

# Four Seasons (Bamford) Limited Kilburn Care Centre

## Inspection report

Dale Park Avenue  
Kilburn  
Belper  
Derbyshire  
DE56 0NR

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### 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 ●

# Summary of findings

## Overall summary

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

Kilburn Care Centre is registered to accommodate 49 people. At the time of our inspection 45 people were using the service. The service accommodates people in one building over two floors. The home is divided in to two areas; the main nursing unit and a 10 bedded residential unit. Both had separate adapted facilities with lounge and dining areas on each unit. A garden and enclosed patio were also available that people could access.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Our last comprehensive inspection was undertaken in November 2015 and the service was meeting the regulations that we checked and was rated as good.

The local authority advised us they were investigating concerns regarding the safety of two people using the service at the time of our inspection. We saw that the registered manager had worked with them and taken action to enhance the safety of these two people.

There was sufficient staff to support people and people told us they felt safe at the home. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff were supported by the management team and provided with the relevant training to ensure people's needs could be met.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Medicines were managed safely and people were given their medicine as and when needed. Thorough recruitment checks were done prior to employment to ensure the staff were suitable to support people.

Assessments that identified risks to people's health and safety were in place and care plans directed staff on how to minimise identified risks. Plans were in place to respond to emergencies; to ensure people were supported in accordance with their needs. Staff had the equipment needed to assist people safely and understood about people's individual risks. The provider checked that equipment was regularly serviced to ensure it was safe to use.

Staff gained people's verbal consent before supporting them and helped people to make their own decisions. Where people were unable to do this; decisions were made in people's best interests. People received food and drink that met their nutritional needs and preferences, and if required were referred to healthcare professionals to maintain their health and wellbeing.

People were supported to socialise and take part in activities to promote their wellbeing. People liked the staff and their dignity and privacy was respected by the staff team. Visitors were made welcome and staff were approachable and friendly.

Staff listened to people's views and people knew how to make a complaint or raise concerns. There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and they were involved in decisions related to the planning of their care. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

## 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.

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Risk assessments were in place and updated as needed to protect people from the risk of injury. People were supported to take their medicines in a safe way. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people. The systems to manage infection control and hygiene standards were effective. When improvements had been identified the provider had taken action to address these.

### Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and their rights were protected because they were supported to make decisions. People received a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who treated them with consideration and respect and promoted their rights to make choices. People's privacy and dignity were valued and respected and they were supported to be as independent as possible. People's right to maintain relationships with people that were important to them were respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were met and opportunities were provided to enable them to socialise through daily activities and social interaction. A complaints procedure was in place for people and their representatives and these were addressed in a timely way. People and their representatives contributed to the assessment and development of their care plans.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their representatives were consulted and involved in the development and improvements of the service. The provider and registered manager understood their responsibilities and had resources available to them; including partnership working with other agencies that ensured people's needs were met. Systems were in place to monitor the quality and safety of the service and drive improvement

# Kilburn Care Centre

## **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 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 comprehensive inspection took place on 16 May 2018 and was unannounced. The inspection visit was carried out by two inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider.

Some people due to their needs were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the care and support provided to people and how the staff interacted with them.

During the inspection, we spoke with six people that used the service, four people's relatives, the registered manager and deputy manager, who was also the nurse on shift on the day of our visit. We also spoke with one senior carer, two care staff and the activities leader.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel very safe here" Another person said, "I feel safe. It's better than being on your own. If I wasn't happy I'd tell them (staff). They'd sort it out. It's a good place." We saw that people had a good rapport with the staff that supported them. When people became anxious staff understood the support they needed to help them feel calm and safe.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "I would report any concerns straight to the manager, they would report to safeguarding and work with them to investigate it."

There were safeguarding procedures in place in line with the provider's processes and the registered manager had a good understanding of these and had made referrals to the local authority when needed. Information was displayed about safeguarding around the home for people and their visitors. This demonstrated the provider had an open and transparent approach to protecting people from abuse.

