

# Alliance Care (Dales Homes) Limited

## Kestrel Lodge Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

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 the service on 28 October 2015. Kestrel Lodge is registered with the Care Quality Commission to provide accommodation and personal care for up to 33 older people with or without dementia. On the day of our inspection there were 21 people living at the home.

The home had a registered manager. 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.

People who used the service, and their representatives, felt safe and well looked after at Kestrel Lodge. People told us that staff met their needs effectively and were all kind and caring. Staff told us that they loved working at the home and we found that they were very knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Staff had a good understanding of what constituted abuse and would be confident to recognise and report it. However we found that on one occasion the registered manager could not demonstrate that they had protected people by following up on concerns raised to them.

# Summary of findings

There were sufficient staff on duty to meet people's needs effectively and staff were recruited through safe recruitment practices. Medicines were stored and administered safely and the premises were well maintained to keep people safe.

Staff received appropriate induction, training and supervision. Staff were very positive about the support and training they received. They told us that they had received training to equip them with the knowledge and skills to support people effectively. They also received training in relation to meeting individual health care needs, such as dementia and diabetes. Staff understood their roles and responsibilities.

People's rights were protected under the Mental Capacity Act 2005 although some decisions needed to be reviewed when individual's needs and circumstances changed to ensure they still reflected their wishes.

People were provided with sufficient food and drink to maintain their good health and wellbeing, and the

standard of food provided was very good. Health professionals worked closely with the home to ensure people's health care needs were met. Communication between staff and outside agencies was good.

People enjoyed a range of activities both at the home and in the community.

People and their relatives were involved, or had opportunities to be involved, in the development of the service. People felt listened to and would be confident to make a complaint or raise a concern if they needed to. Staff knew the complaints procedure and we saw outside agencies had supported people with decision making when appropriate. People living at the home and the staff team had opportunities to be involved in discussions about the running of the home and felt the management team provided good leadership. There were systems in place to monitor the quality of the service provided.

# 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?

The service was not consistently safe.

The provider had systems in place to recognise and respond to allegations or incidents of abuse although these had not always been followed by the registered manager.

People received their medicines as prescribed and medicines were managed safely.

Staffing levels were sufficient to meet people's needs and offered flexible support.

Recruitment procedures were good ensuring that only people suitable to work with vulnerable people were appointed.

Requires improvement



### Is the service effective?

The service was effective.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate.

Good



### Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Good



### Is the service responsive?

The service was responsive.

Care records provided clear guidance for staff to respond to people's needs.

People enjoyed a range of activities.

A complaints procedure was in place and staff knew how to respond to complaints.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The management team encouraged openness and involvement throughout the service and staff had opportunities to review and discuss their practice regularly.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor and review the quality of the service.

# Kestrel Lodge 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 28 October 2015 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we spoke with seven people who used the service about the care and support they received. We also spoke with three people's representatives.

We spoke with the registered manager and a regional manager who worked for the provider. We also spoke with the deputy manager, three care staff, the cook, the administrator and the maintenance person. A visiting health professional also shared their views about the service with us.

We looked at three care records, three staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

# Is the service safe?

## Our findings

We spoke with seven people who lived at Kestrel Lodge. They all told us that they were very happy with the service provided. Everyone felt safe and secure. A relative told us, "People are very safe here. I can't fault them [staff]. People are very well looked after."

Staff told us they were confident that people were kept safe. One staff member told us, "Yes people are definitely safe." Staff told us how they supported people safely whilst also encouraging people to remain as independent as possible. We saw one staff member walk alongside a person who was at risk of falls and offer reassurance to the person. Staff told us that this person liked to walk and because of the risks they walked alongside them when they saw them get up to leave the room. Staff demonstrated a good understanding of promoting people's rights and choices while protecting them from harm and ensuring that they were not vulnerable.

Staff had received training to protect people from abuse. Staff had a good understanding of what constituted abuse and what to look for to indicate it was happening. They understood the process for reporting concerns and said that they would be confident to report suspected abuse in order to protect people who used the service. Senior staff knew how to refer incidents to external agencies if needed. They told us how they had worked with outside agencies to review the appropriateness of a placement to ensure the safety of an individual and the people who they lived with. We saw records that reflected this. On one occasion however the registered manager could not demonstrate how they had acted appropriately upon information of concern. We saw that initial information had been gathered but there had been no follow up. We then saw a later incident of potential abuse that could have possibly been avoided. A regional manager who was visiting the home at the time of the inspection had been unaware of the sequence of events and agreed to instigate an investigation to explore shortfalls and identify lessons that could be learnt.

We saw that when risks were identified in relation to safe care and support, assessments were carried out to identify how they could be reduced or removed. Assessments were detailed and actions were seen to be implemented. For

example, people who were assessed as having a high risk of falls were supported when they were moving. People assessed as having a high risk of choking received a soft diet.

People told us that they thought there were enough staff on duty at all times to meet their needs. No one said that they had to wait for assistance. We observed staff had time to sit with people and talk with them. Tasks were not hurried and requests for support were responded to promptly.

We looked at the recruitment files of the last two staff members to join the team. We saw that all required information was available to demonstrate that only suitable people were recruited. Staff involved in the process were knowledgeable about safe recruitment practices and the provider routinely checked records to ensure that policies and procedures were followed.

We looked at health and safety records and saw that accidents and incidents were infrequent suggesting that people were receiving safe care. The management team reviewed records to ensure that the risks of reoccurrences were minimal wherever possible. For example one person who was assessed as having a high risk of falling had equipment in place to ensure staff were aware of their movements. We saw that the person and their family had agreed to the safeguards in place to protect the person.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. The medication policy detailed how safe monitoring, administering and storing procedures should be implemented. We saw staff administering medicines in line with this policy. Risk assessments had been carried in order to ensure people received the right dose at the right time. Staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were being stored securely and administration charts were appropriately completed.

People told us that the home was well looked after and nicely decorated. We saw that the premises were well maintained and safe. We spoke with the person who had the day to day responsibility for this. They told us that they

## Is the service safe?

carried out routine checks and tests. They said that procedures were in place, and were followed to ensure repairs were carried out promptly. Staff confirmed that this process ensured the safety of the environment.

# Is the service effective?

## Our findings

People told us that staff had the skills and knowledge to meet their needs effectively. One person told us, “I like it very much here. Staff are wonderful.” Another person told us, “They know how to look after me. They [staff] are lovely.” A relative told us, “Staff are fantastic. They look after [my relative] very well. I can’t fault them.”

Staff told us that they enjoyed their jobs and felt that they could meet people’s needs effectively. Staff said that they had good training opportunities to give them the knowledge and skills to understand and meet people’s needs. The registered manager sent us information to demonstrate that staff had received all required training in order to equip them to do their jobs effectively. We also saw how additional training was provided to enable staff to support people’s more complex needs. For example, staff spoke positively about the training they had received in relation to dementia care. They said it had given them a better understanding of people’s needs and how they could better meet them.

New staff were supported to gain the skills and knowledge needed for the roles they were appointed for. The provider had an induction programme for new staff that included the Skills for Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff told us how they supported new staff to ensure they were confident to work alongside them and carry out the roles required of them. Senior staff told us that they monitored new staff and considered that their induction was effective. We saw the induction record of a new staff member. It showed that the induction was structured and covered all aspects of the running of the home. We saw that the induction was signed off by the registered manager when they were satisfied that they had addressed all areas.

Staff felt well supported by each other and by registered manager and the deputy manager. One staff member told us, “Support is fantastic. Good teamwork.” Another staff member told us, “This is a good organisation to work for. We get good support from the manager and the deputy manager. They listen to us. Information is up to date and

we have the equipment we need to do a good job.” Staff told us that they had regular opportunities to sit with senior staff and review their personal and professional development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. Staff, who spoke with us had received training in relation to MCA and DoLS. We saw records that demonstrated capacity assessments had been carried out however some advanced decisions made by people who had capacity had not been reviewed and updated when their circumstances changed. When we pointed this out the deputy manager liaised immediately with the local GP to ensure up to date information was made available. This would ensure that the person’s needs and wishes could be considered. We saw that decisions made in a person’s best interests had been documented and had been made with the appropriate involvement of others.

People told us that staff involved them in discussions and decisions about how they wanted to receive their care. This included being asked for their consent before care and support was provided. For example, before one person was moved, staff asked, “Is it ok if we move you now?” Staff asked people at lunch time, “Would you like your lunch now?” and “Can I cut your meat up for you?” Staff always waited for the person being asked to respond before they proceeded showing that they were not just asking the questions they were listening and responding to what people said.

Everyone we spoke with told us that they enjoyed the meals. One person told us, “The food is lovely.” Relatives also told us, “The food is marvellous.” Everyone said that there was always a choice and that if they did not like something they could request an alternative. The cook told us that they spoke with people regularly about meal preferences, likes and dislikes. We saw that they kept this information in the kitchen so that they could refer to it. They also told us that care staff told them of people’s dietary needs so that they could consider these when menu planning. The cook showed us that they had information about allergies and what food interacted with what medicines. Care plans also reflected this information to ensure all staff were aware.



## Is the service effective?

We observed lunch time. Most people sat in the dining room to eat. Tables were nicely laid and people could sit where they chose. For the small number of people who did not sit in the dining room staff were available to offer them one to one support.

We saw that people were offered hand sanitiser before they started their meal and that there was equipment available to assist people to eat independently.

As well as the choices on the menu, soft diets were available for some people. We saw that when food had been liquidised for people at high risk of choking individual foods had been prepared separately so that the food still looked colourful and appealing.

Staff were on hand to respond to requests for support and we saw that meal time was a very relaxed and social occasion. Staff responded to requests for help promptly. People told us afterwards that they had enjoyed their meal.

People had plenty to eat and drink. We saw that people were offered hot and cold drinks throughout the day including at lunch time. Hot drinks were served in cups and

saucers and snacks were readily available. Some people were at risk of not getting enough food and fluid to maintain their good health. Their intake was monitored to ensure that they were getting enough.

People who used the service saw health professionals whenever necessary to ensure their health and wellbeing was monitored and their changing needs were responded to. A relative told us they were confident that staff looked after people's health needs well and said, "Any problems at all, they call us." We saw that care plans detailed referrals to outside agencies when people's health needs changed. Records also showed that routine appointments were also attended. A visiting health professional told us, "They manage people's health needs well. We give feedback to staff when we come in and they act upon it. They communicate well."

We found that care plans were updated when health needs changed to ensure people continued to receive care required. In conversations staff were knowledgeable about people's health needs and told us how they monitored them. For example we saw how they recorded changes to weight and what people had eaten. A health professional told us they referred to these records to assess people's on-going health and implement effective treatment.

# Is the service caring?

## Our findings

People were happy living at Kestrel Lodge. One person told us, "I like it very much here. The staff are wonderful." Another person said, "I love it. The staff are lovely." Everyone we spoke with felt well looked after by the staff who were described as, "Caring and kind." A relative told us, "When I can't come and visit I know [my relative] is being looked after." We saw thank you cards from relatives displayed throughout the home. One card read, "Thank you for all the love and care." Another card read, "Thank you for the years of kindness."

A staff member told us, "People have a good quality of life. We treat people like our own family. All have individual needs and we know them well." We saw staff treat people with warmth and affection. They spoke with people gently and were reassuring and encouraging when offering personal care and support.

People were fully involved in making decisions about their lives. We saw how people were consulted about what they did, where they sat, what they ate and who they saw. Relatives told us that they were welcomed at the home and encouraged to visit whenever they wanted. We also saw that friendships within the home were supported and encouraged. Staff knew who were important to people. They made sure that people who were friends could sit together. They also enabled visitors to spend time in private if they wanted.

Some people told us that when they had shared their views about the service they had felt listened to. We saw how people's comments and suggestions had been listened to and acted upon. For example there were notice boards in hallways saying what people had requested and what the home had done in response. Relatives told us that if they had any suggestions at other times they could speak with staff or the registered manager.

Minutes of residents and relatives meetings showed how people had been consulted and involved in decisions about the running of the home. Activities and menus were discussed as well as planned changes within the home

environment. We saw how there was an electronic system in the main reception for people to use to share feedback and ask questions about the running of the home. The registered manager was informed electronically every time this was used. Their responses were monitored by the provider meaning that all comments were acknowledged and responded to.

Staff told us how they listened to people and acted in accordance with their wishes. They told us that they offered flexible support and that people had 'good and bad days.' Staff said that people often wanted different things on different days. They told us that they had the financial to increase staffing to offer flexible support that accommodated people's needs and choices.

Staff told us that they promoted people's independence and offered guidance when appropriate. People told us that staff always responded when they asked for support.

People's social and emotional needs were considered and met. We saw how religious and cultural values and beliefs were recorded in care plans. Plans also detailed significant people and their contact details. Relatives told us that they were, "Always welcomed."

People told us that they were treated with dignity and respect. We saw that all interactions during our inspection reflected these values. Staff told us how they respected people's privacy and dignity. One staff member told us, "We are all dignity champions. We discuss involvement and activities. We get to know people as individuals."

People were able to dress according to their personal preferences. People liked to have their hair and nails done. Staff told us how people liked to be dressed meaning that people could retain their individuality and feel good about themselves wherever possible.

We saw that when staff entered people's bedrooms they knocked and waited to be invited in. Relatives told us that they saw staff take people to private areas to offer personal support. We saw staff ensure people's clothing remained intact when they were being moved.

# Is the service responsive?

## Our findings

The service was responsive to people's individual needs and wishes. Everyone who we spoke with told us how staff provided the care and support that they needed. Care was personalised and people were consulted and involved as far as they were able in developing care and support plans. People's representatives told us that they were also involved when appropriate.

Care plans were very detailed. Information was person centred meaning that the individual's needs and wishes were at the centre of all assessments, plans and reviews. Individual needs and preferences were recorded and this information was shared with staff as necessary to ensure everyone involved in delivering a person's care had the information required. Care plans were regularly reviewed to ensure that they remained current and we saw that when people's needs changed plans were updated to reflect this.

Relatives and other significant people were involved in reviews of the care and support people received when appropriate. Staff knew people's care and support needs. They told us that care and support plans were very thorough and detailed. In conversations staff told us about people's individual needs, preferences and wishes. Information was consistent between staff and reflected what we saw in the care plans we looked at.

People were assessed prior to, and at the time of their admission to ensure that the service would be able to meet their needs. We saw that information was shared when a person was admitted to hospital and again when they left. We did find however that, on one occasion, this information needed to be reviewed to ensure that it reflected the person's current situation. The deputy manager responded immediately to this when it was brought to their attention.

On the day of our inspection we saw that people were getting ready to enjoy a Halloween party. The home had been decorated and people were engaging in activities in preparation for the main event. People told us that there were lots of things to do at the home. One person told us that they liked to take part in all of the activities. Other people gave examples of activities they liked for example, the bingo. One person told us that they liked to sit in a quieter area of the home when group activities were taking place and they did this. We did find that, due to the layout

of the home, sometimes activities for some affected others. For example there was a TV on and a CD player in the same room. We shared our observations with the registered manager who told us that they were constantly looking at ways to minimise disruption in this area.

We saw that planned activities were documented so people could see what was going on. Staff told us that people liked to be involved in the activities. A number of relatives were said to be attending the evening's party. One staff member told us that the staff raised money to fund parties and outings and these always proved popular. One person told us that they liked to go out for meals in to the town. They said that this happened regularly.

We saw that people interacted with each other and staff during activities. People who did not actively take part seemed to be enjoying watching. The home had a dedicated activities coordinator who took a lead role in organising activities. Staff told us that they had opportunities and time to sit with people, talk with them and arrange impromptu activities to engage and stimulate people.

People told us that they would speak with the registered manager or named staff if they had any complaints. People told us that they did not have any. We saw how people who used the service were happy to approach the registered manager and staff on duty when they had something to say or a request to make. Relatives also told us that they had regular opportunities to speak with the registered manager and would be confident to raise any concerns that they might have with them. People told us that they were confident that resolutions would be found informally without having to use the formal processes. The complaints procedure was displayed in the entrance hall making it readily accessible. Staff told us that they were aware of the complaints procedure and they would share it with people who used the service if necessary. Records showed that the registered manager had not received any recent complaints.

People who used the service and their relatives told us that they were regularly invited to attend meetings in relation to how the service was run. There were also opportunities for people to make suggestions as to the running of the home. This meant that the provider could hear people's views and respond appropriately.

# Is the service well-led?

## Our findings

The service promoted a positive culture that was person centred, inclusive and open.

People who used the service told us that they thought the home was very well run. Visiting health professionals reflected this as did the relatives that we spoke with.

Staff told us that the registered manager and the deputy manager were approachable and knowledgeable about the people who used the service. One staff member told us, "This home works well." Another staff member told us, "It's a nice home. It's well run."

Staff told us that they felt well supported. Staff had opportunities to discuss their personal and professional development with the registered manager and had regular opportunities for informal support. One staff member told us, "We have good support all round. There is always someone to go to." We saw staff sit together during breaks and communicate effectively while offering support.

Staff told us that they would be confident to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns without fear of reprisal. Staff told us how they shared information between staff teams and they told us that these systems were informal and effective. Staff told us that meetings regularly took place to enable staff to meet as a whole team and discuss the service provided. We looked at the meeting records and saw discussions took place about the standards of care expected and plans of how they could meet people's needs and wishes.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

The service had quality assurance systems in place that monitored quality and safety. We saw how the provider had sent out quality assurance questionnaires to people. Responses had been collated and shared with everyone who had been involved. We saw the latest outcomes and they were very positive and complimentary about the service provided, the management and the staff team. We also saw minutes to show that meetings were held with people who used the service, with relatives and with staff to discuss the running of the home.

All aspects of the running of the home were monitored and reviewed electronically. The registered manager showed us how they carried out regular checks to care plans for example to ensure they remained current and relevant. The manager also checked equipment and the environment to ensure it was well maintained. We spoke with the person responsible for making day to day checks of the environment and they told us what they had to do to and why. They said that they had the time and resources to maintain the environment. The registered manager told us how they reviewed records and processes so that they could be confident that people lived in a well-run and well maintained home.

We saw how accidents and incidents were monitored electronically for trends and also how care plans were updated following changes. This meant that staff could have access to up to date information to enable them to provide a good service.