Mr and Mrs Burns

Kaydar Residential

Inspection report

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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

We carried out this inspection on the 4 February 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting

Kaydar Residential is registered to provide accommodation for people who need personal care. The home is a large terraced house with eight bedrooms, two lounges, a kitchen / dining room. It is located in a residential village, near to public transport routes and local shops.

The service had a registered manager in place and they have been registered with the Care Quality Commission since January 2011. 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 registered manager also owned the service.

The registered manager had knowledge of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. 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 registered manager understood when an application should be made, and how to submit one. At the time of our visit no one living at the service were subject to a DoLS authorisation.

Risks to people's health or well-being had been assessed and plans put in place to protect people. People had access to medicines and these were stored and administered safely.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose. The registered provider followed safe processes to help ensure staff were suitable to work with people living in the service.

Staff had completed a range of training which was updated yearly and felt supported by the registered manager.

There were sufficient staff to provide the support needed and staff knew people's needs well. Staff had regular supervisions and appraisals to monitor their performance.

Staff provided individualised care for people. They showed respect to people and spoke with them in a kind and caring manner. The registered provider supported people to be as independent as they could be and to

remain a part of the community. People's privacy was respected and people said they felt safe and cared for.

People felt involved in the way their care was planned and delivered. They were able to provide feedback on the service they received and their concerns were addressed.

People were supported to access healthcare professionals and services.

People who used the service had freedom to come and go as they pleased and all enjoyed their own hobbies such as baking, shopping and listening to music.

People's care records were person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. The care plans were found to be detailed outlining the person's needs and risks. Risk assessments were in place. Care plans provided evidence of access to healthcare professionals and services.

Accidents and incidents were monitored each month to see if any trends were identified. Where trends were identified actions were put in place to prevent or minimise the risk of the same accident or incident happening again.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

We observed a lunchtime meal. People were provided with choice and enjoyed the food on offer.

Staff were supported by the registered manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints.

We saw certificates for safety checks and maintenance which had taken place within the last twelve months such as fire equipment and electrical safety.

The registered provider had developed a quality assurance system and gathered information about the quality of their service from a variety of sources.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe
People felt safe and staff knew what to do if they had concerns about abuse.

Risks to people's health, safety and wellbeing were assessed and action taken to reduce the risk.

Medicines were stored securely and administered safely.

There were sufficient numbers of staff to care for people's needs.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service.

The registered manager did have an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities.

Staff obtained consent from people before providing support. People had access to a choice of nutritious food and drink and were supported to access health care when necessary.

Is the service caring?

Good

The service was caring.
People received individualised care from staff and the registered manager.

People were supported to maintain and improve their independence.

Wherever possible, people were involved in making decisions about their care. Staff supported people with respect for their privacy and dignity.

Is the service responsive?

Good

The service was responsive.
People's needs were assessed and their care planned. Care plans were individualised. Care was provided which reflected people's changing needs ensuring the delivery of personalised care.

People were treated as individuals and were supported to engage in activities that interested them.

People knew how to complain and felt confident the registered manager would sort out any concerns they had.

Is the service well-led?

Good

The service was well-led.
The registered manager promoted a positive philosophy in the home and this was reflected in the support and care people received.

The registered provider monitored the quality of the service provided to ensure standards were maintained.

People were involved in the way the home was run and could provide feedback to the registered manager.

Kaydar Residential

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4 February 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at statutory notifications that had been submitted by the home. Statutory notifications include information about important events which the provider is required to send us by law. This information was reviewed and used to assist us with our inspection.

The provider was asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with five people who used the service, two registered providers one of whom is also the registered manager and three care staff. We undertook general observations and reviewed relevant records. These included three people's care records, four staff files, audits and other relevant information such as policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe within the home and with the staff who supported and cared for them. One person said, "I feel safe, the staff make me feel safe, they are there for me during the night." Another person said, "I feel safe, people here looking after me make me safe." And another person said, "I feel safe, no one bosses me around."