We saw that equipment was in place as reflected in care plans. For example where people were at risk of falls sensor mats were in place. Each person that required support to move using the hoist had been assessed and they were provided with their own slings. This ensured the sling they used was the correct size for them. Equipment was maintained and serviced as required to ensure it was safe for use.

Staff knew about people's individual risks and the equipment they needed to ensure they were supported safely. One relative told us, "I don't think the home could do any better. They bought [Name] this specialist chair, they were assessed first to make sure it was right for them." We saw staff supporting people to move using equipment and this was done in a safe way. Risks to people's health and wellbeing were assessed and staff had clear guidance within care plans on how to support people and we saw that this guidance was followed. For example, when one person became upset we saw that staff followed the person's care plan to support them in a safe way.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs.

We saw and people confirmed that staff were available to support them. One person said, "There is plenty of staff." Another person told us, "The staff are always nearby if I need them." We saw that staff were present within communal areas of the home throughout the day and spent time sitting chatting with people in-between supporting with care needs. Some people told us they preferred to stay in their bedrooms and confirmed that staff checked on them on a regular basis. One person told us, "I keep my door open, so I can see whose going past but the staff do have a chat with me when they go past and ask me if I'm alright. They are all very nice." The staff we spoke with all told us there was sufficient staff available to meet people's

needs.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People told us the staff supported them to manage their medicines safely and this was seen when we observed the support people received during the lunch time period. The staff spent time with people explaining what the medicine was for. Mental capacity assessments and best interest decisions were in place for people that were unable to consent to taking their prescribed medicine. Where people that lacked capacity refused their medicine, we saw that the correct procedures were followed to permit staff to give this medicine in food or drink. The assessment demonstrated why this was required and showed the people who had been consulted and agreed this was in the person's best interest.

When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

The home was kept clean and we saw that cleaning schedules were in place to support housekeeping staff in maintaining the home. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. The home had been rated a four star by the food standards agency in April 2018. This rating means the hygiene standards of the kitchen, at the time of inspection was considered 'good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained. The registered manager confirmed that since the food standards agency inspection further work had been undertaken and a request for a re inspection had been made. This demonstrated that the provider had taken action to improve the services provided to people.

Accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support. For example, at the time of the inspection the registered manager was working with the local authority regarding two incidents that had occurred at the home. This was because both incidents resulted in a person sustaining an injury. We saw that the registered manager had taken the required action to minimise the risk of further injuries to these two people. This demonstrated that lessons were learnt and improvements made to ensure good outcomes for people were maintained.



# Is the service effective?

## Our findings

People confirmed that they were happy with the support they received and felt the staff were well trained. One person told us, "The staff know what they are doing. I wouldn't be here if they didn't. A person's relative told us," The staff are very good with people." Another person's visitor told us, "I think the staff know [Name] really well and how to support them."

Staff told us they received the training they needed to support people. One member of staff said, "We get a lot of training. Some of it is on line and some classroom. I have had the dementia training which I found very useful. I learnt a lot." The registered manager confirmed that staff completed the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

The skill mix of staff ensured people were supported by a staff team that had the knowledge and skills to meet their needs. A nurse was available on each shift to provide clinical support to people with nursing needs. Two care home advanced practitioners (CHAP) were also employed. CHAP's were senior care staff that had completed a diploma in health and social care at level 3 and undertaken a 12 week specialist course. CHAPs were mentored by the nurses employed. Their role included assessing wounds, medicine management, attending multi-disciplinary meetings and undertaking audits. This level of training also supported CHAPs to apply for nurse training.

Staff confirmed they received supervision and appraisals. One member of staff told us "We get regular supervision. We discuss what we have been doing well and any areas we need to improve on or if there is something new we want to learn we discuss this." Another member of staff said, "There are opportunities for us to professionally develop if we want to, it's a good place to work."

People told us they enjoyed the food. One person said, "There is a choice at dinner of two meals. The food is excellent. At breakfast if you want you can have a full cooked breakfast." Another person said, "Can't complain about the food at all; there is plenty of it and alternatives if you want something different." Staff were aware of the need for people to have food and drinks at regular intervals and we saw that people were encouraged to drink throughout the day. Care plans included an assessment of people's nutritional requirements and their preferences. One person told us that they had a fridge in their room and said, "I keep salad cream, pickled onions and some cheese in it. The manager was fine about me having it." We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans.

