

HC-One Limited

Kesteven Grange







Inspection report

Kesteven Way
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Date of inspection visit: 11 and 12 August 2015
Date of publication: 20/10/2015

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

Kesteven Grange is a purpose build service situated within a residential area in North Hull. It is registered with the Care Quality Commission [CQC] to provide accommodation and personal care for 54 older people who may have dementia.

This inspection took place on 11 and 12 August 2015 and was unannounced. The service was last inspected in August 2013 and was found to be compliant with the regulations inspected at that time.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff understood they had a responsibility to protect people who used the service from harm and knew how to report any abuse they may witness or become aware of. They had received training in this subject and this was updated regularly. Staff were provided in enough numbers to ensure the needs of the people who used the

Summary of findings

service were met and they had been recruited safely. This ensured, as far as practicable, people who used the service were well cared for, their needs were met and they were not exposed to staff who had been barred from working with vulnerable people. The service was clean and there were no malodours. People's medicines were administered as prescribed by their GP and staff had received training in this subject. Systems were in place to ensure people's medicines were administered safely.

People were provided with a wholesome and varied diet which was of their choosing. Staff monitored people's dietary needs and involved health care professionals when required. Staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. Staff received support from the registered manager to gain further qualifications and experience. People were supported to make informed decisions and legislation was used to protect people's rights and choices where needed. People who used the service were supported to lead a healthy lifestyle and supported to access health care professionals when required, for example GPs and district nurses.

People had good relationships with staff who were kind and caring. Staff understood people's needs and how these should be met. People who used the service or their representatives were involved with the formulation of care plans. These described people's preferences for the care they required and how this should be delivered by the staff.

People who used the service could choose from a range of daily activities to participate in. Trips out into the community were also available. Staff had access to documentation which described the person and their preferences. People who used the service and their relatives knew they could raise concerns or complaints if they wished. These were investigated and the outcome shared with the complainant.

People lived in well led and inclusive service and the registered manager sought their views about how it was run. The registered manager undertook audits which ensured people lived in safe environment and their health and welfare was monitored and upheld. Staff were supported and encouraged to achieve excellence and systems were in place which identified short falls in the service and how these should be improved.

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.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Staff, who had been recruited safely, were provided in enough numbers to meet people's needs.

System were in place which made sure people lived in a well maintained, clean and safe environment.

Staff handled people's medicines safely and had received training.

Good



Is the service effective?

The service was effective.

People who used the service received a wholesome and nutritional diet which was of their choosing.

Staff received training which equipped them to meet the needs of the people who used the service.

People's rights were upheld and systems were in place to ensure people were supported with decision making when needed.

Staff supported people to lead a healthy lifestyle and they involved health care professionals when required.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were kind and caring.

Staff understood people's needs and how these should be met.

People or their representatives were involved in the formulation of care plans.

Good



Is the service responsive?

The service was responsive.

Activities were provided for people to choose from.

People received care which was tailored to meet their needs and was person centred.

A complaints procedure was in place which informed people and their relatives who they could complain to if they felt the need.

Good



Is the service well-led?

The service was well led.

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

Good



Summary of findings

The registered manager held meetings with the staff to gain their views about the service provided.	
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Kesteven Grange

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 registered 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 11 and 12 August 2015 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

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.

We spoke with seven people who used the service and three of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with the registered manager and five care staff.

We looked at six care files which belonged to people who used the service and other important documentation relating to people who used the service such as incident and accident records and six medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

A selection of documentation relating to the management and running of the service was looked at. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also made a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe, comments included, “I do feel safe, staff are here all the time”, “They always come if I need them, nothing’s too much trouble” and “The doors are locked at night and that makes me feel safe.” People we spoke with told us they felt there were enough staff on duty, comments included, “There are always plenty of staff about”, “They don’t mind helping you if you need them”, “I can always get help if I need it” and “The staff come straight away if press my buzzer.” People told us they received their medicines on time, comments included, “They come round and give me my tablets three times a day”, “I always get my tablets on time” and “They never miss my tablets.”

