

Kilburn Care Limited

Kilburn Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kilburn Care Centre is a care home providing personal and nursing care. Kilburn Care Centre is registered to accommodate 49 people. At the time of the inspection there were 20 people using the service. The service accommodates people in one building over two floors. The home is divided into two areas; the main nursing unit and a 10 bedded residential unit. The residential unit was not used due to refurbishment work. Both areas had separate adapted facilities with lounge and dining areas on each unit. A garden and enclosed patio were also available that people could access.

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

Processes were in place to ensure risks to people's health and safety were assessed and, on most occasions, actions were taken to mitigate the risks. Where we found areas for improvement in regard to mitigating risks, the provider responded to our feedback promptly.

The provider was in the process of mitigating environmental risks and there was an action plan in place on how to address these.

The provider's quality monitoring systems had improved since the last inspection, however these required further work to provide assurance.

Some areas of infection, prevention and control required improvement and we signposted the service for further support on this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Processes under the Mental Capacity Act and Deprivation of Liberty Safeguards had been followed to ensure people who may be deprived of their liberty were protected.

Staffing levels were sufficient, and staff were recruited safely. The provider had ongoing recruitment.

Staff had adequate training and support from the management team.

Opportunities for social and stimulating activities had been limited to when care staff were able to support these, but the provider was in the process of recruiting an activities co-ordinator.

People's representatives considered their relatives to be safe and well cared for. They spoke highly of the staff saying they treated their relative with kindness, respect and dignity.

People were supported to take their medicines and medicines were managed safely. People were supported to eat and drink safely and to have a choice in what they ate and drank.

We saw evidence of supporting people to maintain their independence and to make daily choices about their care.

Overall, people's representatives were kept informed about their relative's care and able to contribute in discussions about this.

There were processes in place for the management of concerns and complaints.

Managers were in contact with people and their relatives and this provided opportunities for feedback about the service to be given.

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

Rating at last inspection (and update)

This service was registered with us on 21 September 2020 and this was the first comprehensive inspection. We undertook a focused inspection which included the key questions of safe and well-led (published 24 April 2021). We rated the questions requires improvement and there were breaches of Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our responsive findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our responsive findings below

Good ●

Is the service caring?

The service was caring.

Details are in our responsive findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our responsive findings below

Requires Improvement ●

Kilburn Care Centre

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

Two inspectors completed a site visit and an Expert by Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kilburn Care Centre 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 service did not have a manager registered with the Care Quality Commission. There was an interim manager in place at the time of our inspection. This means that the provider is 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 our information we held about the service. This included information received from local health and social care organisations, a relative and statutory notifications. A statutory notification is

information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. We reviewed the last inspection report. The provider had not been required to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We gave the provider the opportunity to share information with us.

During the 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.

We spoke with the interim manager, regional director, agency nurse, cook, domestic staff and four care staff. We reviewed a range of records, included in part, seven people's care records. We looked at two staff files and two agency staff profiles in relation to recruitment, and a variety of records relating to the management of the service, including incident records and analysis.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records.

The Expert by Experience spoke with six relatives for their feedback about the service.



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 requires improvement.

At this inspection the rating of this key question has remained the same.

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 the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We found most care plans were detailed, however we identified three people who were at heightened risk of choking but had no care plan to mitigate the risks. Although staff knew how to reduce the risk we asked for the plans to be updated. The interim manager implemented new care plans immediately following our feedback.
- At this inspection we found most people's behavioural support plans had improved and provided detailed guidance to staff on how to support the management of people's behaviour. However, we identified one person who was described by the interim manager as presenting with behaviour that challenge who had no behaviour support plan in place. The interim manager implemented a new care plan immediately following our feedback.
- There was a current enforcement notice from the fire service in regard to fire safety. A recent fire inspection identified risks and the provider was given three months to address them. The provider completed an action plan on how and when those will be addressed.
- The interim manager implemented an incidents and accidents analysis tool. The provider evidenced a reduction in the number of incidents, for example falls, since the new tool was implemented.
- Personal emergency evacuation plans (PEEP) were updated and included information about what fire equipment was required.

Systems and processes to safeguard people from the risk of abuse

- There were arrangements in place for safeguarding concerns to be shared with the local authority's safeguarding teams and appropriate partner agencies. Safeguarding incidents were reported and acted upon appropriately.
- The relatives we spoke to raised no concerns about their loved ones' safety.
- Staff had received training in safeguarding and knew who to report concerns to. Staff were aware of the safeguarding policy. One staff member told us, "Safeguarding is about looking out for signs of abuse and neglect, assessing and making sure we raise any changes or concerns to the manager."

Staffing and recruitment

At our last inspection, staffing levels were not always sufficient to meet people's needs. This was a breach of regulation 18 (Staffing and recruitment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Safe recruitment processes were followed to ensure only staff suitable for their role were employed at the service. Where the provider used agency staff they had an Agency Staff Profiles in place. Agency Staff Profiles aim to evidence that appropriate checks of staff suitability have taken place.
- The provider used a dependency tool to work out what number of staff was required. The provider told us the staffing levels were based on the number and level of needs of people who use the service.
- Staff we spoke with told us that the staffing levels were sufficient and we saw people were attended to without delay.

