

Kiniths House Limited

Kiniths House

Inspection report

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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

What life is like for people using this service:

- ☐ People continued to receive safe care. Staff knew how to keep people safe from harm and people told us they were safe. The provider had a system in place to recruitment staff to ensure people would be supported safely. There were enough staff to support people safely. Where people received medicines the provider ensured this was administered as it was prescribed. Staff followed infection control guidance, they received appropriate training and had access to personal protective equipment. Accidents and incidents were noted and trends monitored to reduce accidents.
- ☐ People continued to receive effective care. Staff had the skills and knowledge to support people how they wanted. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received enough to eat and drink to ensure they had a healthy diet. People could access health care when needed.
- ☐ People continued to receive care from staff who were kind and caring. People were supported and encouraged by staff to make decisions as to how their needs were met. Staff were caring, compassionate and kind. Staff understood the importance of respecting people's privacy dignity and independence.
- ☐ People continued to receive responsive care. Assessments and support plans were in place identifying what was important to people and how people would be supported. The support people received was centred around them and they were involved in any decisions made. People socialised how they wanted. The provider had a complaint process which people were aware of to share any concerns.
- ☐ The service continued to be well managed. The environment was welcoming, warm and relaxing. The registered manager was approachable people knew them well. Spot checks and audits were taking place to ensure the quality of the service was maintained.

More information is in the Detailed Findings below.

Rating at last inspection:

- ☐ Rated Good (Report published 14/09/2016).

About the service:

- Kiniths House is a small care home providing personal care and accommodation for up to ten people who have a learning disability or sensory impairment. At this inspection ten people lived within the service.

Why we inspected:

- This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Kiniths 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 as part of our regulatory functions. This inspection checked 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Kiniths House is a care home. People in care homes receive accommodation and nursing or personal care. 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

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. They raised no concerns about the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and taken into account when we made judgements in this report.

During the inspection we spoke with five people and four members of staff. The registered manager and the deputy manager were available throughout the inspection.

We looked at the care and review records for two people who used the service. The management records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident and quality assurance documents as well as complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Using medicines safely

- ☐ Medicines were stored securely within each person's room. Staff were observed administering people's medicines using an electronic medication administration system. The provider referred to this in their provider information return and staff knew how to use the system safely to administer people's medicines. This ensured medicines were administered as they were prescribed. Staff knew people well and could explain where people were given 'as and when required' medicines.
- ☐ A person said, "I get my medicines as I should as I am able to check them". Another person said, "If I am in pain I can get tablets". We observed someone being administered pain relief who requested this medicine as they were in pain.

Staffing levels

- ☐ Our observations showed there were sufficient staff to support people safely. A person said, "There is enough staff, when I need staff they come immediately".
- ☐ Our observation showed staff were supporting people when needed and people were able to access staff support quickly. Staff told us there were no concerns with staffing levels. A staff member said, "I feel there is enough staff to support people".
- ☐ The provider had recruitment systems in place. This ensured suitable staff were appointed to support people.

Assessing risk, safety monitoring and management

- ☐ Risks within the service were being managed. The provider carried out individual risk assessments to ensure people were supported safely and risk assessments on the environment in which people lived. We saw a number of different documentation to confirm this. For example, risk assessments on equipment, manual handling, tissue viability and where people were at risk of falling.
- ☐ Staff were able to show they knew risks to people and during the inspection took action to keep people safe where they were at risk. We found where risks had changed that this had been reviewed and risk assessments updated to reflect any changes.
- ☐ Where a Personal Emergency Evacuation Plan (PEEP) was needed to identify how people would be supported in an emergency we saw that theses were in place and staff understood them.
- ☐ Where people needed constant monitoring due to health risks we saw that staff were aware and appropriate checks were in place to manage the risks.

Learning lessons when things go wrong

- The provider carried out regular monitoring of accidents and incidents along with where falls had taken place to ensure where there were learning opportunities, trends were monitored to reduce any reoccurrences.

Systems and processes

- People told us they felt safe. A person said, "I do feel safe with the staff". Our observations showed people were relaxed around staff.
- The registered manager told us in the provider information return about the processes they followed for safeguarding people and we were able to evidence this. The registered manager and staff were clear on the safeguarding process that was needed to be followed when raising a safeguarding.
- The registered manager explained the electronic medication administration system they used for administering medicines. This system reduced the risk of people being administered incorrect medicines or there being gaps where people were not given their medicines. This reduced the risks associated with human error.
- We saw systems were in place to ensure building legislation was kept up to date. For example, gas safety checks etc.

Preventing and controlling infection

- Staff told us they were able to access Personal Protective Equipment (PPE).
- Staff were observed following safe infection control guidance when handling medicines and preparing meals which showed they understood the importance of infection control.
- We found the home environment clean, tidy and there were no odours.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's support needs were accessed so the provider could assess whether they could meet people's needs. Assessments identified people's likes, dislikes and preferences so staff would know what people's interests and hobbies were.
- ☐ A person said I do have a copy of my assessment and care plan somewhere and I was involved in the assessment". People's equality and diversity were identified so staff could ensure people's diverse needs were met.
- ☐ The protected characteristic within the Equality Act (2010) was known to staff and the registered manager and they were able to evidence that staff received training which staff confirmed. These characteristics are the same groups previously covered under equality legislation.