People told us that they had access as required to health care professionals. One person said, "If I'm unwell the staff get the doctor out to me." One person's relative told us about their relative's poor health care when they first moved into the home and told us, "The nurses here have done wonders. Their legs have improved. I didn't think that would have happened but it has and they monitor them closely. I think that was the problem when they lived at home, as the district nurses weren't able to monitor them as closely as the

nurses here can. It has made all the difference." People's representatives confirmed they were kept informed of any changes in health or other matters. One person's visitor told us, "I visit quite a bit but if there are any health concerns the staff always ring me which I am pleased about; as I want to know straight away. They don't wait for me to come in." The registered manager and staff team worked well with healthcare professionals to ensure people's health care needs were met. People's health care needs were monitored and we saw that referrals were made to the appropriate health care professionals when needed.

People were protected under the Equality Act. This was because the barriers that people faced because of their disability had been removed to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support and accessible facilities, to enable people to move around the home independently.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision. For example, the support the person needed to ensure their personal care needs were met. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions in their daily lives and we saw this was done. For example people were asked before support was provided and choices were offered at meal times and other periods of the day linked to daily life choices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. We saw that one person had a DoLS which had been authorised. Staff we spoke to were clear about this and understood their responsibilities regarding the support this person needed to keep safe. Applications had been made for 38 people and whilst awaiting the outcome for these people we saw they were supported in their best interests to ensure their safety was maintained. Discussions with staff demonstrated they had an understanding of the Act and DoLS and they told us they had received training. One member of staff told us, "We have training about the mental capacity act. Some people have fluctuating capacity. One person is much better in the morning when it comes to making decisions; so that's the best time to ask them about things." Where people had capacity to make decisions staff understood their responsibilities for supporting them to make their own decisions and we saw this was done.

# Is the service caring?

## Our findings

People told us they were treated with consideration and respect by the staff team. One person said, "The staff are lovely I get along with them all." Another person said, "The staff are friendly and respectful to me."

Staff knew people well and had a good knowledge about the things that were important to them. For example, staff knew how people liked to spend their time. One member of staff told us, "[Name] will stay in their room and loves watching western movies. They come and join everyone for meals but they like their own space. We do check they are ok throughout the day and we let them know when there are activities or entertainers but they usually decline. At the end of the day it's their choice and we respect that."

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. People and their representatives, such as family members confirmed they were involved in these. One relative told us, "I am involved in reviews and in between if there are any changes the manager lets me know." Staff understood about respecting people's rights and supported them to follow their faith. For example, one person received regular communion from their priest and several people participated in a service at the home that included hymns.

We saw communication plans were in place to guide staff on how to communicate with people at a level and pace they understood. Information within communication plans included details regarding people's vision, hearing and any aids they used.

We saw staff respected people's dignity and privacy. One person told us, "The staff knock before they come in my room. I don't ask them to, they just do it." We saw that when people were supported to move using equipment or cared for in bed, the staff helped them to maintain their dignity by ensuring they were appropriately covered.

The registered manager confirmed that people were supported to make decisions using independent advocates when needed. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. At the time of the inspection one person was supported by an independent mental capacity advocate.

People were supported to be as independent as they could be. For example one person went out every day to the local shop to fetch their newspaper. A domestic style kitchen was available in the residential unit for people to access as they wished. One person that used the service told us they supported the staff with the washing up after meals. Other people also used this kitchen to make their own drinks. This demonstrated that staff encouraged people to maintain the skills they had.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person went out every day to visit their relatives. Another person told us, "Relatives can come when they want." A relative said, "I visit quite a lot and the staff are all lovely. I am always offered a

drink and they stop and chat with me; it's my second home."

