The Roy Kinnear Foundation

Roy Kinnear House

Inspection report

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Date of inspection visit: 12/12/2014
Date of publication: 18/02/2015

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

Overall summary

We Inspected Roy Kinnear House on 12 December 2014. This was an unannounced inspection.

Roy Kinnear House provides accommodation, nursing and personal care for up to eight adults who have severe learning and physical disabilities. There is a qualified nurse on duty at all times. At the time of our inspection there were four people using the service. The home had a manager who was in the process of becoming registered. 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 and associated Regulations about how the service is run.

During the inspection we met the four people who lived at the home, spoke to four members of staff and spoke to two relatives.

Staff had appropriate skills and training and were familiar with the needs, likes and dislikes of people using the service. Care and support were provided in a professional, supportive and compassionate way.

Summary of findings

The manager was able to demonstrate that the provider had sufficient systems, records and policies in place to ensure the service was safe and well-led. Care records showed us that people had their care and support needs met in an individual and personalised manner and that their health and social care was managed effectively.

The environment was clean and safe and that there were plans for further refurbishment. People had timetables of activities which were personalised and specialist health care needs were met by trained staff.

Feedback from relatives we spoke with was positive. There was the view that the service had improved over the year, particularly with regard to improving staff training and the respect staff showed to people.

Summary of findings

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. Care staff had a comprehensive awareness and understanding of potential abuse which helped to make sure that they could recognise cases of abuse.

The service respected people's human rights and diversity and this prevented discrimination.

There were policies and procedures for managing risk and staff understood and consistently followed them to protect people. Risk assessments were proportionate and centred around the needs of the person.

Is the service effective?

Good

The service was effective. The service made sure that the needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours.

Staff understood and had a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured that people's human and legal rights are respected.

People experienced positive outcomes regarding their health. Staff knew their routine health needs and preferences and consistently kept them under review. Staff protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing difficulties and other medical conditions that affected their health.

Is the service caring?

Good

The service was caring. People and relatives were positive about the caring attitude of the staff.

People received care and support from staff who knew and understood their history, preferences and needs. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times.

Staff knew people's individual communication skills, abilities and preferences. Staff knew that they needed to spend time with people to be caring and have concern for their wellbeing.

Staff had developed trusting relationships, and understood and respected confidentiality. Staff recognised the importance of the values of the service.

Is the service responsive?

Good

The service was responsive. People received consistent, personalised care, treatment and support.

Care, treatment and support plans were thorough and reflected people's needs, choices and preferences. People's changing care needs were identified promptly, and were regularly reviewed and put into practice.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service enabled people to carry out person-centred activities within the service or in the community and encouraged them to maintain hobbies and interests.

Summary of findings

Is the service well-led?

Good

The service was well-led. People's feedback about the way the service was led was described as good.

The service had a clear vision and set of values that included involvement, dignity, independence, respect, equality and safety. ??

The service had a positive culture that was person-centred, open, inclusive and empowering. Staff understood their role, appreciated what was expected of them, were motivated and had confidence in the way the service is managed.

The service worked in partnership with key organisations to support care provision and service development.

Roy Kinnear 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 checked 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.

The inspection took place on 12 December 2014 and was unannounced. The inspection was carried out by one inspector. Before the inspection, we considered notifications made to us by the provider and outcomes from previous inspections. We also considered information we held on our database about the service and provider.

During the inspection we spent time with the people who lived there, observed care, spoke with staff and relatives and reviewed records and policies. The people living in the home were not able to verbally communicate in a direct manner. We therefore spent time observing people's interaction with staff and seeking the views of relatives. We spoke with four care staff, two relatives and looked at all four care records of people who were living in the home.

Good

Is the service safe?

Our findings

Relatives we spoke with were positive about the safety of care people received. One told us, “They are getting the training now that they need.” Another said, “They are a good team.”

The service provided a safe and well-maintained environment to people who used the service and staff. Equipment, medicines and other substances were safely stored and managed. Staff were trained in the administration and management of medicines and records were accurately maintained. People who lived at the home relied on care staff for moving, supporting with hoists and transporting. We saw that the environment and equipment was also safe for staff to use and that instruction and training had taken place to ensure that people could be supported in a safe manner.