Staff we spoke with said, "People living here are safe, all their needs are met." And another said, "We know they are safe, we know so much about them."

From observation staff knew the people who used the service well. Staff had completed training in the safeguarding of adults. The staff members we spoke with were knowledgeable about abuse and the signs they would look for if they suspected someone was being abused. They knew the people living in the service really well and knew how to look for a change in mood or behaviour. They encouraged people to talk about any concerns they might have and they knew to approach the registered manager if they had any concerns. They were familiar with local procedures for reporting concerns.

Staff did tell us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager and also knew that they could contact the CQC or the Local Authority if they felt that appropriate action had not been taken.

Each person's care plan had a risk assessment that was personalised to them. Risk assessments were completed by the registered manager or staff and included the person concerned. The assessments briefly outlined the risks and described how support could be provided to minimise the risk. For example one person's risk assessment was for smoking. The risk assessment documented the risks around fire safety; it also included the risk to the person's health and stated that although staff needed to provide advice on the health risks they also needed to respect the person's choice to smoke. All risk assessments had been signed by staff to say they have read and understood the risk. This meant that all staff were aware of potential risks.

The service had an up to date business continuity plan. This meant if an emergency was to happen the service was prepared.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and the lift. We also saw weekly water temperature checks were taking place to make sure no one at the home was at risk from bathing in water that was too hot.

There were plans in place if an emergency, such as a fire, happened. The registered provider and staff were clear about what action to take and people living in the home also knew how to get to a safe place We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. One staff member said, "We do a full evacuation fire drill every month, at different times of the day, during the winter we do

early morning evacuations so the night staff are involved, during the summer these are done on an evening as well." One person who used the service said, "The fire point is up the road, we all have to go there."

Accidents and incidents were monitored each month to see if any trends were identified. The registered provider explained how they had identified a trend to falls for one person; they contacted the occupational therapist and put a system in place to prevent this person falling. The registered provider said this had reduced the falls. Each accident and incident was fully assessed with and action plan and a risk assessment put in place when required.

There were sufficient numbers of staff to care for people's needs. There was one senior and one carer plus the registered manager throughout the day till 10pm then one waking member of staff plus one staff member on call during the night. If needed, extra staff could be scheduled at short notice from the registered provider's day service, to cover day or night shift.

The registered provider followed safe recruitment processes to help ensure staff were suitable to work with people living in the service. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. People who used the service were also involved in the interview process, scoring the applicant, asking questions and providing comments. The registered provider explained that if the people who used the service have any reservations about a person they would not employ them. For example during one interview the person who used the service felt uncomfortable because the person being interviewed did not give them eye contact, this person was not employed.

We checked the management of medicines and saw people received their medicines at the time they needed them. We saw photographs were attached to people's medicines administration records (MAR), so staff were able to identify the person before they administered their medicines. Staff who administered medicines had completed training to do so and also received regular competency assessments. Medicine administration took place with two members of staff. One staff member witnessed that what had been put into the pot was correct. This second check would help minimise medicine errors.

We checked the stocks of one person's medicines and found these to be correct. MAR charts showed that on the day of the inspection staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. We saw all medicines were appropriately stored and secured within the medicines trolley. We saw that the temperature of the room and of the fridge for medicines was documented daily. Medicines training was also up to date. We saw records to show that each person had provided signed consent for staff to administer their medicines. We saw evidence of a protocol for when required medicines in each person's care plan, we discussed having this information alongside the MAR charts, the registered manager was arranging for this to happen straight away. We observed a lunch time medicines administration. The staff member explained that one person receiving the medicines would not have water and would only take their medicines with a piece of fruit. We found this information was not documented. The registered manager said they would document this straight away. People who used the service had signed to consent to staff administering their medicines. One person we spoke with said, "I normally take my own medicines but having been poorly lately I could not manage so staff are supporting me."

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE]

available. Daily and weekly cleaning tasks were all documented and signed when done. Staff were responsible for laundry and cleaning. Staff said they have plenty of time to carry out these tasks and a lot were done during the night shift.