## Is the service responsive?

### Our findings

We saw that information gathered prior to the person moving to the home, was used to develop people's care plans and identify their needs, preferences and interests. This information included the person's support needs, their health and emotional well-being. This was done in consultation with people's families where possible, to gather a picture of the person's life and what was important to them. Additional information was provided in a document called 'living my choices'. This provided detailed information about the person's life and was enhanced with photographs of the person at different periods in their life; such as holiday photographs, family and special occasions. This enabled the staff to understand people's lives before moving to the home and provide individualised support.

Opportunities were provided for people to participate in recreational activities. For example, on the day of our inspection a singer visited and entertained the majority of people living at the home. We saw that this was enjoyed as people requested an encore at the end. The activities coordinator had a schedule of activities on display for the week. Activities varied from music to games to reminiscence and individual chats. We saw the activities leader spent time on a one to one basis with people, some people participated in table top games and others sat chatting, a group of people participated in a game of bingo. Where people were unable to participate in games or discussions; due to their level of dementia, they were supported to experience sensory stimulation. For example, realistic soft cat and dog pets were used for people to stroke and we saw that people enjoyed this.

The home had been decorated in preparation for the Royal Wedding with union Jacks and photographs to celebrate the event. One person told us, "We are having a party tomorrow to celebrate the Royal Wedding. I'm really looking forward to it and watching the wedding on the television."

We discussed the Accessible Information Standard (AIS) with the registered manager. The AIS was introduced by the government in 2016 to make sure that people with a disability of sensory loss are given information in a way they can understand. We saw that signage was provided on bathrooms and toilets to assist people and an activities board was on display. Photographs were provided within the 'living my choices' document. The registered manager told us they had ordered pictorial menus to support people in making choices and confirmed that a pictorial complaints procedure was available to people if needed. We discussed additional information that may support people such as orientation boards that would support people to remember the time, day, date, month and weather conditions. The registered manager agreed that this would benefit some people and agreed to put these in place.

People and their relatives confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. One relative told us, "The manager is lovely. If anything was bothering me I would tell her. I am sure she would sort it out." The staff confirmed that if anyone raised any concerns with them they would inform the registered manager. A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these had been addressed in a timely way..

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail.

# Is the service well-led?

## Our findings

People and their relatives were clear who the registered manager was and confirmed that they could speak to them when they needed to. One person said, "The manager comes and has a chat with me and asks me how I am." One visitor told us, "The manager is always around and always makes me feel very welcome, as do all the staff."

The registered manager demonstrated a good standard of leadership and staff confirmed they felt supported by them. A team of support was in place for the registered manager; this included the deputy manager, nursing staff, CHAPs, senior care staff, care staff, catering and housekeeping staff and maintenance support. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service. One member of staff said, "I would definitely recommend working here; it is a nice place to work." Another member of staff told us, "There is really good team work; everyone works well together and the support from the management team is very good. There is an on call system in place as well and there is always someone available if we need them."

People's right to confidentiality was protected. All personal records were kept securely at the home. We saw our latest rating of the service was displayed at the home and on the provider's website, as required.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One member of staff told us, "We have covered whistleblowing in our training. If I had any concerns I would report them."

The views of the people living at the home were sought on a regular basis through reviews of care and satisfaction surveys. We saw that an iPad was available in the home for visitors to leave their comments and suggestions as they wished. The registered manager told us that meetings with people and their relatives had not been successful due to poor attendance. A newsletter had been produced to inform people and their representatives of future events. We saw that a variety of activities and trips out were planned along with staff news, welcoming new people that had come to live at the home and Birthday congratulations.

People were supported to access and develop links. One person told us, "We went out yesterday to a school and had tea and cakes and chatted to the children and one of the carers is taking me out tomorrow." The activities leader told us a local toddler group was coming into the home to do their exercises and said, "I think everyone will love watching them."

The provider and registered manager conducted regular audits to check that people received good quality care. This included audits on medicine management, infection control and health and safety. Other audits monitored people's weights and accidents and incidents and complaints to enable the manager to look for any patterns or trends and take the appropriate action. The registered manager had identified that not all

incidents had been recorded by staff and they were taking action to address this with the staff team.

The provider and registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken.

The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals.