

Advent Estates Limited

Kilsby House Residential Home

Inspection report

Rugby Road
Kilsby
Rugby
Warwickshire
CV23 8XX

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18 March 2019

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Tel: 01788822276

Website: www.kilsbyhouse.net

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

About the service: Kilsby House Residential Home is a care home that provides personal care without nursing care for up to 39 older people. At the time of the inspection 29 people were using the service.

People's experience of using this service:

- People told us they felt safe at the service and supported by staff who were trained in safeguarding procedures.
- Effective safeguarding systems and policies in place.
- Potential risks to people's health and welfare were assessed, effectively monitored.
- Safe staff recruitment practices were followed. Staffing arrangements were sufficient to meet the needs of people using the service.
- Medicines were safely managed.
- Staff received appropriate training and effective supervision to perform their roles.
- Mental capacity assessments were completed, and any best interests' decisions were made with the involvement of people's representatives and relevant health care professionals.
- A variety of nutritious meals were provided, and people were supported to eat, and drink sufficient amounts.
- People's care was personalised to meet their individual needs. Their diversity, cultural and religious needs were promoted and respected.
- People's privacy and dignity was maintained.
- Positive caring relationships had been developed between people and the staff team.
- People and their relatives were involved in all aspects of care planning where appropriate.
- People's end of life wishes were respected.
- People had opportunities to take part in meaningful activities that were of interest to them.
- The provider operated an open and transparent culture.
- People, relatives and staff were encouraged to 'speak up' if they had any concerns.
- Systems were in place for people to raise any concerns or complaints.
- Independent advocacy support was available, if required.
- Systems were in place for people, their relatives and staff to provide feedback and influence service development.
- Robust quality monitoring systems and processes were followed. Action was taken where any areas for improvement were identified and lessons learnt from incidents was shared with the staff.
- The provider, registered manager and staff team worked well with professionals and external organisations and they effectively used good practice guidance to enhance people's quality of life.

Rating at last inspection: Good (report published 14 March 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service

remains rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC 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 effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring 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 well-led.
Details are in our Well-Led findings below.

Good ●

Kilsby House Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Inspection team: The inspection was carried out by one inspector and an expert by experience. 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: Kilsby House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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: The inspection was unannounced and took place on the 18 March 2019.

What we did: Prior to the inspection we reviewed information we held about the service. This included information we received from the provider in the Provider Information Return (PIR). This is information we ask providers to send us at least once annually, and gives us key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications the provider had sent us. A notification is information about important events at the service, which the provider is statutorily required to send us by law. We contacted commissioners involved in people's care and Healthwatch, (Healthwatch is an independent champion for people who use

social care services). We used the feedback we received to plan our inspection.

During the inspection, we spoke with three people using the service, seven relatives and two visiting health care professionals. We spoke with four care staff, one senior carer, the cook, deputy manager and the registered manager.

We reviewed the care records of four people using the service and other associated care and medicines records. We looked at four staff recruitment files, supervision and training information and management records. These included the providers audits of safeguarding, complaints, accidents and incidents and feedback from people using the service and relatives.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The people and relatives we spoke with said they felt safe at Kilsby House Residential Home. A relative said, "I feel very confident that [person] is in very good hands here." Another relative said, "I absolutely believe [person] is very safe living here, they need 24 hour care and is very well looked after, the staff are very attentive, I am fully satisfied."
- Staff had received safeguarding training and knew how to raise any safeguarding concerns. One staff member said, "I am absolutely confident that if there were any concerns about any person being subject to abuse [the registered manager] would take immediate action to protect the person."
- All staff we spoke with demonstrated they knew the 'whistleblowing' procedures to follow if they believed people were not being protected under the safeguarding procedures. A member of staff said, we have the telephone numbers and to report any concerns outside of the company."
- Records showed safeguarding concerns brought to the attention of the registered manager had been reported to relevant authorities, and investigations had taken place as required.