Visitors told us they felt their relatives were safe, comments included, “I think he’s safe they look after him very well”, “They always tell me if something’s wrong they keep me well informed” and “They are safe, you have wait to be let in and they check who you are.” Visitors thought there were enough staff on duty, comments included, “There always seems to be plenty of staff about, you don’t have to wait long if you need them” and “Nobody’s shouting out all the time, which makes me think there must be enough staff on duty.”

All staff we spoke with were able to describe the registered provider’s policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example, bruising and a change in mood. They were aware they could approach other agencies to report any abuse; this included the local authority and the CQC. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually. There was a record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team, they told us they had no concerns about the service and there were no outstanding safeguarding investigations on going at the time of the inspection.

Staff understood their responsibility to report any abuse they may witness and knew they would be protected by the registered provider’s whistleblowing policy. They told us they found the registered manager approachable and felt they could go to them and trusted them to undertake the appropriate investigation and keep people safe. We saw all

accidents and incidents had been recorded and action taken where needed, for example seeking medical attention following falls by either calling the emergency services or attending the local A&E department. The registered manager undertook an analysis of all the accidents and incidents which occurred at the service to establish any patterns or trends so working practises could be changed if required to keep people safe.

Staff told us they would not discriminate against anyone due to their age, race, religious beliefs or sexual orientation. They told us they had received training about this subject and records we looked at confirmed this.

The registered manager undertook risk assessments of the environment to ensure it was safe for the people who used the service. We saw emergency plans were in place to make sure the service continued to be delivered if anything should happen, for example, floods or breakdowns in essential services like water, gas or electricity. People’s care plans contained emergency evacuation plans which instructed staff in what to do in the event the person needed to be evacuated from the building. The evacuation plan took into account the needs of the person and their level of mobility and support they may need.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered manager told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels.

We looked at the recruitment files of recently recruited staff. We saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service [DBS], a job description and terms and conditions of employment.

We saw people’s medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacist. Controlled

Is the service safe?

medicines were recorded, stored and administered in line with current legislation and good practise guidelines. The supplying pharmacist undertook audits of the medicines system as did the registered provider. Records were kept of the temperature of the refrigeration storage facilities.

Is the service effective?

Our findings

People we spoke with were happy with the food they received, comments included, “It’s blooming marvellous!”, “You just can’t fault it” and “I get my favourite fish and chips!” They told us they felt the staff were well trained and could meet their needs, comments included, “They seem to do lots of training and they are very professional”, “They see me right, they are really kind” and “I think they are well trained, they look after me well.”

Visitors told us they felt the staff were well trained and could meet their relative’s needs, comments included, “They seem very well trained”, “They know what they are on about; they’ve taught me a lot about dementia and that helped me understand things a bit better” and “I think they are great they look after [relative’s name] brilliantly.” They told us they were happy with the food their relatives received, comments included, “It always smells good”, “He eats better than me he’s put weight on since coming in here” and “The food looks and smells delicious.”

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, this included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example dementia and how to support people who displayed behaviours which challenged the service. Induction training was provided for all new staff, their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal; we saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff’s annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager told us no one who currently used the service was subject to a DoLS. However they continually monitored those people who were living with dementia and were aware they capacity to make informed choices and decisions could change rapidly. People’s care plans contained evidence of their involvement with their care and giving consent to care and treatment where possible. Those people who needed support with providing consent or found making an informed decision difficult had been identified through a process of assessment and the person who acted on their behalf had been recorded.

The registered manager displayed a thorough understanding of the process of DoLS application and why this needed to be done. Other staff we spoke with also displayed a good understanding of the Mental Capacity Act [MCA] and the use of DoLS, we saw from records kept they had received training and this was ongoing. The registered manager was reminded of the need to notify the CQC of the outcomes of applications made for a DoLS.