Using medicines safely

- Medicines were managed safely. Procedures for ordering, storing and returning unused medicines followed best practice guidance.
- PRN protocols for medicines prescribed, 'as required' were completed appropriately.

Preventing and controlling infection

- We found the kitchen cleaning schedule was in place, but some cleaning tasks were not always completed or documented as required. This was identified in the interim manager's audit however was not yet fully addressed.
- We identified some hygiene concerns in the kitchen area, for example some food was not labelled correctly. The interim manager addressed this immediately.
- Overall, the home was clean and tidy, however we found some equipment, including two hoists were dirty. The interim manager addressed this right away.
- 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.
- The provider was not currently admitting people 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 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 effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last focused inspection this key question was not inspected. At this inspection this key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health and care needs were assessed and reviewed consistently. Care and support were delivered in line with legislation and evidence-based guidance. This included managing people's moving and handling needs, mobility and falls risks and nutritional risks.
- Referrals had taken place which included involvement by a speech and language therapist (SaLT) and an occupational therapist. Staff followed the instructions which had been given by these professionals.
- People were treated equally and not discriminated against. People were supported to make choices and in doing so staff were aware of people's protected characteristics and were aware of where they required support.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the training they needed to provide safe and effective care.
- We saw evidence of staff induction upon starting employment at the home.
- Staff felt supported by the interim manager. We saw records, and staff told us they had regular supervision sessions. The aim of supervision is to promote the wellbeing of adults and carers who are receiving support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with food which met their needs and were provided a choice of meals.
- We observed people who needed it were being supported to drink so that they remained hydrated. People were encouraged to join others in the dining room to encourage social interactions.
- People's weights were monitored and any concerns about these discussed with the GP.
- People were provided with a diet specific to their nutritional needs, for example textured altered foods and drinks to prevent choking and to aid swallowing. This was prepared in accordance with specialist advice. A relative told us, "The food standards are good and meals are home-cooked. The staff monitor [relative's] fluids well."

Adapting service, design, decoration to meet people's needs

- The environment required refurbishment in places, but it provided people with the facilities they needed, including a lounge on the ground floor where people watched television and socialised. People who walked with purpose had room to do this safely; on one level.
- People's preferences about how they like to spend their time were respected. For example, some people

preferred to stay in their bedrooms, and this was accommodated.

- The provider was still working towards creating a dementia-friendly environment. Whilst some aspects of a dementia friendly environment were in place, others required further work. For example, there were no landmarks to help people navigate their way around, both inside and outside.

Supporting people to live healthier lives, access healthcare services and support

- Management had weekly contact with a GP and were able to review people's health needs with that GP. Where a face to face review was required staff had ensured people had access to a GP visit or a visit by other healthcare professionals.
- Staff told us they would not hesitate to call for medical assistance if people needed it and provided examples of when this had happened.
- Where possible people were involved in decisions and reviews of their care.
- Relatives told us they felt involved in their loved ones' care. A relative told us, "I was involved in [relative'] care planning sessions."

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who lived with dementia had their mental capacity assessed in terms of the decision to live at the home. Steps had been taken to ensure appropriate applications for DoLS had been submitted. People who lacked the mental capacity were protected and empowered to make their own decisions about their care and treatment.
- Staff were trained and understood the relevant consent and decision-making requirements of legislation and guidance. One staff member told us, "If people cannot make decisions on their own or they need help, we support them in their best interests."
- The provider ensured people who lacked of mental capacity to make particular decisions had appropriate assessments completed and recorded. People's families and relevant professionals were consulted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last focused inspection this key question was not inspected. At this inspection this key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff treating people with dignity and compassion. Staff took their time to listen to people and offered encouragement when needed.
- A relative said, "They [staff] are kind and caring with [relative] and me. They treat us with dignity and respect. For example, they close doors when they bath or shower [relative] and they knock at the door before coming into the room when I'm visiting, and I have to leave the room when [relative] is being changed."
- Staff told us they knew people well. Staff were knowledgeable about people's personal histories, preferences and backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and in one person's case, staff were patient with the person who presented with behaviour that challenges.
- People's families were involved in making decisions about their loved one's care where appropriate, A relative told us, "They [staff] don't impose themselves on us; they always allow for our choices. The staff ask and inform rather than demand and dictate. They seek cooperation rather than a regimented system".