Good

Is the service effective?

Our findings

We asked people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, "They [staff] all have the right training, they are trained up."

Staff we spoke with said, "We get so much training." And another said, "I have a massive file full of what training I have done."

We asked to see the training chart and matching certificates and were provided with these. Where training was becoming out of date the registered manager provided dates of then this was booked in.

New staff completed a three month induction. All new staff would undertake the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They also told us how induction training involved reading the care and support plans of all people who used the service, reading policies and procedures and shadowing experienced staff until they felt confident and competent. Staff also took a 'carers quiz' which asked questions such as what are policies and procedures and what do they mean to you. The quiz also described different scenarios such as if a person was to fall what would you do, if you could not understand a person what would you do. The registered provider explained that this helped staff to understand policies and go further in depth as to what they meant.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered provider explained that they also have one to one meetings with staff in between supervisions. For example if a staff member does something really good, the registered provider meets up with them to tell them and thank them. Or if a staff member does something incorrectly they would meet up with them to discuss and rectify this straight away rather than waiting for the next supervision.

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). The registered manager told us they had worked with relevant authorities to apply for DoLS for people who lacked capacity. This ensured people received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection there were no people living at the service subject to a DoLS. Staff had received training in MCA and DoLS and demonstrated an understanding.

We saw evidence to show best interest meetings had taken place and where necessary best interest decisions had been made. For example one person who used the service had no verbal communication and

no sense of danger and would freely put themselves in danger. Staff were worried about this person's safety. A best interest meeting was held and a decision was made that would support this person and protect them from danger. The person understood the decision and worked with it with no problems.

We saw evidence of signed consent in people's care files. For example consent to administer medication, hold personal money, keep personal information and even consent for staff to clean someone's shoes. People were signing consent to show they had understood something a staff member had told them.

Each Thursday the people who used the service and staff sat round the kitchen table to discuss the following week's menu. People had access to recipe books and picture cards to help them make a decision. People signed to say they agreed with the choices chosen. A staff member said, "It is all their decision what they have, but even if they change their mind that is fine, they can have what they want." The registered manager said, "We have no food budget, they [the people who used the service] plan what they want."

No one was subject to a special diet. However one person found eating a certain food quite difficult. Staff had sourced an alternative for this food so this person did not miss out. Unfortunately the person did not like the alternative. Staff then came up with a solution so the person could still enjoy this food.

We observed a lunchtime meal. People had a choice of where they wanted to sit although the majority sat round the kitchen table. People had a choice of sandwich fillings, fruit, yogurt or apple pie for pudding. The lunch time meal was full of laughter and banter with both people who used the service and staff. We heard comments such as "That was lovely thank you," and "I really enjoyed that."

We asked people who used the service what they thought of the food. People said, "The food is good, very good." And another said, "The food is lovely, fish and chips is my favourite." And "I have bacon and eggs for breakfast, we get lots of choice." Another person said, "[staff member's name] is the best cook." We passed on this comment.

People had access to drinks and snacks throughout the day. One person who used the service had made an apple cake the night before and this was enjoyed with a cup of tea on the afternoon.

Health monitoring was in place such as weight recording, and action was taken if this was necessary. We saw where necessary the Speech and Language Therapist was involved in a person's care.

People were supported to appointments with external healthcare professionals such as the GP and optician, evidence of visits were documented in their care files. A tracking record was in place to document appointments such as dental, GP and flu injection.

Each person had a hospital passport. Hospital passports are designed to give hospital staff helpful information that isn't only about illness and health.

The registered provider had adapted the premises to meet people's needs. For example, due to a change in care needs, one person was finding stairs difficult. The registered provider installed a lift to support the person rather than the person move to another service.

Good

Is the service caring?

Our findings

People who used the service spoke positively and warmly about their relationships with staff in the service. People said, "The staff are really good, very kind, caring and understandable." Another person said "Staff are really nice, they help me, they are marvellous." And "I want to stay here I love it, staff help me properly, if I get hurt they help me, they look after me really well." And another person said, "Staff do all sorts for me, they are very kind."