People were provided with a wholesome and nutritional diet which was of their choosing. People’s care plans contained information about their likes and dislikes and any specialist diets they may require. The care plans detailed what support the person needed to maintain a healthy diet, for example, if they needed a pureed diet or support to eat their meals. The cook was knowledgeable about people’s diets and told us they asked people what they would like to eat for lunch daily but also offered a choice if they changed their minds. Staff monitored people’s fluid and food intake and made referrals to dieticians when required, this was recorded in people’s care plans. We observed the lunch time meal and saw this was a relaxed occasion with staff supporting people in a sensitive and discreet manner, for example, sitting next to people to assist them to eat their meals. Hot and cold drinks were offered to people through the day, fresh fruit was also offered.

During the inspection we spoke with a visiting district nurse who supports some of the people who used the service; they were complimentary about the staff’s knowledge and skills, they told us they felt the staff had the right approach

Is the service effective?

and followed their instructions well. Staff told us they monitored people's wellbeing on a daily basis and called the GP when they felt they needed to. People's care plans showed us staff made daily recordings of their wellbeing and took the appropriate action when required, for

example calling the person's GP if they felt unwell. The care plans contained information about the involvement of health care professionals and details of hospital appointments and the outcome of these.

Is the service caring?

Our findings

People we spoke with told us they felt the staff were kind and caring, comments included, “The girls are lovely, you can’t ask for better”, “I get excellent care they are so kind and caring” and “I can ask for anything nothing’s too much trouble.” They told us they were involved with their care plans and had attend reviews about their care, comments included, “I can see my care plan anytime, I know what’s in it and I’ve agreed it”, “We often have meetings and they ask me if I’m ok and is everything alright” and “I have reviews and my son comes, he likes to know what’s happening to me.”

Visitors told us the staff supported their relatives to be as independent as possible. They also told us they thought people received individualised care, comments included, “They treat him great, they are really good with him” and “She can’t get out of bed, but I know she gets what she wants.”

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using a lifting hoist staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and that they had understood what had been said. Staff described to us how they would maintain people’s dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said and they would allow people time to answer.

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people’s background and culture. This was also recorded in people’s care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who were living with dementia and had limited communication and understanding. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non- verbal, for example, smiling and nodding, to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering, laundry and domestic staff, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people’s preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people’s needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Staff had a good knowledge of the person’s past history and were able to engage with people about their previous jobs and where they used to live. This was seen to be enjoyed by the people who used the service and was done in a spontaneous way by the staff. Staff told us they enjoyed spending time with people and learning about them, they told us it gave them a better understanding about the person.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people’s input into these had been recorded. Those family members who we spoke with and who had an input into the care and welfare of their relatives told us they knew what was in their relative’s care plans and the registered manager kept them well informed about their relative’s welfare.

Is the service responsive?

Our findings

People we spoke with told us there was an extensive range of activities they could participate in, comments included, “There’s always something going on, you can sit quietly or join in, the choice is yours”, “I like the bingo and we go out to different places” and “There’s lots to choose from, I sometime like to just sit quietly though and they are fine with that.” People told us they knew they could complain if they wanted to and who they could complain to, comments included, “Yes I know I can complain if I want, but I never have any it’s lovely here”, “I see the boss she’s very approachable and gets things sorted” and “I would say if something was wrong, but there isn’t.”

Visitors told us they knew they could complain and who these should be directed to, comments included, “I would see [registered manager’s name] she’s very approachable”, “We always talk to [registered manager’s name] if we have any problems” and “I don’t have any concerns at all I know he’s well looked after.”

Care plans we looked at contained information about the person and their likes and dislikes, they also contained information about how the person’s needs were to be met by the staff. Assessments had been done by the placing authority prior to the person moving into the service to ensure their needs could be met by the service. From these assessments a care plan had been developed. The care plans were updated and reviewed regularly and changes made where required, for example, following a stay in hospital or deterioration in the person’s needs. Assessments had been undertaken about aspects of daily living which might pose a risk to people, for example poor mobility, tissue viability and behaviours which might put the person or others at risk. These instructed staff in what to monitor and what action to take to keep the person safe.