Respecting and promoting people's privacy, dignity and independence

- We observed bedroom and toilet doors to be kept closed during personal care delivery. One person needed a visit to the toilet and staff approached them in a quiet way, maintaining their dignity in front of others.
- One relative said, "[Relative] is kept clean. Independence is supported by helping [relative] around the service and [relative] chooses what to wear."
- People were supported to retain skills which promoted and helped to maintain their independence. This was seen in the encouragement people were given at lunchtime to attend the dining room and retain their walking and eating skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last focused inspection this key question was not inspected. At this inspection this key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's preferences and needs were acknowledged and understood by staff. Care plans and risk assessments had been reviewed however further work was required to ensure risk assessments mitigate all risks.
- We observed people being provided with choice, in what they wanted to eat or drink, where they wished to spend their time and with some other simple activities, such as watching the television.
- A relative told us, "Staff really care and take time to speak with my [relative]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood by staff. People were supported to access support to promote communication, for example, when needing spectacles or hearing aids. A relative told us, "[Relative's]' eyes were tested and they had new glasses supplied recently so [relative] is able to see much better now."
- We observed staff crouching down when they spoke with people to maintain eye contact with the person and support their focus and concentration. Staff spoke clearly and slowly through their face masks so they could be understood by people.
- Information could be provided for people in large print if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in a COVID safe way to maintain relationships with people who mattered to them. Relatives were able to visit and spend time with their loved ones. Support had been provided to keep contact by telephone when visiting to the service had been restricted.
- A relative told us, "The home arranged video calls during the lockdown as well."
- Staff provided some social activity support when they were able to, but this had been limited. The provider had identified this as an area of need, and they were currently recruiting a member of staff to take a lead on this.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. The interim manager informed us they had not received any complaints from relatives. They explained they were in frequent contact with relatives and if a they raised a concern or needed an explanation, this was addressed immediately.
- The interim manager confirmed that records would be kept of formal complaints or where feedback had been received which required investigation and a response and there was a complaints and concerns log in place.
- A relative told us, "There have been no complaints but I understand the complaints' procedure."

End of life care and support

- There were arrangements in place to support people at the end of their life, however the end of life care plans were not detailed and required further work. Following our feedback the deputy manager agreed to review the end of life care plans.
- Staff completed e-learning training on end of life care and knew what good end of life care looks like.
- Staff worked with GPs and other community-based healthcare professionals, to ensure people received the support they required at this time. End of life medicines were prescribed in case these were required.
- Arrangements were in place for relatives to visit and be with their loved ones in a COVID safe way at the end of their life.

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 required improvement. At this inspection this key question has now remained the same.

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; Continuous learning and improving care

At our last inspection, the systems and processes used to monitor the quality and safety of the service provided was ineffective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Requirement Notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- There was no registered manager in post when we inspected and we have not received an application which has been approved. The interim manager and regional director shared the management of the service.
- Monitoring of support plans and risk assessments had improved, however not all of the shortfalls in people's care plans were yet identified. For example, identified risks for people in relation to choking and behaviours which may challenge. We shared this feedback with the provider who agreed to focus on more thorough audits of the care plans and risk assessments.
- The provider had improved the monitoring processes and put a number of audits in place. As a result, we observed improvements, for example in managing medication and incidents recording. However, the positive changes were recent and needed to be fully embedded and sustained.
- Checks on health and safety and infection prevention control had improved. However, we found some areas of the home required more effective cleaning.
- Monitoring of staff competency, skills and training had improved. Staff told us they felt confident and better supported to meet people's needs since the changes in the management structure.
- There were some positive changes to the management structure. The interim manager, and care staff were clear about their roles and responsibilities and felt the tasks were delegated fairly.
- The provider was meeting their registration regulatory requirements in informing CQC of notifiable incidents as required by law to enable monitoring of the service.

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

- The provider had taken appropriate steps to promote a transparent culture. Staff were kept up to date with changes implemented by the provider.

- Overall, feedback from staff about the leadership of the service had improved since the changes to the management team. Positive comments were made about the interim manager. One staff member said, "[Interim manager] is brilliant. They are someone I can go and talk to if I need to. They have done very well since they have been here, they are very fair."
- The provider took actions to promote a positive staff culture. Staff were encouraged to speak up and the management employed an "open door policy". The purpose was to encourage open communication, feedback, and discussion about any matter of importance to staff.
- Staff were consulted about their views through regular staff and one- to-one meetings.
- Relatives did not share any concerns about management; however, some were not sure who the new manager was since the changes had taken place. One relative said, "The home is well managed and [interim manager] is approachable and listens."

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 duty of candour is a general duty to be open and transparent with people receiving care from the provider.
- Where incidents had occurred at the service, records showed us that the provider had informed people's relatives.

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

- Staff told us, and we saw a record of regular team meetings and one to one supervision. The staff we spoke to found the meetings helpful to discuss any changes and concerns.
- Provider gave the relatives opportunities to give feedback on the service . The relative's feedback was mostly positive which reflected the feedback we gathered during the inspection phone calls.

Working in partnership with others

- Staff worked in partnership with health and social professionals to provide people with the support they needed. For example, we saw evidence of liaising with dieticians, speech and language therapists, GPs and pharmacies.
- The interim manager shared appropriate information and assessments with other relevant agencies for the benefit of people who use the service.