One person who used the service said, "[staff name] is as daft as a brush, we get on really well."

The registered manager and staff we spoke with, knew people well and spoke fondly of people living in the home. We observed the registered manager and staff engaging with people in a kind and encouraging manner. There was lots of laughter and the atmosphere was very family orientated.

Staff clearly cared for people and prompted people to carry out tasks for themselves to maintain and increase their independence. One person we spoke with said, "I help with the dishes, and sometimes the cooking, I like to help out."

Some people using the service were quite independent and could come and go as they pleased others with support from staff. They understood that they needed to inform staff when they were leaving the home for emergency reasons. We found the service had a strong, visible positive culture and promoted independence, they supported people to express their views and involved them in all aspects of their care. Staff we spoke with said, "We let them [people who used the service] do as much as they can for themselves, they help with meals, make tea and coffee, dust their own rooms, make their own bed, go shopping, we are there just for support. Kaydar is always down to personal choice."

The registered manager said, "Our greatest achievement is ensuring that customers [people who used the service] have control of their lives and are involved in all aspects of their care and are in charge of their lives. For example one person who was on end of life, wished this to happen at home, we made this possible."

We asked staff how they promote privacy and dignity. One staff member said, "They [people who used the service] all have sinks in their own room, they will ask if they want support and we will close the door so no one comes in."

We asked people who used the service how staff manage their privacy and dignity. One person said, "They provide support in a dignified manner." Another person said, "They keep my dressing gown on and always have a towel ready."

We saw all the people using the service had access to an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. An advocate came and met the people living at Kaydar and had a group discussion as well as seeing everyone individually. They wanted to ascertain that people were happy living at Kaydar. The people who used the

service now have the advocates contact details and can ask to see them anytime. One person who used the service said, "The advocate came and they talked about the house and how things are, everything is fine." The registered manager said, "At least they [people who used the service] know there is someone totally independent from Kaydar they can talk to."

At the time of inspection the service had no one on end of life. Staff discussed a person who had recently passed away and said, "We got a lot of support from the managers, medical professionals and training, we also provided a lot of support to the people living at Kaydar." Another staff member said, "We still talk about people who have passed away, if a favourite song comes on we all say of [person's name] would be up dancing now, we always keep their photographs on display." And "We had a meeting with everyone to ask how they were feeling."

Good

Is the service responsive?

Our findings

We looked at care plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan and in partnership with them. Individual choices and decisions were documented in the care plans and they were reviewed monthly with the person. One person said, "I have had involvement with my care plan, they ask questions and make sure I agree with it."

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating their life history. Information on important family birthdays, ideas for presents for loved ones. For example present ideas for upcoming mother's day. The care plans also documented their likes and dislikes. For example, '[person's name] likes going out for a pint and putting the world to rights.' The care plans also documented education and life skills stating what the person would like to learn or do such as reading, cooking, dancing etc. One staff member said, "It is about their [people who used the service] needs, centred around the person."

Care plans recorded people's choices. The registered manager encouraged staff to enable people who used the service to make their own decisions. If staff were worried about the choices that people made, the registered manager discussed this with them. For example, one person who used the service has diabetes but chooses to eat lots of sugar; the service ensured the person had the correct medical support and advice. The registered manager said, "We do not judge them for making a choice that is detrimental to their health, we promote the ethos that we are all human and have choices. We must enable people to makes choices and even mistakes it is their life."

Care plans were reviewed along with the person every month. Staff completed a key worker checklist which included health needs, independence, nutritional needs, anything they would like to achieve this coming month, any problems, issues etc. Both staff and the person using the service signed to say they agreed with what was documented.

Daily records were kept separately in a book for each person to discuss at handover; these were completed three times a day and included significant events such as attended appointments with outcome of appointment, important notices such as medicine changes and signposted staff to any updated information. All daily records were signed by the person who used the service.

