

Mr & Mrs K A Ackrill

Kelso Nursing Home

Inspection report

10 Clifton Road
Southbourne
Bournemouth
Dorset
BH6 3PA

Tel: 01202432655

Date of inspection visit:
13 May 2021

Date of publication:
03 June 2021

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

Kelso Nursing Home is a residential care home providing personal and nursing care to eight older people at the time of the inspection. The service can support up to 12 people. Accommodation is provided over two floors with a passenger lift providing access to the first floor. Meal and laundry services are provided on site. Shared facilities include a specialist bathroom, lounge area and level accessed secure garden.

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

People received safe care by a consistent staff team that knew people well and understood the actions needed to mitigate risk and reduce avoidable harm. People had their risks regularly assessed, monitored and reviewed including falls, skin integrity and malnutrition. Staff had completed safeguarding training and understood how to recognise and report abuse or poor practice. Infection, prevention and control practices were in line with the latest government guidance. Medicines were administered safely by trained staff.

Leadership was visible and promoted person centred care. Staff spoke positively about the service, felt appreciated and able to share views. Staff had a clear understanding of their roles and worked effectively as a team. Although social restrictions had been in place due to COVID-19 families remained involved in the service through video, telephone and email contact. Visiting had resumed in line with the latest government guidance. Quality assurance processes were in place, including audits for wound care and competency checks for hand washing. The registered manager utilised external professional organisations, such as the National Institute of Clinical Excellence, to keep up to date with best practice.

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

The last rating for this service was Good (published 5 January 2018). As part of CQC's response to the coronavirus pandemic we carried out a targeted, but not rated, inspection on 23 March 2021, to look at infection, prevention and control measures the provider had in place. We found a breach of regulation. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained good. This is based on the findings at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kelso Nursing 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 (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

The inspection was carried out by one inspector.

Service and service type

Kelso 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.

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 local clinical commissioning group. 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.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, nurses, health care assistants and the cook.

We reviewed a range of records. This included four people's care records and a range of medication records. We looked at a range of records relation to training, supervision, and the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessment templates and requested an update on planned safety works.

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 comprehensive 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.

We carried out a targeted inspection, which was not rated, on 23 March 2021, as part of CQC's response to the coronavirus pandemic looking at infection control and prevention measures the provider had in place. We found the risks of infection were not properly assessed, and aspects of infection control were not safely managed. 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe; I like the staff". Another told us, "The staff are kind and good".
- People were supported by staff who knew them well, understood how to recognise abuse and actions needed if abuse was suspected. Records showed us that staff had completed safeguarding training and had their competencies checked.
- Posters were on display providing safeguarding information and contact details of external organisations people could speak with if they had concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored and regularly reviewed. Staff understood the actions needed to reduce the risk of avoidable harm. One person had a specialist air mattress to help protect their

skin from pressure damage. The mattress had been set correctly for the persons weight.

- One person had a high risk of falls and had access to a staircase. The registered manager explained that an additional member of staff, working alongside family, were providing one to one support to ensure the person's safety. Alterations to make the staircase less accessible were being explored in line with fire safety regulations.
- People had been involved in decisions about how risk was managed and had their views respected. Records showed decisions included the use of bed rails to avoid the risk of the person falling from bed.
- Staff had completed fire training, equipment was regularly tested, and people had up to date personal emergency evacuation plans in place.

Staffing and recruitment

- People were supported by enough staff with the right skill mix to meet their assessed care needs. One person told us, "Most of the time staff will come quickly if I need them. I walk with a zimmer and the staff practice with me daily". A staff member told us, "I feel there's enough staff and if not, staff will always come in and offer an extra pair of hands".
- No new staff had been recruited since our last inspection which had reported that staff were recruited safely. The registered manager explained that the recruitment process would include criminal record checks, references and employment history.

Using medicines safely

- People had their medicines ordered, stored, administered and disposed of safely. Medicine records included known allergies. Two medicine records did not have photographs included in line with best practice guidance. The nurse told us they would get them put in place as soon as possible.
- Some medicines had been prescribed for as and when required. Protocols were in place for these medicines providing details on how often they should be administered ensuring consistent, appropriate, safe practice.
- When people had been prescribed topical creams a body chart had been completed ensuring creams were applied to the correct areas.
- Staff understood the actions needed if a medicine near miss or error occurred. A nurse explained, "We have a reporting form for errors, also we would immediately contact the manager, GP, pharmacy if necessary and family".

Learning lessons when things go wrong

- Processes were in place to enable learning and improve outcomes for people. This included seeking specialist guidance when needed, such as from a Parkinson's nurse or a swallowing assessment from a speech and language therapist.
- Accidents and incidents were reviewed by the registered manager and actions taken had included using technology such as alarm mats, which alerted staff to the person mobilising, to reduce risks to people.
- Learning was shared with staff at daily handovers and supervisions.

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 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, their families and staff all spoke positively about the friendly, open culture of the home. A member of staff told us, "I can discuss things with the nurses; if I think something can be done a better or another way I can raise it. I feel listened to". Another said, "When we have a coffee break we discuss things that we've noticed. You can say what you feel".
- We observed visible leadership, focused on providing person centred care to people. A staff member told us, "Residents are like family, and like family we sit and chat. I love it; it's a nice place to work". Another said, "We're a small team so work alongside the trained staff".

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Staff were confident in their roles, clear about their level of decision making and worked effectively as a team. A member of staff told us, "I feel relaxed; we are all a team. The nurses give us a handover every shift".
- A business continuity plan was in place that covered areas such as staffing, food, utilities and debriefing arrangements in the case of an unforeseen emergency.
- A range of audits were completed by the management team ensuring practice met good quality standards. These included hand washing competency checks, wound care and medicines.

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

- Opportunities to meet with families had been limited due to COVID-19 restrictions. Families told us they had remained involved through telephone calls, emails and video chats. One relative told us, "(Registered

manager) has kept us up to date, we always get at least a monthly email update". Another said, "Communication has remained stable; we have kept in touch by telephone".

- Staff told us they had opportunities to be involved through regular supervision and handover meetings.

Working in partnership with others

- The manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included nationally recognised organisations such as the National Institute for Clinical Excellence and Skills for Care.
- National and local organisations had been accessed to keep up to date with changes to practise including Public Health England and Partners in Care.