after them like we would our own parents." Staff we spoke with knew people well and were able to tell us their likes and dislikes.

All staff displayed a gentle and patient approach throughout the day when caring for people in the home. We observed that staff communicated with people clearly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people including offering reassurance and praise. They were attentive when people needed assistance and nobody had to wait for support when they needed it.

Staff were able to engage well with people. They were cheerful and good natured and took time to speak with people, interacting and chatting with them throughout the day, not only when they were performing physical care tasks.

People were supported to express their views and make decisions about their care and support. They told us they felt listened to. The registered manager told us they ensured they listened to people's wishes and respected their choices. They commented, "Depending on people's capacity, we involve their families. Sometimes all we need is to use simple words. It all depends on the individual, their needs and communication." All the people using the service and staff were Polish and spoke in their native language with each other. Their care plans reflected this as their preferred method of communication.

The registered manager told us they had tried to organise meetings for people who used the service but people had showed very little interest in these. However, they added that their door was always open and they ensured they had regular informal chats with everyone and involved them in the daily running of the home.

Staff were seen to knock on closed doors before entering and said they always respected privacy and dignity by ensuring that people's choices were respected and closing doors when delivering personal care.

Requires Improvement

Is the service responsive?

Our findings

Care plans were basic and although they contained information about the background and care needs of each person and how to meet these, they were not comprehensive enough for us to understand people's individual needs fully and did not describe the action staff needed to take to meet people's needs in an individual way. The registered manager told us that there was very little turnover of staff and therefore staff knew people's needs well. Whilst we could see that this was the case with the permanent staff, if a new staff member was recruited, they would not be able to fully understand a person's needs from the current care plans, therefore there was a risk that people's needs would not be met. It is also the case that current guidance and legislation to care for people in a registered service requires the provider to design and provide care in a person centred way with the involvement of the person. We could not always see this was happening without a comprehensive and person centred care plan for each person.

There were no individual activity plans in place and as we observed, very little to do for people during the day. There was a lack of activities for people living with dementia and we saw that most of the time, people looked blankly around.

During the day, we observed two activities taking place by one staff member, each lasting approximately 10 minutes. These included a soft ball game in the morning and two groups of three people took part in a game of dominoes.

The provider did not employ a designated activities coordinator and staff told us all activities were initiated by staff. There was an up to date activities list displayed in the dining room and hallway notice boards. However it was difficult to locate and was typed very small on an A4 sheet, so it was unlikely that people using the service were able to see this and know what was planned each day. Activities on offer included guided meditation, bingo, books and press reading, breathing exercises with a ball and piano concerts.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relative's opinions about the activities offered at the home. Their comments included, "The reading of my newspapers is most important to me. No one likes to sing including me", "We went to Kew Gardens several times", "I have English and Polish newspapers and I love to do the crosswords in the Polish papers. In the conservatory, they play ball with you. Sometimes they bring Polish entertainers", "We have concerts, but at the same time it is repetitive. Sometimes I go, sometimes I don't", "I personally haven't seen them [activities] but I am aware they have them. Also they go out on trips", "They used to go to Kew Gardens and the Polish church once a year" and "Someone comes to play the piano and [family member] absolutely loves that. My [family member] has always liked exercises."

People spent all day, apart from mealtime, in the conservatory area, which was light and airy but we noticed that there was no television in that area, so people were not able to watch anything throughout the whole day. We discussed this with the registered manager who told us people were able to watch television in their

own bedrooms and the other communal areas if they wished to. The registered manager told us they used the conservatory because it was light and more comfortable than the other reception rooms. they added that having no television in this area encouraged conversation and facilitated activities.

Where people had been referred to and assessed by an external healthcare professional, we saw a comprehensive care plan was in place for staff to follow in order to fully support the person. For example, where a person had been assessed by a speech and language therapist, guidelines were available for staff to improve communication with the person. These included, "Speak slowly and use short phrases, and check back with me what you have understood." Care plans were reviewed monthly and reviews were signed by people or their representatives. We saw a comment from a relative stating, "Very pleased with my [family member's] care. Thank you."

There were clear 'transfer' forms in place when a person was discharged from hospital. These included the person's condition, any changes in their care plans or their medicines. We saw that changes were communicated to the whole staff team to ensure they all knew how to support the person where their needs had changed.

