







Four Seasons (Bamford) Limited Kilburn Care Centre

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 |  |

Overall summary

We inspected Kilburn Care Centre on 17 November 2015. This was an unannounced inspection. The service was registered to provide accommodation and nursing care for up to 47 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. The service is divided into two areas: the main 45 bedded nursing unit and a residential wing accommodating 10 people. On the day of our inspection there were 45 people living in the care home.

At our last inspection on 3 October 2013 the service was found to be compliant in all outcome areas and no concerns were identified.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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 were happy, comfortable and relaxed with staff and said they felt safe. One person told us, “The staff here are fabulous. I get everything I need and they are kindness itself.” A relative we spoke with was also very satisfied and told us, “I come here every day. This home has a lovely atmosphere. It's very homely.”

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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 safe.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Good



Is the service effective?

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good



Kilburn Care Centre

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 was 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 17 November 2015 and was unannounced. 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. They had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not request 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 inspection we spoke with 14 people who lived in the home, four relatives, three care workers, a senior nursing care assistant, the clinical lead nurse, the area manager and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said that they felt safe and very comfortable at Kilburn Care Centre. One person told us, “The staff here are fabulous. I get everything I need and they are kindness itself.” This was echoed by relatives we spoke with, who also said they would be happy and confident to speak to the registered manager or members of staff if they were worried or concerned about anything. One relative told us, “One thing I’ve noticed is how happy everyone is. It’s been a big relief knowing that Mum is in safe hands.”

The registered manager had developed very close working relationships with people living in the home, as well as their relatives and had created a safe, stable and homely environment; Relatives spoke very positively about the manager and the trust and confidence they had in them. Another relative told us “come here every day. This home has a lovely atmosphere. It’s very homely. The manager is very easy to talk to and the staff are as well. I wouldn’t hesitate to go to them if I was worried about anything.”

There were enough staff to meet people’s care and support needs in a safe and consistent manner. People and relatives we spoke with were generally satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people’s needs. The registered manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual’s condition or care and support needs changed, to ensure people’s safety and welfare. This was supported by duty rotas that we were shown. Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required.

Medicines were managed safely and consistently. Staff involved in administering medication had received appropriate training. We spoke with the clinical lead nurse regarding the policies and procedures for the safe storage, administration and disposal of medicines. They confirmed that “The safety of the residents here is paramount. Everyone with responsibility for medication has had the necessary training and their competency is regularly

assessed.” This was supported by training records we were shown. During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been completed appropriately.

People were protected from avoidable harm as staff had received relevant training. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw the current policy and procedure relating to safeguarding was implemented on 14 November 2014 and was scheduled to be reviewed in March 2016.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government’s Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw there were no obvious trip hazards and all areas of the home were very clean and easily accessible. Infection control was well managed, the premises were well maintained throughout and there were no unpleasant odours. There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer’s guidelines.

Is the service effective?

Our findings

People who lived at the home and family members thought staff had the abilities to meet people's needs and knew how to care for them. One person told us, "Oh yes, we're very well looked after here, they (staff) know what to do." Another person told us, "I get everything I need. I get help showering and the hairdresser comes every week. I can pretty well get up when I want and they do a big breakfast. You can have anything you like - bacon, eggs, porridge. It's really good." A relative said, "Staff certainly know what they are doing – and they do a very good job."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. People and relatives spoke positively about the staff and told us they had no concerns about the care and support provided. One staff member who had recently started working at the home told us their induction programme included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside more experienced colleagues, until they were deemed competent and they felt confident to work alone.

Staff also told us they felt confident and well supported in their roles by the management team and their colleagues. They told us they had one to one meetings with their line manager, which gave

them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. One member of staff told us "The training here is really good and the manager is just amazing and so supportive."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person

from harm. We found that the registered manager understood when an application should be made. They also confirmed that, following individual assessments, they had made DoLS applications to the local authority, as necessary, and was waiting for decisions regarding authorisation.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in

their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. One person told us, "I know the doctor would be called straight away if I needed to see them." This was supported by another person who told us, "The doctor came to see me straight away when I fell." Another person said although they had not needed to see a doctor, they were confident it would be arranged if necessary. They told us, "I haven't got any problems, I'm very lucky, but I'm sure they would get the doctor if it was needed." A relative described how reassured they felt and said, "I only have to mention a potential problem to care staff and they would ensure the doctor followed it up." We saw in people's care plans that they had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Individual care plans also contained records of any appointments with, or visits from, such healthcare professionals.