Assessing risk, safety monitoring and management:

- Individual risks to people were identified, safely managed and regularly reviewed. For example, risks of falls, mobility, behaviours which may challenge and environmental risks.
- People's care plans identified the individual risks and clear guidance was available for staff to follow on managing the risks. For example, repositioning people to prevent skin damage. A visitor said, "I am extremely pleased with the level of care [person] receives. They are fully cared for in bed now, the staff change their position every two hours, their skin is perfect. This shows the care and attention the staff give."
- The fire procedure was available for people using the service, visitors and staff to follow. Each person had a personal emergency evacuation plan in place, to support the evacuation of people in the event of an emergency.
- Regular safety checks took place to ensure the premises and equipment were safe.

Staffing and recruitment:

- Safe staff recruitment procedures were followed. The provider used a recruitment agency to check potential candidates from overseas. The recruitment files we viewed contained evidence of the agency obtaining documents to verify the staff members identity, clearance through the Disclosure and Barring Service (DBS), and references from previous employers before new staff started working at the service.
- There were enough staff deployed to meet people's needs, and staff confirmed they had sufficient time to provide good quality care. Staff absences were appropriately managed to maintain continuity of care.

Using medicines safely:

- Staff were trained in medicines management and had their competency to administer medicines assessed before they were able to administer medicines to people using the service.
- Protocols were in place for medicines administered as required such as pain relief.
- We saw that medicines were stored correctly and that routine checks took place to check the medicines administration and storage procedures were consistently followed and any issues found were promptly addressed.

Preventing and controlling infection:

- The service has systems in place to manage the control and prevention of infection.
- Staff completed training on infection control and food hygiene and they were provided with personal protective equipment (PPE).
- A red bag system was used for soiled items to reduce the risks of cross contamination.
- Relatives told us they felt the premises were cleaned to a good standard.

Learning lessons when things go wrong:

- Staff knew how to report accidents and incidents. Following incidents, the registered manager and provider examined the incident reports for any trends, with the aim of identifying any cause to reduce the risks of repeat incidents.

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.

Good: 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 needs were assessed, and the information formed the basis of the individualised care plans in place.
- People's preferences, cultural, religious beliefs, and lifestyle choices were discussed with them, or where this was not possible, with their close relatives. The information was included in the care plans to help staff get to know each person and things that mattered to them.
- People's communication needs, and understanding was documented and understood by staff, so they knew the level of support and encouragement people needed.

Staff support: induction, training, skills and experience:

- Staff received comprehensive training for their role and relevant to meeting the needs of people using the service. One relative said, "I really do think the staff know what they are doing, they seem to be very skilled and well trained." Two visiting healthcare professionals confirmed the staff had the necessary knowledge, skills and experience to provide effective care.
- The staff training records confirmed staff received regular refresher training to keep updated with current good practice.
- Staff meetings and supervisions took place regularly where staff could discuss their work.
- The staff were keen to take up training opportunities. Many of the visitors remarked how skilled the staff were at meeting people's needs. One visitor said, "They [staff] always act professionally, they are very patient, and always polite."

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

- People told us they had a choice of home cooked food and their individual preferences were met. A relative said, "There is always a choice, [person] is 'old school' and will go for something like sausages and mash rather than curries." Another relative said, "I am very impressed. They are very well fed. The food looks very nice and freshly cooked."
- Staff were knowledgeable of people's food and drink preferences and supported people to eat healthily. A relative said, "[person] needs their meal liquidised, they eat their meals very well and that's what keeps them going. Three years ago, the doctors had given up on them, but they are still here."
- The menus were provided for people in a pictorial format.
- We observed people receiving the lunchtime meal, the atmosphere in the dining room was calm and relaxed. Staff sensitively provided support to people that required assistance to eat and drink. A relative said, "The staff find ways of doing things, for example when [person] was not eating, the staff encouraged them to sit at the dining table with other people who were eating. It was a very effective strategy and they started eating again."