Several of the people living at the home required to be fed via percutaneous endoscopic gastrostomy (commonly referred to as “PEG” feeding”) and we saw that staff had been trained in this procedure to ensure it was carried out safely.

We saw that accurate records were kept regarding the nursing care and treatment of people, including feeding and fluid charts, turning and positioning, exercise and epilepsy. These helped staff monitor people’s health and ensure that care was delivered safely.

Staff were knowledgeable and confident on the topic of safeguarding people from abuse. All staff we spoke with knew the procedure to follow if they had any concerns about people’s care or if they suspected abuse or ill treatment. One member of staff told us, “The residents come first, and that means having to be prepared to challenge each other’s practice and attitude if that becomes a problem.”

We found that there were enough staff on duty to ensure people were safe. There were four staff on duty throughout the day until 8pm and two waking night staff from 8pm till 8am.

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a disclosure and barring service check (DBS) to help ensure staff were safe to work with vulnerable adults.

Good

Is the service effective?

Our findings

Relatives we spoke to were positive about the effectiveness of the care provided to people. One relative told us, “They have really helped [my relative] with her eating and diet. They let her see and smell the meal in order to help her understand.”

People who used the service received effective care and support because the service made sure that staff had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours.

Staff understood and had a good working knowledge of the Deprivation of Liberty Safeguards (DoLS) and the key requirements of the Mental Capacity Act 2005 (MCA). They put these into practice effectively, and ensured that people’s human and legal rights were respected.

The manager told us that they were currently reviewing people’s care in the context of the MCA. We saw some examples of assessments regarding people’s ability to give informed consent regarding important matters, such as finance or health care. We saw that the provider was progressing with this and involving relatives and local authority professionals in discussions. At the time of inspection there was no one who required an application to be made in respect of DoLS.

We saw that the service had carried out risk assessments with regard to individuals and relating to specific activities, such as eating, moving and outside trips. Risk assessments were based on the risk of harm to the individual and a contained clear action statement by the service as to the action they would take to minimise the risk of harm. This enabled people to take part in activities such as outings whilst at the same time receiving proper support.

People experienced positive outcomes regarding their health. Staff knew their routine health needs and preferences and consistently kept them under review. Staff protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health.

Care staff supported people to make choices and spend their day autonomously as well as enjoying their life together as a social group. Each person had a personalised activity timetable based on preferences which were known as a result of the service discussing this with the individual and their family.

We saw records of staff training which covered mandatory basic training such as moving and handling, food hygiene, managing risk and dignity and respect. In addition, staff received specific training in specialised areas relevant to the people living in the home, such as PEG feeding, postural care and safety with specific wheelchairs. This contributed to providing a service which was effective in supporting people and meeting their needs.

There was good partnership working with other professionals, such as GPs, hospitals and clinical commissioning groups (CCG). At the time of inspection a CCG review was taking place. People had “Health Action Plans” which enabled external professionals to be aware of their needs and how to support them.

Good

Is the service caring?

Our findings

We found that the people and care staff had known each other for a long time. The records that the service held on people contained up to date histories of people, written from the individual's perspective. Preferences, support needs, likes and dislikes were all recorded. In addition, staff updated care records regularly with notes of people's moods, and how they had spent their day. This enabled new staff coming on duty to continue supporting the person taking this into consideration.

Care records and plans emphasised the right of people to be treated with dignity and respect, and this was reinforced by the policies and procedures of the home. Care staff were knowledgeable and positive in their description of how they put this into practice. One staff member said, "We work as a team here, but we also know it's not about who you work with but who you work for. Our work is to help people enjoy their life."

During the inspection we observed how people interacted with care staff. We found that staff took the necessary time to ensure people understood what was happening and to ascertain that the person was happy with the activity, such as personal care or someone talking to them.

We found that communication between people and staff was good, despite the lack of verbal communication. There was no formal sign language used. However, people could understand what staff were saying and staff had learned and noted how people reacted with their eyes or body language. This enabled staff to spot any distress or discomfort on the one hand and happiness or contentment on the other hand.