People were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. One member

Is the service effective?

of staff said people were encouraged to take regular drinks throughout the day. During our inspection the tea trolley was brought round and we saw people were offered a choice of beverages.

We observed lunch being served on the nursing unit. Tables were very laid with freshly laundered table linen, placemats and coasters. People were respectfully asked whether they wanted clothes protectors or not. The main meal was a choice of either pork cobbler or fish in parsley sauce with vegetables and the food looked appetizing, well cooked and nicely presented. There was a good choice of hot beverages and fruit juices. We heard staff asking people who requested tea whether they wanted a cup of tea or a small pot so that they could make their own. The menu was nicely presented in large print.

There were fifteen people seated to tables and others who had lunch in the lounge. Lunch was scheduled for 12.30pm but nobody actually received their meal until around 1pm and a number of people were still waiting at 1.15pm. There were six members of staff supporting people in both the

dining room and the lounge so there were sufficient staff in the area but the serving of lunch appeared disorganised. One person on the table nearest the serving hatch was given her lunch while the three other people at the table were still waiting. Meals were brought out in a rather random, haphazard way with some people at tables being served while others at the same table were waiting a long time. Meals were not served table by table.

During lunch, staff showed a lot of attention and kindness to people. We observed one person who was becoming increasingly agitated and, at one point, threatening the person sitting next to them.. Care staff very quickly diffused the situation and moved her to another table. We observed two people being sensitively assisted to eat by members of staff who were seated next to the person and chatting quietly with them. We also saw one person, who was becoming anxious and worried they might fall out of their chair and constantly calling "Nurse." The staff were very patient, they responded consistently and sensitively reassured the person that they were quite safely seated.

Is the service caring?

Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the manager and staff. One person told us, “They look after me really well and they’ll give me a cuddle if I’m feeling down. I’m very happy here.” Another person told us, “They (the staff) are fantastic people. Nothing is too much trouble for them.” One person who had not been very well recently told us, “I had to have a needle and I really hate needles, but the nurse was very kind and held my hand.”

Relatives whose parents had been in the home and passed away recently spoke very warmly about the staff and of the care and support they, as a family, had received. They told us, “The staff here are fantastic. They haven’t just supported our (bereaved parent); they have supported us as well. We’ve been really impressed. The staff have all been there for us and we’ve had nothing but kindness. And the manager is just marvelous.”

Throughout the day we observed many examples of friendly, good natured interaction. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We observed staff speak politely with people. They called people by their preferred names, patiently waited for and listened to the response and checked that the person had heard and understood what they were saying. Their conversations with people were not just task related and we saw them regularly check out understanding with people rather than just assuming consent.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support.

We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to

move to another area of the home. One person told us, “It’s sometimes a bit too rowdy for me when there are too many people rushing around and I like peace and quiet. They take me to my room when I ask. I have got a lovely room.”

Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people’s personal history, their likes and dislikes. The information and guidance enabled staff to meet people’s care and support needs in a structured and consistent manner. Staff had a good understanding of people’s needs, some of their personal preferences and the way they liked to be cared for. A senior nursing care assistant explained that the format and structure of all care plans were being reviewed and a new more concise and accessible model was being introduced. However they confirmed this was still “work in progress” and not all plans had yet been upgraded. From our discussions with staff, it was evident they considered the revised care plans “much more user friendly” and “a big improvement.”

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. The manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. Staff told us they made sure people’s privacy and dignity was maintained when providing personal care. During our inspection we observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. One person said, “The staff here are always very kind and caring. They respect my privacy but also allow me to be independent.”