Staff working with other agencies to provide consistent, effective, timely care:

- People received advice and support from healthcare professionals, such as the GP, district nurses, optician, podiatrist, dentist, speech and language therapist, and dietician.
- Staff followed the advice of healthcare professionals to ensure people received safe co-ordinated care and support. A visiting healthcare professional commented they found people using the service seemed happy and content, and they had a good professional working relationship with the staff.

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

- The service was laid out in a way that was accessible for people to use. Since the last inspection the car park had recently been block paved to allow for ease of access.
- There were several communal areas, which were used by people, visitors and family members.
- People in wheelchairs could easily access these areas.
- People were encouraged to personalise their bedrooms.

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

- People received advice and support from healthcare professionals, such as the GP, district nurses, optician, podiatrist, dentist, speech and language therapist, and dietician.
- Staff followed the advice of the healthcare professionals to ensure people received safe co-ordinated care and support. A visiting healthcare professional spoke of staff being very knowledgeable about people; how they provided comprehensive information on behalf of people unable to verbally communicate, and how the information assisted in successfully diagnosing and treating illnesses.
- All the relatives spoken with confirmed the registered manager and staff were very good at keeping them fully informed about people's changing health needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The staff received training on the MCA and DoLS principles.
- Mental capacity assessments identified people's capacity to make informed decisions about their care and treatment. The assessments were reviewed as part of people's ongoing care and support.
- The provider had followed the process for applying for DoLS authorisations. They had also notified the Care Quality Commission (CQC) about the outcomes of applications to deprive people of their liberty. A relative said, "I was involved in the DoLS review for [person] and we discussed changes in their care.
- Records showed the conditions of individual DoLS restrictions were being met.

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.

Good: 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:

- People were looked after by caring staff and people using the service and visitors spoke highly of the staff team. A relative said, "All the staff are so kind. [person] can be very difficult, and I could no longer deal with it. The staff are exceptionally patient." Another relative said, "I cannot speak highly enough of all the staff, they are so warm and caring."
- People's care records included a biography that described their life history and interests. Staff used this to get to know people and to build positive relationships with them. A relative told us the ethnic needs of their family member was respected. They said, "I play some old Jamaican music for [person] and I do their hair. I have provided the cream and the staff make sure that their skin is kept well moisturised."
- Relatives spoke of how clean and fresh they always found their family members. One relative said, "They bathe [person] frequently. They always look clean and fresh and their hair always looks freshly washed, which is how [person] likes it."
- We observed a warm, caring and relaxed atmosphere throughout the home. Staff went about their tasks in a calm purposeful manner. A relative said, "The home has got a lovely family feel, I have peace of mind. I visit at different times and always find [person] well cared for. The staff are such kind people, some are very young, but they seem to understand the older people very well."

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

- People had consented to their care and were involved as much as possible in developing their care plans. The care plans were personalised and gave details on how each person communicated their needs.
- Staff knew people well and upheld their rights. Any agitated behaviour was recognised and managed confidently and with kindness. Staff observed body language, eye contact and simple gestures to interpret what people needed. They spoke respectfully to people; giving people the time and space to express their feelings and communicate their needs. A relative said, "This is a very special home, the staff are fantastic, I come and go regularly, they [staff] are ever so good."
- Staff comments included "The residents are like family, we are here to help them, but not to take over, it is their home."

