

## Choice Support

# Roy Kinnear House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Roy Kinnear House is a 'care home' that provides care and support for up to 6 people. All the people who live at the home have a learning disability. There were 5 people living there at the time of the inspection.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The home's environment provided a safe service, and people felt safe living at the home. The quality of service provided was regularly reviewed, and changes were made to improve people's care and support as required. This was in a way that was best suited to people. The home had established good working partnerships with healthcare professionals and within the local community that promoted people's participation and reduced their social isolation.

### Right Care

There were suitable numbers of well trained and appropriately recruited staff who supported people to live safely, whilst enjoying their lives. Any risks to people and staff were assessed, monitored and regularly reviewed. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded. Trained staff safely administered people's medicines.

### Right culture

The provider's culture was open, honest and positive with a leadership and management that was clearly identifiable and transparent. The provider had a clearly defined vision and values which staff understood and followed. Staff understood their responsibilities, who they were accountable and were happy to take responsibility and report any concerns they may have to the provider.

### Rating at last inspection

The last rating for this service was Good (published 7 March 2020).

### Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. 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 Roy Kinnear House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Roy Kinnear 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 carried out by one inspector.

#### Service and service type

Roy Kinnear House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 31 October 2022 and ended on 10 November 2022. The inspection visit took place on 2 November 2022.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke in person with the home's clinical nursing lead as the registered manager wasn't present. People couldn't use words to communicate verbally and did not comment on the service. We spoke with 5 relatives or advocates, 5 staff, and 3 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 2 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

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

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People couldn't use words to communicate verbally and did not comment on their safety. Their body language during our visit was relaxed and positive indicating that they felt safe. A relative told us, "A very safe brilliant service." Another relative said, "My daughter is safe and well cared for." A staff member told us, "This is a safe environment without a doubt."
- The staff had received training in how to identify signs of possible abuse and the appropriate action they should take if required. They were aware of how to raise a safeguarding alert. The provider's safeguarding procedure was made available to staff and they were required to confirm they had read it.
- Staff advised people about how to keep safe and if there were areas of individual concern regarding people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- People were enabled by staff, to take acceptable risks by following people's regularly reviewed and updated risk assessments. The risk assessments encompassed all aspects of people's health, daily living and social activities.
- The provider carried out general risk assessments that were regularly reviewed, updated and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that communicated distress. People had personal behavioural plans as required which staff followed. This was demonstrated by the way staff appropriately dealt with situations by patiently helping people to calm down when they were getting a little agitated and excited.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- The provider's staff recruitment process was thorough, and records demonstrated it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 months probationary period with reviews. The registered manager explained that this was part of the interview and recruitment process.
- There were enough staff to meet people's care and support needs flexibly. During our visit, staffing levels matched the rota and enabled people's needs to be met safely. One relative said, "There are enough staff, although there has been quite a high turnover particularly when the pandemic was on."

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training that was regularly refreshed.

#### Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We have access to PPE, use it and our ladies [people using the service] are safe."
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people regarding this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- There was a whistle-blowing procedure that staff told us they would be happy to use. The provider kept accident and incident records.
- Any safeguarding concerns, complaints, accidents and incidents and whistleblowing were reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.



# Is the service well-led?

## Our findings

### 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home and provider's culture were open, positive, inclusive, empowering, person-centred and achieved good outcomes for people.
- People couldn't use words to communicate verbally and did not comment on whether the service was well-led. Their positive, relaxed body language towards the clinical lead and staff demonstrated that the service was well-led and met people's social as well as health needs, although this could be improved with more activities external to the home. The home was working on extending the range of activities to people in the community. A relative said, "Very settled and well looked after." A staff member told us, "The [registered] manager is very approachable and supportive."
- Some relatives told us whilst the home was well-run the registered manager was not very visible, and communication could be improved. Others found communication was not an issue. A relative said, "The communication is not great and could be worked on." Another relative told us, "I exchange e-mails quite a lot with the [registered] manager and she is very forthcoming. I also visit a lot."
- Staff worked hard to make people's lives enjoyable and meet their needs. This reflected the organisation's vision and values. One relative commented, "The care staff provide is excellent in the case of my daughter." A staff member said, "The [registered] manager is prepared to help out on the floor and doesn't expect us to carry out tasks she wouldn't do herself."

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 understood their responsibilities of duty of candour and was open and honest with people when things went wrong.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology.

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

- The registered manager and staff were clear about and understood their roles, the quality assurance (QA) systems and there were clear lines of communication and boundaries in place.
- Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out professionally. This was reflected in the positive praise from relatives.

The QA systems contained indicators that identified how the service was performing, any areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.

- The provider, registered manager and staff carried out thorough audits, that were regularly reviewed and kept up to date. There was an internal audit that checked specific records and tasks were completed. These included support plans, finance, staff training, staff observations and health and safety. There was also a service development plan. This meant the service people received was focussed on them and efficient.
- The records kept showed that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. The home also provided hospital information passports for when people had to go into hospital. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and the public were engaged in partnership working.
- People, relatives and staff were listened to and people's wishes acted upon.
- As people couldn't use words to communicate verbally staff interpreted and were fully aware of what different gestures and noises people made meant. There was guidance recorded in people's care plans, as well as feedback that was incorporated in reviews.
- There were close links with healthcare services, such as speech and language therapists, physiotherapists, and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff ensured that people had access to local resources such as trips to the shops, the river Thames and going to the local parks.
- Relatives told us they visited regularly and had contact with the home. They were kept informed of what was going on at the home, updated and adjustments were made from the feedback they gave.
- The provider sent out surveys to people, relatives and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, and staff to learn from and improve the service.
- Some people and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. Feedback from other people using the service was taken by interpreting their positive or negative body language towards activities and staff.
- Audits identified any performance shortfalls and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.
- People, their relatives and staff told us they were given the opportunity to voice their views about the service. One relative said, "I do get a response, although sometimes it takes a while." A staff member said, "The [registered] manager listens."
- Throughout our visit the clinical lead and staff checked that people were happy and getting the care and support they needed within a friendly family environment.

- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, quarterly supervision and staff meetings that enabled them to have their say and contribute to improvements.