People’s wishes regarding their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person’s involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and funeral arrangements.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The registered manager explained that before moving into Kilburn Care Centre, they would always assess people's individual care and support needs, to establish their suitability for the service and "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care.

The care plans, including risk assessments, we looked at followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration and medication. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. The care records were reviewed regularly to ensure they accurately reflected people's current and changing needs. This demonstrated that the service was responsive to people's individual needs.

People said staff were aware of and responsive to their individual care and support needs. One person told us, "I can always choose what I like to do." They also spoke very positively about the activities co-ordinator, who was clearly extremely well-liked and very popular. We saw people 'perk up' and immediately engage with the activities co-ordinator when they entered the room. One person told us, "She's lovely. She's always busy when she comes here but never too busy to spend time having a chat with me."

We saw there was a notice board displaying activities and a photo board showing photos of some of the activities. Most activities were focused on a personalised basis and tailored to individual interests and preferences. There were some group activities including games like 'curling' and a wedge board game. Some people chose to knit and there has been a recent purchase of China cups and saucers so that people could share 'high tea' fifties style and have an opportunity to reminisce.

There were outings arranged on Wednesdays which have included garden centres, pub lunches and also some

individualised outings. Staff told us some of the men enjoyed trips to the local hardware store and one person had purchased a paint roller which "He takes around the home and likes to 'paint' the doors."

The activities coordinator had also organised a sweets trolley by sourcing traditional sweets like humbugs and dolly mixture which often generated personal memories and reminiscing. They told us, "I'm also keen to have families involved as much as possible. We're currently putting together people's life histories which really help to think about what each person is interested in." One person told us, "I like to go to the pictures and she (the activities coordinator) takes me. We've been out on the bus as well. It was an adventure!"

All the relatives we spoke with told us the home was very welcoming and there were no restrictions on visiting times. One relative told us, "I come in every day and I have my dinner with Mum."

During our inspection we saw that any call bells that rang were attended to straight away. We also observed staff taking the time to just sit and talk with people, rather than only speaking with them while providing personal care or because a task needed to be done.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. The registered manager told us people were assessed before they moved in to the service, to ensure their identified needs could be met. Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture,

Is the service responsive?

photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. One person we spoke with about this told us, "I don't know why you are asking me that because it's really nice here. I'd soon speak up if anything was wrong

- but it isn't!" During our inspection we observed the registered manager was visible throughout the day and, by people's smiles and friendly reaction when they saw her, was obviously well known and popular.

Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Is the service well-led?

Our findings

People and their relatives spoke positively about the manager and said they liked the way the home was run. There were three monthly resident/relative meetings with a variable attendance. However relatives told us that they were impressed with the registered manager and had “every confidence” in them. One relative told us, “The manager here is brilliant. She has made a big difference since she came. She doesn’t just sit in the office – you see her around the home, talking to people. She’s not afraid to get her hands dirty either. If she sees something needs doing and staff are busy, she gets stuck in.”

Staff we spoke with told us they felt supported and were able to approach the management team about any concerns or issues they had. One staff member told us they felt supported by the registered manager and that they could tell them their concerns if needed. All the staff we spoke with knew about the provider’s whistleblowing policy and how this could be used to share any concerns confidentially about people’s care and treatment in the home.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

Staff told us they were encouraged and enabled to share ideas for the benefit of people who lived at the home. Without exception, all members of staff we spoke with told us how much they enjoyed working at Kilburn Care Centre and described the culture as “positive,” “open” and “inclusive.” One staff member said, “I get all the training I need to do my job and I get regular appraisals. I can always take ideas to the manager and if she thinks it’s something that might be good for the residents she is 100% supportive.”

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider’s policy. Staff had confidence in the way the service was managed and described the manager as “approachable” and “very supportive.” We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of

candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits had been drawn up in areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or emerging trends and identify any preventative measures that were needed., Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the registered manager told us they were able to compare what is actually done against best practice guidelines and policies and procedures. As a result, any corrective actions subsequently implemented to improve the performances of individuals and systems.also helped drive improvements in service provision.