

ADR Care Homes Limited

Keneydon House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Keneydon House is a care home, providing personal care and accommodation for up to 21 older people, some of whom live with dementia. At the time of the inspection, 17 people were living at the service.

The service is in one adapted building. People shared communal areas such as lounges, dining room and a garden.

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

The provider had systems in place to help ensure the service met people's needs and kept them safe. However, we identified shortfalls in relation to guidance for staff giving medicines prescribed to be given 'when required', and records relating to the administration of prescribed creams. The registered manager took immediate action to reduce the risk of harm occurring.

People felt safe and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. The provider had assessed risks and taken action to reduce risk where possible. Staff had the time to ensure they met people's needs safely, and in a way that suited them. The home was clean, and staff had access to sufficient personal protective equipment (PPE).

We received positive feedback about the service people received and the way it was managed. The registered manager was approachable, supportive, and sought people's views about the service. People made positive comments about the staff. During our inspection we saw friendly interactions between staff and the people using the service. This included laughter and banter where appropriate. Staff supported people to maintain contact with people important to them via visits, video calls, and telephone calls.

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 requires improvement (published 30 December 2020)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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

inspect.

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 safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Keneydon House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Keneydon House 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 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 used information gathered as part of monitoring activity that took place on 10 November 2021 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with two people who receive the service and five staff. These included a care worker, a senior care

worker, a laundry assistant, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from the local authority and a healthcare professional.

We reviewed a range of records. These included sampling three people's care records and two staff files in relation to recruitment checks. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. 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.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. However, where people were prescribed medicines to be given 'when required', guidance was not always in place for staff to follow. Following our inspection, the registered manager put this guidance in place.
- Staff had not signed to show they had administered any prescribed creams on the day before, or the morning of, our inspection. Staff assured us the medication had been administered. They explained the relevant records for staff to complete had not been put in place because of unexpected staffing pressures over the weekend. The registered manager assured us the relevant forms were made available to staff that day. We saw the previous months' records had been completed.
- People were satisfied with the way they received their medicines. One person told us, "They come and give me my pills. They always remember."
- People had medicines plans in place which detailed how they preferred to take their medicines and the support they required from staff.
- Staff had completed medicines management training and had their competency assessed by senior staff to ensure they followed good practice.

Staffing and recruitment

- The registered manager had completed appropriate recruitment checks prior to care workers working at the service. Information obtained included references and a criminal record check.
- The registered manager regularly reviewed staffing levels to ensure that they were appropriate to meet peoples assessed needs.
- People and staff told us there were enough staff to meet people's needs. People said staff always responded when they called or used their call bell alarm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff when receiving care.
- Staff had received safeguarding training. They were confident about how to report any concerns to the registered manager, and externally to other organisations, such as the local authority. Staff were confident the registered manager would take any concerns seriously.

Assessing risk, safety monitoring and management

- People told us that staff were confident when providing care and using equipment. One person told us, "I can't walk, but [staff] know how to help me."

- The provider identified risks to people's health, safety, and welfare, and took action to reduce the risk. For example, where staff supported people to move.
- Each person had a Personal Emergency Evacuation Plan (PEEP). Staff knew how to safely support people in an emergency, such as a fire.
- People's risks were reviewed monthly and updated when things changed. This meant staff always had guidance on how to meet people's current needs.

Preventing and controlling infection

- 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.
- We were assured that the provider was admitting people safely 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 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.
- The provider supported visiting and remained up to date with current government guidance. They people to receive visitors and maintain contact with people important to them..

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The registered manager acknowledged and responded appropriately when things went wrong. They put action plans in place to bring about improvement and discussed any lessons learnt with staff.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 made positive comments about the way staff treated them. One person said, "[Staff] look after you here."
- People's care plans gave staff guidance on how each person preferred their needs to be met. People's care plans were up to date and accurate. Staff said the registered manager updated people's care plans if people's needs changed.

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.

- Staff took the time to communicate with people in a way they understood.
- The nominated individual told us that key documents were available in alternative formats on request. For example, they had produced a video to explain the complaints procedure.

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

- The registered manager and staff supported people to maintain relationships that were important to them. Through the COVID-19 pandemic they had implemented a booking system to receive visitors in the home and garden. People could also use video and telephone calls.
- Staff took time to chat and engage with people about things that interested them. A staff member told us the registered manager encouraged them to sit and talk with people. They said, "We can spend time with people and do what they want to do."

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and were confident any concerns or complaints would be dealt with.
- The service had received one complaint in the last 12 months. The registered manager had taken appropriate action and communicated the outcome to the complainant.

End of life care and support

- The service did not provide specialist end of life care but did continue to care for people at the end of their life as the need arose. They did this with support from external health professionals, such as district nurses, following any guidance they put in place. This helped ensure people's needs were met at the end of their

lives.

- Where people agreed, they had end of life care plans that informed staff of their wishes. This helped staff understand people's wishes and how to provide this.
- Two people's relatives had praised the end of life care their family members had received. One relative wrote, "The staff were professional, accommodating, caring, and kind. When my [family member] was reaching the end of their life staff were sensitive and professional making sure they were comfortable and pain-free. They kept us informed and supported us along the way."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider had systems in place that helped ensure staff delivered a service that met people's needs and kept them safe.
- We received positive comments about the registered manager and staff. People described staff as, "Nice," and, "Kind." A relative wrote, "Since the current manager took over changes are now being implemented in a very positive way."
- Staff were clear about their roles and the registered manager provided good leadership to the team. Staff were well supported and held to account for their performance when required. There was effective communication in place to ensure staff were kept up to date with any changes in the service provided.
- The registered manager had notified us of all relevant events in an appropriate timeframe.

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

- The registered manager and staff were committed to providing a person-centred service. This was reflected in the positive comments we received about the service.
- Staff were proud to work for the service. One staff member told us they would be happy for their family to be cared for by the service because, "I know [my family member] would have been treated well [and] got the love and attention [they] would have needed."
- The registered manager led by example to create a positive and caring culture. Staff felt very well supported and made positive comments about them. Staff told us the registered manager was approachable and always available for advice and support.
- People's records were well organised and stored securely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's, and their relative's, views on the service were sought formally in surveys, as well as more informally during day to day contact. The survey responses were overall positive, and the registered manager followed up on suggested improvements.
- Staff had opportunities to discuss their views on the service formally through supervision and meetings, and informally on a day to day basis. Staff felt valued, very well supported and able to voice their opinions.

Working in partnership with others

- The registered manager and staff worked in partnership with external care professionals to ensure that people received joined up care. One healthcare professional told us the registered manager was responsive and quick in implementing changes and acted as a role model for the staff team.