Abbey Healthcare (Westmoreland) Limited

Kendal Care Home

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

This inspection took place on 12 December 2018. The inspection was unannounced.

At our last comprehensive inspection of the service in September 2017 we found the service had improved sufficiently to be removed from special measures. It had been rated in January 2017 as being overall inadequate. At the inspection in September 2017 we rated the service as still requiring improvement because there was not sufficient evidence to demonstrate the sustainability of the improvements we found and we made two recommendations.

Since the last inspection in September 2017 the service had engaged with commissioners and their quality teams in ensuring the improvements that had been achieved were sustained. At this inspection we found that the service was compliant with all the fundamental standards of safety and quality and these had been consistently maintained. We also recognised there was a commitment for continually developing the quality of the service provision.

Kendal Care Home 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. It provides nursing and residential care for up to 120 older people, some of whom are living with dementia.

The home is arranged over three floors and has a passenger lift for access to these. There are three units in the home, one designated to residential care, one for nursing and one for dementia care. All bedrooms are single occupancy with ensuite facilities. Each of the three units has its own communal dining and lounge and recreational areas. The home is set back from the main road, with level access to garden and outdoor areas. At the time of the inspection there were 83 people living in the home.

There was a registered manager in post who had been appointed since the last inspection in September 2017. 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.

There were sufficient numbers of suitably trained staff to meet people's needs. Staff training was ongoing and staff had received a variety of training that enabled them to safely support and care for people. Staff were also supported through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred, these had been reported by the registered

manager to the appropriate authorities and we could see records of the actions that had been taken by the service to protect people.

When employing fit and proper persons the recruitment process had included all the required checks of suitability.

People's rights were protected. The registered and deputy managers were knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

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

Hazards to people's safety had been identified and managed. People were supported to access a wide variety of activities that were made available to them and pastimes of their choice.

People were treated with respect and their dignity and privacy were actively promoted by the staff supporting them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision. The oversight of quality and safety in the home had improved and was seen to be consistent.

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.

Medicines were managed safely and people received their medicines as prescribed.

All the required checks of suitability had been completed when staff had been employed.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had received training suitable to their role and responsibilities.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

The registered manager was knowledgeable about how to ensure individuals' rights were protected.

Is the service caring?

Good

The service was caring.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

People were supported to maintain their independence.

Staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good

The service was responsive.

People's needs were reviewed regularly and any changes were responded to in a timely manner.

There was an appropriate complaints process in place. People knew who to speak to if they had any concerns

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed.

Is the service well-led?

Good

The service was well-led.

There were processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the home and their relatives could give their views and take part in regular discussions about the service.

Kendal Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 December 2018 and was unannounced.The inspection team consisted of three adult social care inspectors, two experts-by-experience and a pharmacy specialist advisor. 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 we carried out our inspection we looked at information we held about the service. We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care and staff interaction to help us understand the experience of people who could not easily talk with us.

During the inspection we spoke with the registered manager, the regional operations director for the provider, the clinical lead for the home, 16 people who used the service, eight relatives, six members of staff and a visiting health professional. We also received comments from people who used our website to share their experiences of the service. We observed how staff supported people who used the service and looked at the care records for 10 people living at the home and medication records on all three units.

We looked at the staff files for 17 staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole

team. We also looked at records of maintenance and repair, the fire safety records, equipment safety records and quality monitoring documents. We also used a planning tool to collate all this evidence and information prior to visiting the home.

Good

Is the service safe?

Our findings

The rating for this domain has improved to good. This was because there was sufficient evidence to demonstrate that the improvements found in the last inspection in September 2017 had been sustained.

All the people we spoke with said they felt safe. One person said, "I am safe, people [staff] could not be nicer." Another person told us, "When someone has an accident, the aid they get is amazing." A relative told us, "[Relative] is safe they [staff] are very kind to her."

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. These included all risks associated with the event of an emergency such as a fire.

During the last inspection we received some mixed comments about the sufficiency of staffing. At this inspection we saw there were sufficient staff on duty to respond very quickly to people's needs and requests. Staff were visible about the home all day and supported people as they needed them to.

People told us and we saw how prompt staff were in responding to their needs. One person said, "If I call them [staff] they come within the minute." Another person said if they used their call bell, "I have not had long to wait at al." Relatives we spoke with gave some mixed comments about there being sufficient staff. One person told us, "They could definitely do with more staff." Another relative said, "There have been enough members of staff whilst I have been here." We noted the use of agency staff had reduced and the agency staff that were used had worked regularly in the home and knew people well.

We checked the recruitment files for 17 members of staff. We saw application forms had been completed, references had been taken up and a formal interview arranged. We noted that the recommendation made at the last inspection had been completed and all the checks of suitability to be employed had been completed. The files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working 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 ensured only suitable people were employed.

We looked at how medicines were being managed. The recording of medicines administration and stock control was being managed safely. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We also looked at the handling of medicines liable to misuse, called controlled drugs. We saw that people received their medicines safely and as prescribed. The recommendation made at the last inspection about the safe management of thickening powder had been completed by the provider.

Staff we spoke with confirmed they had received training in the safeguarding of vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report

any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

We found the home to be clean and well maintained. There was sufficient, suitable equipment to assist people who may have limited mobility and we observed staff using appropriate protective wear to prevent cross infection.

Good

Is the service effective?

Our findings

The rating for this domain has improved to good. This was because there was sufficient evidence to demonstrate that the improvements found in the last inspection in September 2017 had been sustained.

People we spoke with told us the food served was very good. One person said, "The meals are very good. They are varied and well-presented and there are always two choices." Another person said, "The food is excellent. I have never had a bad meal, there is always a choice and it is cooked fresh on the premises." They added, "I can see them deliver the food from my room." One relative said, "The food is very good. They have a variety of things with lots of vegetables." They added, "They will even make her something at night if [relative] wanted something." Another relative told us, "Generally it [the food] is fine."

People could choose where they preferred to eat, either in their rooms, or any of the dining areas. We observed the dining experience was unrushed and enjoyable for people. Lunchtime was seen to be a pleasant occasion with plenty of chatter and laughter between people and staff. Staff displayed a good understanding of the needs of the people they cared for and the level of support they required to eat and drink.

People were asked about meal preferences and we saw that the meals prepared catered for a variety of preferences and different dietary needs. We saw that people had nutritional assessments completed to identify their needs and any risks they had when eating. Where necessary people had been referred to their GP or to a dietician.

We saw that people and their relatives had been involved, consulted with and had agreed with, the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw appropriate applications had been made and authorisations were in place.

We looked at the staff training records which showed what training had been done and what refreshers were

required. We saw staff had completed a programme of induction training when they started working at the home. All the people we spoke with said that the staff were extremely knowledgeable about all their needs.

One person told us, "I think they [staff] are well trained." Another person said, "Some are well trained as they know what they are doing." Two people we spoke with commented about some staff not having English as their first language which made it difficult for them to always understand them. A relative told us, "I think they [staff] are well trained from what I have seen." A staff member told us, "Good training is always available."

We saw that each member of staff had regular supervision, appraisal and ongoing training. Staff we spoke with told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop. Staff also told us they attended regular staff meetings that supported them in their work. One member of staff told us, "We have meetings to discuss our progress and any new ideas." We saw minutes of the meetings held with staff and saw how through the meetings they could share their ideas about improving the service.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. People were also supported in managing their health and wellbeing needs by appropriate referrals being made to external services. One person said, "They have always called a doctor when I have complained about something." A visiting professional told us, "The care is good here."

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to. We saw that the home had made improvements to provide a dementia-friendly environment to maximise people's wellbeing and memory skills. Areas of the home had easy read signage to help in meeting the needs of those living with memory problems.

Good

Is the service caring?

Our findings

The rating for this domain remained good. Everyone we spoke with said staff were kind and caring. One person told us, "The staff are very caring." Another person said, "The staff are patient and kind." One relative told us, " They [staff] are amazingly kind and helpful." Another relative said, "Plenty of love and affection is shown to my relative and all the other residents."

People said the staff were always polite and willing to listen, and help, if they had a problem. One person said, "The staff are amazing, they never stop running around from morning to night. If you have a need, they will do their utmost." Another person told us, "Staff are always ready to talk to me and help me." A relative said, "The staff helped my relative settle in with lots of kindness."

People's privacy and dignity were respected always. We saw staff knocked on doors before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We heard staff addressing the people respectfully, using their first names, and when talking to them bent down to do so at eye level. One person told us, "They [staff] are always respectful and we have a lot of fun."

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. One person told us, "There is often a church service but I don't go." Relatives told us how they could visit at any time and were made to feel very welcome. One relative said, "I can come any time I want." Another relative said, "I can even bring my dogs in and the residents love them."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

We saw that the staff gave people time and encouragement to carry out tasks themselves. We also saw that, where appropriate, people were given the right level of support to complete tasks. The service promoted people to be as independent as possible. One person told us, "Sometimes they [staff] can be over efficient but you don't have to let them be."

Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Good

Is the service responsive?

Our findings

The rating for this domain has improved to good. This was because there was sufficient evidence to demonstrate that the improvements found in the last inspection in September 2017 had continued and been sustained.

There was a meaningful range of activities available. Since the last inspection the provider had employed an occupational therapist (OT). Occupational therapists help people overcome physical and mental problems that are the result of disability, injury, ageing or illness. They can provide professional practical advice and solutions to enable people to live more independent lives. The OT also supported with the delivery and arrangement of a range of suitable activates for people. One person told us, "There is plenty to do if you want to. There are books and games in the lounge, it is a happy social group here." A relative said, "They organise various recreational activities which are excellent." We saw individual assessments had been completed by the OT to ensure people were not at risk of social isolation.

We looked at the care records for 10 people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine if they could provide people with the right level of care and support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

We asked people about their care plans and found that six of people we spoke with were either not aware of them or told us their relevant others had been involved in devising and agreeing them on their behalf. Three relatives we spoke with were aware of the care plans.

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "I have no complaints." Another person told us, "If I wanted to make a complaint I'd find the manager and speak to her." A relative said, "Any concerns I've had they acted on immediately."

We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care. On the day of the inspection we found that the oversight of the end of life care for one person by external health professionals had not been managed very well. We discussed the management of this with the registered manager and the provider's regional operations director. They reassured us that they would review how they would oversee the end of life care provided by external health professionals to ensure that it was appropriate and timely for people identified as at the end of their life.

Good

Is the service well-led?

Our findings

The rating for this domain has improved to good. This was because there was sufficient evidence to demonstrate that the improvements found in the last inspection in September 2017 had continued and been sustained.

At our last inspection in September 2017 the home was rated overall as requiring improvement because there was not sufficient evidence to demonstrate the sustainability of the improvements that had been made since being removed from special measures.

At this inspection we found that the registered provider had appointed a different, more experienced, registered manager. We found the service was now meeting all the fundamental standards of quality and safety. We saw how new and improved systems of quality monitoring and auditing had been implemented. We saw these had been embedded into the weekly and monthly checks and routines performed by the registered manager and staff team.

The oversight of quality and safety in the home had improved and was seen to be consistent. The service was also being monitored regularly by the regional operations director on behalf of the provider. Where actions had been required to improve these had been noted and addressed by the registered manager. Maintenance and environment checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

Everyone we spoke with thought the service was well managed. One person said, "Absolutely, I think it is wonderfully managed." A relative told us, "It is well managed but they do need more staff to give more of the good care they are giving already."

Staff we spoke with told us that the registered manager was approachable and led the home well. We were also told if staff had any concerns they would be happy to raise them with the registered manager. One member of staff told us, "Registered manager is really easy to talk to, very approachable and supportive. A good manager and has made a difference since she came for the better. Another staff member said, "Things have definitely improved, the management really do care."

We saw that resident's and relative's meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority. This meant we could check that appropriate

actions had been taken.