

Ranc Care Homes Limited

Kesson House Care Home

Inspection report

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Date of inspection visit:
26 April 2017

Date of publication:
27 June 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 22 September 2016. On this inspection, we identified that there was a breach of regulation 12 (Regulated Activities) Regulations 2014 in relation to medicine management and identifying and minimising risk. Following this inspection in November 2016 the provider sent us an action plan detailing how they were going to meet the regulations. As a result, we undertook an unannounced focussed inspection on Safe. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for Kesson House Care Home on our website at www.cqc.org.uk.

There was a registered manager in post who had applied for registration with the CQC. 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.

The provider had ensured that there were appropriate systems in place to identify and minimise risk for people living at the service. Risks to people's safety had been assessed and actions taken to protect people from the risk of harm.

Medicines were managed safely and people had access to their medicines when they needed them.

There was a sufficient number of staff deployed to provide care to people throughout the day and night. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

People were protected from abuse by trained staff who could identify the forms of abuse and who knew who they could report to. The provider had effective safeguarding systems in place.

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.

There were sufficient staff to ensure safe care for people living at the service.

The provider had ensured there were appropriate measures in place to identify risk.

Competent trained staff managed medicines safely.

People were protected against abuse as the provider had ensured effective safeguarding policies and procedures were implemented.

Kesson House Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Kesson House Care Home on 26 April 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 22 September 2016 had been made. The team inspected the service against one of the five questions we ask about services: is the service Safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with three people living at the service, three members of staff, the registered manager and senior manager. At this visit, we looked at the auditing and quality assurance records at the service, three people's care plans, environmental safety documentation and people's medicine records. Before our inspection, we reviewed our previous report and the information we held about the service.

Is the service safe?

Our findings

People we spoke with who were living at the service told us they felt safe living at Kesson house Care Home. One person told us, "Of course I feel safe here. Feeling safe is one of the main reasons I enjoy living here." Another person told us, "This is a very good and safe place to be. I am free to lock my own door and the staff are very supportive."

At our previous inspection 22 September 2016, the service was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that staff were not always ensuring proper and safe management of medicines. Accidents and incidents were not always appropriately monitored to identify and minimise risk in relation to those that may have seizures. At this inspection, we found that the provider had made improvement and was no longer in breach of the regulation.

People's medicines were being managed and administered safely. Medicines were stored in a locked cabinet in a locked room. The staff had adopted a system that only allowed medicines to be opened for 28 days after which time they were disposed of, and new medicine was ordered effectively. Where specific medicines were kept for longer periods, the dates of their opening and disposal were monitored. We checked people's medication administration records (MAR) and staff were accurately signing who administered them. Only staff that had completed medicine training and whose competency had been checked by management were allowed to administer medicines. We checked a sample of medicines that had been supplied in boxes against the MARs. The amounts remaining in the boxes matched what was recorded as having been administered. Care plans contained information on people's allergies and an up to date list of their medicines. We also carried out stock checks on controlled drugs being stored at the service and there were no discrepancies identified. We observed a medication round and support was given in safe and caring way to people

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. Risk assessment were personalised and provided staff with guidance on how to reduce the risk. There were seizure charts in place for those that needed them and appropriate risk assessments in place that gave staff guidance on how to support a person during a seizure, what to look out for during a seizure and after care. For example one person's care plan instructed staff to time a seizure and if it lasted longer than five minutes to contact an ambulance. There were also risk assessments in place for the environment, falls, nutrition and pressure sores.

People living at the service told us that there were enough staff working at all times to support them. One person told us, "There is enough staff. They are always there when you need them." The provider used a dependency tool to identify staffing levels. A dependency tool identifies the amount of staffing hours required to provide care to a person living at the service. The registered manager was completing dependency tools for each person at the service and these were being reviewed on a regular basis. The provider had ensured that staff were safe to work with the people they supported. We looked at three staff files and these included completed applications forms, two references and photo identification. Staff

records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

The provider had ensured that all servicing of gas and electrical equipment was up to date. Gas safety checks and portable appliance testing were completed annually and electrical installations were checked every five years and when required. Maintenance staff ensured that fire tests were taking place and that drills were taking place at the service.

People were protected against the potential risk of abuse as staff had received effective safeguarding training. One member of staff told us, "Safeguarding is about identifying the forms of abuse and reporting any concern to the manager." Another member of staff told us, "I can report any concerns to the manager or senior management. I can also go to the social services." The registered manager had effective systems in place to record and investigate any safeguarding concerns.