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us the staff always maintain privacy and dignity. A relative said, "When washing [person] they will cover him appropriately. The curtains are drawn even though no one is overlooking the room. They always explain to [person] what they are doing."
- People were offered a choice of gender specific staff to provide personal care, and their choice was respected.
- The provider, registered manager and staff team ensured people's personal information was kept

confidential. All records were stored securely in line with the provider's confidentiality policy and electronic records were password protected.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's needs were identified, they were involved, where possible to develop and review their care plans. Relatives confirmed they were involved in planning and making decisions about their family members care.
- People's care plans were comprehensive and detailed the support people needed. They were regularly reviewed and updated as and when people's needs changed. Staff knew people's likes, dislikes, preferences and how people wanted their care to be provided.
- Close links with family, friends and the local community were promoted. People benefited from one-to-one and group activities. We saw that a range of activities took place. Relatives spoke of their family members going out for walks and in wheel-chairs. They mentioned how they and their family members enjoyed attending performances by outside entertainers. Also, in the summertime spending time in the garden.
- People's religious and spiritual needs were met.
- Information was available to all in pictures and large print formats.
- People and relatives told us they had opportunities to make suggestions to influence the development of the service.
- Independent advocacy service contact details and support was provided, when required.

Improving care quality in response to complaints or concerns:

- The provider's complaint policy was displayed prominently and 'See, Hear, Act' feedback forms were also available in the front reception.
- People and relatives told us they were confident any concerns or complaints were taken seriously and responded to appropriately. One relative said, "I previous raised a couple of issues with the staff and the manager, they were dealt with immediately, I have never needed to formally complain about anything, the staff and the manager are always willing to listen." Another relative said, "Any concerns I have had have always been dealt with immediately, for example, the other day, [person] was incontinent, I mentioned it to the staff, and within three minutes, two carers were there attending to [person]. Another relative said, "If I had any complaints I would go straight to the top."
- Staff told us people were encouraged by the management to raise concerns.
- Records showed that complaints received, were investigated appropriately and where required, action was taken.

End of life care and support:

- There was a policy in place about how people would be supported at the end of their lives. Staff understood people's needs; religious beliefs and preferences. Staff were aware of good practice and guidance in end of life care.

- People had the opportunity to express how they wished to be cared for at the end of life. Records viewed confirmed their preferences and decisions were documented.
- The service had good working relationships with other healthcare professionals and specialist nursing care was provided to ensure people received end of life care in their home.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others:

- People, relatives, staff and health and social care professionals all expressed how the service was well managed. A relative said, "The manager is always available and approachable, if I leave a message, she always comes back to me." Another relative said, "The manager bends over backwards for you. I always feel welcome here."
- Relatives said the communication they had with the service was open and transparent. This was very evident at the time of inspection when relatives called into the office to talk with the registered manager. The registered manager gave people time to talk and were sensitive to their feelings.
- All staff spoken with said they enjoyed working at the home and they felt the registered manager was very approachable and supportive.
- Healthcare professionals were very complimentary about the good working relationship they had with the registered manager and staff team.

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

- The registered manager fulfilled their roles in overseeing the management of the service and delivery of care. Statutory notifications were submitted to the Care Quality Commission (CQC) as required. The information in the provider information return (PIR) reflected what we found on the inspection.
- The rating from the last inspection was displayed within the service and on the provider website.
- The provider, registered manager, and staff had strong values centred around providing person centred care.
- Established systems were in place to check all aspects of the service. These included, obtaining feedback from people using the service and relatives, reviewing care plans, risk assessments, accidents and incidents, such as falls.
- The provider visited the service regularly to speak with people using the service, relatives and staff and observe care practice, to ensure people consistently received safe, compassionate care.
- Staff training needs were met, staff performance was monitored through close observation, group and individual staff support meetings.

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

- Systems were in place for people using the service, relatives and staff to be engaged and influence the development of the service. Relatives told us they completed questionnaires to give feedback on the quality

of care. We saw the results of completed questionnaires at which people had been very pleased with the care provided at the home.

- Questionnaire forms were available for people and relatives within the reception area, so people could complete them at any time.

Continuous learning and improving care:

- The provider and registered manager promoted continuous learning to improve care. They attended learning events to keep up to date with good practice. The learning from attending events and from external inspections, incidents and complaints was shared with the staff team through meetings and where required individual supervision.