The service had a complaints procedure in place and this was available to people who used the service, staff and relatives. People told us they knew how to make a complaint although they said they had not needed to. The registered manager told us they had not received any complaints in the last year. They added that they aimed to listen to people and when there was an issue or a query, this was addressed immediately. One person told us, "I've got no complaints" and another said "No. No formal complaints."

People's end of life wishes were recorded in their care plans. These included where they would like to be cared for and end their life. For example we saw in a person's care plan, "I would like to stay at Kolbe House for as long as possible" and another stated, "I wish to be buried with my [family member]." Staff had received training in end of life care and told us they knew how to care for people when they reached the end of their life. The registered manager told us they had good support from healthcare professionals. A visiting healthcare professional confirmed this.

Requires Improvement

Is the service well-led?

Our findings

The provider had put in place a number of different types of audits to review the quality of the care provided. These included medicines audits, environmental checks and health and safety checks. In addition, members of the committee conducted monthly audits of the home. These included care plans, complaints, medicines, training and recruitment. However these audits had not been very effective and had failed to identify the issues we found during the inspection. These were in relation to medicines management, the lack of a comprehensive assessment of people's needs and care planning and the arrangements the provider had in relation to meeting the needs of people living with dementia, such as with the way the environment was laid out.

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

The nominated individual told us they visited weekly and discussed any issues with the registered manager. They also said they were available to speak with people who used the service and their relatives, and staff at anytime. They added, "We have unannounced monthly inspections. We speak with staff and residents and check things like the fire book and complaints book. All our meetings are minuted." Records we looked at confirmed this.

Notwithstanding our findings during the inspection, people and relatives we spoke with were complimentary about the staff and the manager. People thought that the home was well managed and the staff worked well as a team. Their comments included, "Yes. If something comes up they will always let me know", "Yes I think they are very respectful and professional", "They know what needs to be done without being told what to do", "Generally excellent care home. I know my [family member] can be difficult with their condition. The team know how to deal with them. However it would be good to know what activities are happening and when." One person added, "I think it [Kolbe House] should be encouraged to share its good practices with other care homes. I do feel they [care staff] should have name badges displayed at all times."

Staff commented that they felt supported by their line manager and were confident that they could raise concerns or queries at any time. All staff we spoke with were positive about their jobs and all said the registered manager was supportive. Their comments included, "The manager is ok. When there is a problem, she helps", "This place is fantastic. This place is like home" and "I love my work. My work is my life." A member of the committee was equally positive and told us, "We are blessed with a good manager who makes sure what the priorities are. We have very small turnover of staff, which provides continuity for people. We are constantly trying to improve the facilities."

People and relatives were supported to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results showed an overall satisfaction. Some comments included, "This is a wonderful care home and all the staff are very professional. Our [family

member] is very happy here", "Kolbe House is a wonderful home", "I am grateful that my [family member] is at Kolbe, as I have peace of mind that she is in caring and capable hands" and "I am very happy here. I think the staff are very nice."

The provider sought feedback from external professionals involved with the service. We viewed some completed questionnaires and these showed overall satisfaction. One healthcare professional commented, "All staff are very caring and always show concerns about people's wellbeing, safety and care."

Staff told us they had regular meetings and records confirmed this. The items discussed included safeguarding, health and safety and issues concerning people who used the service. Outcomes of complaints, accidents and incidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this. There were also monthly committee meetings which included discussions about maintenance, finances, staffing and the needs of people who used the service.

The registered manager had been in post for seven years and had achieved a recognised management qualification in health and social care. They kept abreast of developments in social care by attending the provider forums organised by the London Borough of Ealing. They also attended regular conferences and themed workshops. These included training and information about a range of subjects such as nutrition, pressure care and Deprivation of Liberty Safeguards (DoLS). They cascaded important information to the staff team to ensure they were informed and thrived to continue to improve their practices.

There was a business plan in place which included what was planned in terms of refurbishment and areas of improvement. We saw that some improvements had been made, such as brand new windows in the whole building. However, as stated previously there was scope for the environment to be more suitable for people living with dementia.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. A visiting healthcare professional told us they conducted yearly care home reviews and they were happy with Kolbe House. They commented, "This is one of the best homes around. Any minor concerns are quickly rectified. The people are clean, the place is spotless."

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that service users' needs were appropriately assessed and did not develop care plans in a person centred way to address the identified needs of service users. Regulation 9(1) (a) (b) and (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not made suitable arrangements to ensure that medicines were managed safely. Regulation 12 (1) (2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17(1) (2)(a)