The service employed a full time activities co-ordinator. When we spoke with the activities co-ordinator they told us they planned activities for people to join in with on daily basis, this included, board games, reminiscence sessions,

exercise sessions or talking individually with people and looking at photographs. They told us they were provided with enough resources to make sure people were occupied during the day and could pursue individual hobbies and interests. They were aware of the importance of engaging with people who spent time in their rooms and had ensured they had been offered the opportunity to participate in activities as well. The activities co-ordinator was also aware of the importance of engaging with those people who lived with dementia and understood the need to provide them with activities which they could do and for the length of time they chose.

The activities coordinator told us they never forced anyone to participate in activities if they did not want to but always gave people the option. Activities undertaken with people were recorded on a daily basis in their care plans, these ranged from crafts to listening to their favourite music in their rooms. People were also supported to attend activities outside of the service.

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people’s needs, for example, another language. They told us they would read and explain the procedure to those people who had difficulty understanding it.

The registered manager told us they received very few official complaints, however, there was a system of recording these which included what the complaint was, how it was investigated and whether the complainant was satisfied with the investigation. Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the local authority and the Ombudsman.

Is the service well-led?

Our findings

People we spoke with told us they found the staff and the registered manager approachable and felt they were included with the running of the service, comments included, “We have regular meetings and take it in turns to be the residents representative, it was my turn last month”, “I can say if I think anything needs changing, [registered manager’s name] asks us all the time” and “The staff ask me if I’m alright and if there’s anything they can do differently.”

Visitors told us they were invited to meetings about the service and had completed surveys, comments included, “They ask me what I think about the home and I tell them it’s great, I can never think of anything to change really”, “We come to meetings and the manager tells us about things that are going to happen, like outings and the entertainment” and “We can have a say at the meeting or just see [registered manager’s name] if we want to.”

We saw audits had been undertaken in a range of areas on a regular basis. These included, people’s care plans, staff training, the environment, accidents and incidents, staff supervision and appraisals, infection control, health and safety, people’s nutritional wellbeing and dietary needs, and tissue viability. Action plans had been put in place to address any shortfall identified through the audits with timescales set to achieve these. Each audit subject had been undertaken on a monthly basis, for example a full medicines audit had been undertaken in August 2015.

The management team undertook a daily walk around the building to assess the safety and cleanliness of the environment. This identified areas which needed attention and repair.

Staff we spoke with told us they found the registered manager very approachable and supportive. They told us they could approach them for advice and guidance and

had confidence in them. The registered manager adopted an open door policy and we saw staff approaching them during the inspection to discuss people’s needs or the outcome of contact with health care professionals.

The management team held meetings with the various teams of staff who were employed at the service, for example, care staff, domestic staff and kitchen staff; we saw copies of the minutes of these meetings. The registered manager also had meetings with the whole staff group on a regular basis, which were also minuted.

Staff had clear job descriptions which detailed their accountability and role, staff we spoke with were aware they could approach the registered provider for advice and guidance. Staff told us they felt they worked as team and all supported each other and felt the management team lead by example, for instance, assisting when needed with caring tasks and meals.

The registered provider had systems in place which gained the views of the people who used the service, their relatives, staff and visiting health care professionals. This was mainly by the use of surveys, the results of which were collated and action plans devised to address any short falls.

The registered provider held meetings with the people who used the service and we saw minutes of these meetings; people’s relatives had also attended the meeting. Topics of discussion during the meetings were food, entertainment, staff practices and any concerns people may have. The registered provider had also recorded action taken as a result of concerns raised.

We saw equipment used to ensure people’s safety was serviced and maintained as per the manufactures’ recommendations and the maintenance personal kept detailed records of repairs and works carried out. Fire equipment was tested regularly and drills undertaken so staff knew what to do in the event of a fire.