

Southside Specialist Dementia Care Ltd

Karenza Care Home

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

About the service:

Karenza care home provides accommodation and personal care for a maximum of 8 people under the age of 65 and specialises in the care of people who may have dementia.

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

Risks to people's safety had been assessed and action was taken to reduce risks where possible. People were kept safe by staff who knew how to identify and report any concerns of abuse. There were sufficient numbers of staff to support people and medicines were managed in a safe way.

People and staff felt the service was well led. There were systems in place to monitor quality and people were given opportunity to feedback on the quality of the service. The provider was open and transparent where things had gone wrong and had been proactive in making improvements where needed. 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 good (published 18 June 2019).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person had absconded from the service.

The information CQC received about the incident indicated concerns around supervision and the security of the premises. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service remains good.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service remains good.

Details are in our Well-Led findings below.

Karenza Care Home

Detailed findings

Background to this inspection

The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

Inspection team: The inspection team comprised of one inspector.

Service and service type:

Karenza care home provides accommodation and personal care for a maximum of 8 people under the age of 65 and specialises in the care of people who may have dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 the local authority and professionals who work with the service. 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 two people who used the service about their experience of the care provided. We spoke with two members of staff, a visiting clinical lead professional, as well as the provider and the registered manager.

We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We made telephone calls and spoke with two relatives, the registered manager also sent us additional quality assurance documents.

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.

Assessing risk, safety monitoring and management

- Prior to the inspection, we received information from the local authority and the provider of an incident where a person had absconded from the service. The information provided raised concerns about the security of the environment and the level of supervision provided to residents by care staff.
- At this inspection, we found that the provider had taken appropriate action to assess and act on any identified risks.
- The person's care plan had been reviewed and appropriate changes had been made to ensure their safety. This included changes to sleeping arrangements and staffing levels.
- The provider had also made changes to the environment, this included installing sensors and close circuit television cameras to improve security.
- The provider took appropriate action with regard to the staff members involved in the incident. During the inspection we spoke to a visiting clinical lead professional, who told us, "They have made changes to [Name's] package of care, we will review how this is progressing in four weeks' time".
- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- The manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, informal observations were carried out daily and any changes are added to people's care plans.
- We saw that all potential risks were recorded and used to inform changes to people's care plans.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "I feel safe, the staff look after me".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse. One staff member told us, "If I observed or become aware someone was being abused I would inform the manager, police, safeguarding team and CQC".

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us, "Always staff around if I need them".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to

ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.

- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.
- The provider had an effective recruitment policy in place. Staff told us that before they started caring for people they provided references and Disclosure and Barring Service (DBS) checks were made. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "They give me my medicines on time".
- Staff had received training on how to manage and administer medicines and there was a dedicated medicine technician on every shift.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- There were safe systems in place to prevent and control infection. Staff had access to and were seen to wear personal protective equipment such as gloves and aprons where needed. The home was clean, tidy and free from odour.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained all accidents, incidents or 'near misses' were analysed.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.

Is the service well-led?

Our findings

Well-Led – this means 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

- People and their relatives spoke positively about the registered manager and told us the service was well led. The registered manager had a visible presence around the home and was seen to spend time with people. People were visibly familiar with her and comfortable in her company.
- Staff told us they were supported by the management team and that the service was well led. One staff member told us, "The manager is very supportive, you can go to her at any time".

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 registered manager understood their legal responsibility to be open and honest with people when things went wrong. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- The provider was displaying the rating from our last inspection in a prominent place for people to see.

Engaging and involving people using the service, the public and staff

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings, suggestion box/website feedback and informal discussion, and was used to develop service provision. A relative told us, "They do listen to any suggestions and always keep us involved. I've no issues whatsoever".

- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The manager had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided at the home, ensuring people's physical and health needs were promptly met.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.
- We saw the provider used feedback from people and staff to develop the service.

Working in partnership with others

- The registered manager had a communication network to help the service work in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.