

Kiwi House Care Home Limited

Kiwi House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Kiwi House is a residential care home providing personal and nursing care to 78 younger and older people, some who may be living with dementia. There were 55 older people living at Kiwi House at the time of the inspection. The care home accommodates people across three separate floors, the service was purpose built as a care home to accommodate the needs of older people.

People's experience of using this service and what we found

Risk were not always assessed and mitigated. People were not always kept safe from avoidable harm and medicines were not always managed safely.

There were enough suitably trained staff to meet the needs of those living at the service.

Management oversight had improved; however, it was too recent to see effective change and improvement in all areas.

The provider was open and honest and acknowledged further improvement was needed.

There was a new manager who was making a positive impact on the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Inadequate (Published 28 June 2021)

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kiwi House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

There are two continued breaches in Regulations 12 (Safe Care and Treatment) and 17 (Good Governance). At our last inspection there was also a breach of Regulation 18 (Staffing) and Regulation 13 (Safeguarding). At this inspection we found enough improvement had been made and they were no longer in breach of Regulation 13 or 18.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an ongoing action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always Safe

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

Kiwi House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors.

Service and service type

Kiwi House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager was in the process of applying with the Care Quality Commission to be the registered manager of Kiwi House at the time of the inspection. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and professionals including the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives who were visiting. We spoke with 11 members of staff including the nominated individual, manager, senior care workers, care workers, the chef and head housekeeper. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the relevant parts of nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We telephoned five relatives and spoke with them about the service. We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection we found that care and treatment was not always provided for people in a safe way, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that not enough improvement had been made and the provider remained in breach of regulation 12.

- People were not always protected from avoidable harm.
- Not all risks had been assessed and mitigated. One person was at risk of getting urine infections but there was no risk assessment in place to advise staff how to reduce the risk.
- Care plans we looked at had not been reviewed since April 2021. This posed a risk to people because staff may not be aware of recent care needs.
- The infection prevention and control audit which was carried out in April 2021 stated that sharps were disposed of at the point of use. We observed that this was not the case as there was no sharps box in the medicines trolley.
- There was a monthly commode audit which had identified four which were rusty. These had not been taken out of service at the time of our inspection.
- Some people needed to be repositioned regularly to ensure that they did not develop pressure sores. We saw there were entries missing on turn charts and one entry stated that the person needed to be repositioned but didn't state how often. This poses a risk to people's skin integrity.

Care and treatment had not always been provided in a safe way for people. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management had developed a robust monitoring system around falls and were working with the local authority to mitigate people's risk of falls. This included introducing equipment to prevent people from falling and to reduce injury if they did fall.

The provider was proactive after the inspection and confirmed that they had introduced a separate medicine trolley for insulin. This contained personal protective equipment (PPE), sanitiser and a sharps box. It also had a waste bag for disposal of PPE after each person.

Using medicines safely

- Medicines were not always administered safely.
 - We observed medicine being given to people and there was no hand sanitiser or hand washing carried out between different people.
 - There was no waste facility on the medicine trolley so rubbish was stored in the door until the staff returned to the medicine room.
 - Improvement had been made with recording and administering topical cream. These were stored and given in people's own rooms and recorded when applied. There was also a body map so that staff could identify where the cream should be applied.
 - They had changed to using an electronic recording system for medicines and it was working well.
- Medicine which was given 'as required' had clear protocols in place so staff knew when they were needed.

Systems and processes to safeguard people from the risk of abuse

At our previous inspection systems and processes had not been operated effectively to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and they were no longer in breach of Regulation 13.

- People were kept safe from abuse and avoidable harm.
- There was improved management oversight in keeping people safe. However, this needed time to become embedded. There was a new manager who was keen to raise standards and keep people safe.
- Staff told us that they had been trained and knew how to spot the signs of abuse. One staff member said, "I wouldn't be afraid to report anything if I was concerned." One relative told us "I think that they keep [Name] safe and they are very settled and happy."

Staffing and recruitment

At our last inspection sufficient staff were not always deployed to meet people's needs and staff did not always have sufficient training and competence in people's areas of care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made in this area and the service were no longer in breach of Regulation 18.

- There were enough experienced and suitably trained staff to support people's needs.
- We looked at staff files and saw that staff were recruited safely. However, checks of criminal records were reviewed after people had started in post. We spoke with the provider who told us that this would be done going forwards.
- People told us that they were well supported, and that staff were kind and caring.
- Staff were trained in caring and supporting people at the service. Relatives told us that they felt that staff were competent within their roles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found that personal protective equipment was being stored in sluice rooms. The manager took action to move this at the time of our inspection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection systems and processes designed to assess, monitor and improve the quality and safety of services and reduce risks had not been operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the service remains in breach of Regulation 17.

- We saw that there was some improvement in management oversight of the service.
- There was a new manager in place who was in the process of registering with the Care Quality Commission. The service had also employed a new night manager and a care manager. The provider told us that this was to give more management oversight and be effective as a management team.
- The provider told us that they had focussed on the concerns at the last inspection which meant that audits and checks in some areas had not been carried out. The audits we saw were carried out in July and did not have any follow up actions nor were they signed off by management to show that they had been checked and any actions completed.

We could see that some improvement had been made but this needed further work to monitor all areas. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager told us that they were in the process of introducing new audits to better manage and monitor key areas.
- Most care plans had improved and held good information on people living at the service. However, regular reviews had not been carried out and not all risks had been assessed.
- The provider had implemented a key worker system which meant more staff consistency for people using the service.
- Staff told us they felt supported and trusted the new manager. They felt positive about the service improving and worked well as a team.

Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider was open and honest regarding the improvements made and what they planned to implement in the future. This included engaging with people and their relatives and building good relationships.
- Relatives told us that there had been little information shared during the pandemic but they were hopeful they could resume meetings.
- We could see that there was a good relationship with visiting professionals. We could see in care plans where people had been referred to external healthcare professionals due to changing needs.
- The provider demonstrated their duty of candour when managing any complaints to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new manager was developing relationships with staff, relatives and people using the service. Staff felt positive about the change of leadership.
- People told us they felt involved in the service. They were given choice and control and were being involved in decisions regarding their care and support.
- Policies and procedures were in place to ensure people's equality characteristics were considered.