Care plans provided information on how to avoid distress. For example, 'does not like crowds' and 'does not like being asked to do things first but happy if sees other people doing it.' Care plans also provided staff guidance. For example, avoid eye contact, be wary of touching and speak in a calm, clear voice. There was information of what to do if a person showed inappropriate behaviour with a full and clear strategy of what to do in a situation. The service used the DisDAT disability distress tool where needed. The DisDAT tool helps staff to recognise changes in peoples' emotional state where they may not be able to communicate these themselves.

People who used the service were in and out of the home continuously throughout the day. Some were going to garden centres, shopping, for coffee or to the Metro Centre.

People who used the service chose what activities they wanted to do. One person enjoyed listening to music and watching movies. Another person like baking and word puzzles. One person we spoke with said, "I go out a lot, tomorrow I am going to play bingo and they have raffles and Tuesday I go to the Quest, they have singers on." Another person said, "I like to watch my Sky TV." Another person who used the service said, "I like a good horror movie, the gorier the better and I don't have nightmares, I also enjoy quizzes like the Chase and Eggheads."

The service encouraged in house activities such as pop quizzes and dominoes. People we spoke with said, "I love sitting round the table, playing dominoes and having a good old chat." Another person said, "I always get beat at dominoes, we sit and talk about holidays."

The staff said they arrange holidays for everyone twice a year to places like Blackpool, Skegness and Scotland. One person who used the service had won a holiday when they were last away. They said, "I won the fancy dress, I dressed as a woman, I am going back in April and I have asked [carers name] to join me, it will be great."

We saw the complaints policy. We looked at complaints the service had received. They had received a lot of complaints last year from people who used the service about dynamics in the home, which involved two other people who used the service. The registered provider acted on these complaints in an effective way with a positive outcome.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since January 2011. The registered manager was also an owner of Kaydar.

People who used the service were complimentary about the registered manager and staff at the home.

One person we spoke with said, "It has really made a difference to me coming in here, the boss [registered manager] is good." Another person said, "[Registered manager and registered provider names] are very nice people."

We asked staff what they thought of the registered manager and if they felt supported. Staff we spoke with said, "I feel supported by the managers, they are there for you 24/7." And another staff member said, "They [registered provider and registered manager] will do anything they can do for the clients and staff, everything is addressed immediately."

We saw evidence to show the registered provider sought feedback from people who used the service. This was done quarterly via a customer questionnaire as well as monthly key worker and quality assurance meetings. We found that the questionnaires were very complimentary and had all ticked either good or very good. Some documented that they were happy since their complaints were acted upon.

Questionnaires were also sent every six to twelve months, to relatives and/or friends of people who used the service but only with the person's permission. These were also complimentary.

We saw evidence of meetings taking place for both staff and people who used the service. People were at the heart of the service. 'Customer' meetings took place weekly, topics discussed were road safety and refreshment to road skills, fire drills, events coming up such as birthdays and holidays, activities. The registered manager also reminded people how to make a complaint and checked people were happy and getting along. All the people who used the service signed to say they had attended the meeting and agreed with the meeting notes.

Topics discussed at staff meetings were, the people who used the service, house maintenance, paperwork, training and activities.

We saw that the service had many links to the community such as the local pubs, cafes and shops as well as a local hydro pool.

Staff we spoke with were well aware of the services visions and values, stating as well as care we are open and honest. Staff said "They [registered provider and registered manager] give 100% quality care, over and beyond." We asked staff about the culture of the service and one staff member said, "The service has an open and honest culture, we talk openly and we have regular discussions."

We saw that systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; premises, medication, risk assessments, food standard, equipment and care files.

Staff also completed a feedback questionnaire on quality assurance. Examples of questions asked were; do you think people are treated with kindness and compassion? Do staff encourage openness and transparency? What do you like about Kaydar? Is there anything you would change? All answers were collated and where needed an action was put in place and the topic discussed at staff development meetings.