The manager of the home encouraged an open visiting culture which supported relatives to visit people when they chose. In addition the home received the support of volunteers who played music, socialise with people or play music. Other volunteers visited or carried out maintenance work in the garden. The staff and manager spoke positively about their volunteers and visitors. One staff member said, "They help make the home open and more ordinary. Other families have visitors and friends, why not here?"

At the time of inspection we observed a volunteer reading to and playing music to people. The interaction was respectful but friendly and informal, and was well received by people.

Good

Is the service responsive?

Our findings

Relatives spoke positively about the responsiveness of the service both to them and to the people who lived in the home. One person told us, “They are a good team. Communication is getting better – in the past it hasn’t been brilliant.” Another said, “The residents get out a lot and the staff always treat them with respect, and this has improved over the past year. It’s a lovely place and I would recommend it to others.”

We saw people’s needs and preferences and levels of independence were assessed and that this assessment formed the basis of a care plan which responded to the identified support needs and preferences of the person.

Assessments and care plans were developed with input by professionals and relatives. They were written from the person’s point of view and contained sufficient information to enable staff to support them. One example of this was where there were photographs demonstrating the correct method to be used when moving someone from their wheelchair. In addition to written guidance this helped staff to be responsive to any discomfort or distress the person might feel whilst being transferred from their chair.

Care staff were aware of how to record incidents and accidents, no matter how small. One staff member told us, “It is very important, with the fragility of some of the people, that everything is recorded and noted. For example, if someone knocks their hand on the edge of their wheelchair while getting dressed, that can leave a bruise which needs tending. So we record all incidents so that staff can look out for this and take care.”

We saw that people received a comprehensive care package that included oral care, hand and foot care. This ensured that teeth and skin care were monitored regularly.

We saw that people were also protected from social isolation through the efforts of staff to ensure there were regular activities and outdoor events planned. These were based on people’s preferences and through discussion with families. They included going for walks, attending sensory sessions, massage, theatre visits and shopping trips. There was a good relationship with the nearby university, from where they received occasional volunteers and visits and other volunteers attended the home to read or play music.

We saw that the provider had recently carried out self-assessment events, where people from across the organisation were given the opportunity to explore the positive aspects of the services provided as well as those areas where people felt improvements could be made. There was representation from support staff as well as operational managers, commissioners and families.

Areas where improvements could be made included involving families more in training, finding ways for people with more profound disabilities to tell us what they think and improving communication. In response the provider had compiled an action plan detailing what practical steps would be taken to address these concerns. This included providing a date for completion and updating people on progress made.

Good

Is the service well-led?

Our findings

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure in place. Throughout our visit, the manager often spent time speaking with people using the service and responded to their queries or requests for information.

We observed that people felt at ease amongst staff and the manager. The manager had a good leadership approach to run the service in the best interests of the people who lived there and was well supported by the deputy. They were able to describe the work they had been doing to develop the service which had been identified through audits, questionnaires and surveys and conference events for staff and people who used the service.

Plans to improve and develop the service included reviewing staff training, refurbishment and decoration of the premises, ensuring people were assessed under the Mental Capacity Act and exploring ways of increasing choice and self-determination of people.

We were able to see the surveys and questionnaires which had been carried out. This survey was not specific to Roy Kinnear House, but a wider survey where everyone receiving any kind of service could comment on how positively they felt about the provider. At the time of inspection the service user survey had been returned and was being viewed by an external agency, ensuring that the return information was objective and non-biased.

In addition to its own quality audits which were carried out monthly, the provider also made use of lay people who carried out the role of Quality Checker. They visited services and met with people and staff to ask them how positively they felt about their care. This feedback was then shared with the provider and local manager.

The service also received feedback from other professionals such as speech and language therapists, dieticians and physiotherapists regarding how well staff were supporting people.

Staff told us there were team meetings and occasional away days where staff would discuss topics relevant to their work, such as the culture of their home.

We saw that the provider was a signatory to “Driving Up Quality” – a voluntary code of practice which was developed and established by an alliance of provider umbrella groups in care services as a result of the findings into Winterbourne View. Its focus is on the quality of life for the individual, open and honest organisational culture and good quality of leadership in services.

The service had policies and procedures which emphasised an open culture where staff could raise concerns and share ideas. Records of any complaints or incidents were maintained. As required by law, our records show that the service has kept us promptly informed of any reportable events.