Staff skills, knowledge and experience

- ☐ Staff explained that they felt supported and were able to speak with the registered manager whenever. They also confirmed that supervision, team meeting and appraisals were taking place as the provider had told us in their provider information return.
- ☐ Staff attended training and could also get specific training based around people's healthcare needs. A staff member said. "We get training in health and safety, nutrition, manual handling and in specific things like diabetes". We observed staff supporting someone who had diabetes. This showed they understood the person's needs and potential risks from the support they provided.
- ☐ Staff received induction and shadowed experience staff before they worked with people on their own. The Care Certificate standards were also used as part of the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People access the meals they like to eat. A person said, "I can eat what I want and I go shopping with staff to buy my own food". Staff showed they understood the importance of people having a balance diet. For example, we saw fruit being made available so people could help themselves as needed.
- ☐ Where people needed aids to support them to eat and drink we saw these available. Staff knew who were on a soft diet and how they were to be supported.
- ☐ We saw jugs of drink available to people for them to help themselves as they wanted and where people needed encouragement staff were seen reminding them to have a drink. Records were in place to show how

frequently people had fluids.

Staff providing consistent, effective, timely care within and across organisations

- Our observations showed where staff needed to support people on a timely basis this was done. Where people were unable to leave their rooms or chose to stay in their rooms staff consistently checked on them to ensure they were not isolated and were okay.

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

- The provider was currently carrying out a number of maintenance/development works to the property. We saw bathrooms and shower rooms and other areas being improved and developed for the benefit of people within the service.
- People's rooms were being decorated and people were able to make decision as to the colour scheme and whether they had carpet or wooden flooring. Where people's health changed and they needed aids to support them. For example, a profile bed we saw that these were being made available.

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

- A person said, "I can see my doctor whenever I want". We saw from care records that where people needed to see a doctor, dentist or a nurse this was available. We saw health care professionals were regularly visiting the home to support people with healthcare. For example, where people needed daily health care input we saw that this was available.
- Hospital passports were in use when people needed to visit the hospital to ensure hospital staff had a clear understanding about people's needs. People had wellbeing checks as part of ensuring they were healthy and well.

Ensuring consent to care and treatment in line with law and guidance

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Where people lacked capacity and a best interest decision was made to support them or they were at risk of having their human rights deprived the provider ensured the appropriate DoLS authorisations were in place and reviewed by the local authority.
- Staff received the appropriate training which they confirmed and were able to explain who within the service was on a DoLS and the reason for this.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ A person said, "Staff are lovely. I love it here". Another person said, "The staff are kind".
- ☐ Staff showed they were caring with people by the way they spoke to them and people were constantly smiling and showing they were relaxed and comfortable around staff.
- ☐ People's specific support needs were known by staff. We observed staff supporting people when they were anxious or upset. This showed staff knew people to be able to tell when they needed staff assurance.

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

- ☐ People made their own decisions and choices. There was a planned Christmas party on the evening of the inspection people told us they decided whether or not to go. We saw and heard people referring to the party as to what they were looking forward to and whether or not they were going to dance.
- ☐ We observed staff offering people choices as to what they had to eat and drink, whether they wanted the television on or off. The culture within the service was one of people deciding how they were supported, what they did and when. Staff listened to what people said. A person said, "I went to Butlin's for my holiday and I decided to go there not staff".

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us that their privacy and dignity was respected. A person said, "When I have a wash staff close the curtains and leave the room till I call them. I can manage this on my own". Staff we spoke with demonstrated they understood the importance. A staff member said, "Where people share a room, we make sure they have a split screen for privacy and dignity".
- ☐ People were observed taking an active role at meal times. For example, preparing the dining table and putting out utensils and drinking cups. This showed people were able to live their lives as independently as they were able and gain independent living skills.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

How people's needs are met.

Personalised care

- ☐ The support people received was personal to their needs, preferences, like and dislikes. Staff knew what people liked to do and we saw evidence that people went out and took part in the activities they liked. A person said, "I go to the day centre on Monday and Wednesday". Another person said, "I love shopping and staff go with me when I want to".
- ☐ Reviews took place to ensure where people's needs changed these could be identified. A person said, "They do review my care". Where people had specific health care needs these were clearly identified and showed how people should be supported. Staff could explain where people needed this support and what support they needed.
- ☐ Where an advocate was needed people could access this.

Improving care quality in response to complaints or concerns

- ☐ The provider told us in their provider information return that they had a complaints process in place and a log was kept of each complaint. People we spoke with knew how to complain to the registered manager, but had never had to raise one. One person said, "I know how to complain but I have never had to". The provider understood the importance of monitoring complaints for trends so improvements to service could be made. We could confirm from the records we saw that a complaints process was in place.
- ☐ Staff were aware of the complaints process and explained the action they would take if a complaint was made.

End of life care and support

- ☐ People's end of life wishes were being identified so people could be supported how they wanted and needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were the focus of how the service was delivered. People were supported to live independently and the provider along with the registered manager and staff empowered people to live their lives how they wanted.
- The environment was warm, welcoming and was designed around the needs of people. We saw bathrooms were developed into wet rooms so people who used a wheelchair could access these areas more easily. A person said, "I love living here I wouldn't want to live anywhere else".
- People and staff knew the registered manager well and told us they could approach them with anything.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Spot checks and audits were carried out by the registered manager so areas needing improvement within the service could be identified and rectified. A staff member said, "The manager does walk around doing checks". We confirmed this from the audits we saw.
- Staff explained about the whistle blowing policy and how and what it could be used for.
- The registered manager understood their requirements within the law to notify us of all incidents, deaths within the service and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website, we saw that the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.
- The provider told us in their provider information return that checks on health and safety, gas safety, legionella were taking place and we were able to confirm this.

Engaging and involving people using the service, the public and staff

- Questionnaires were used by the provider to gather views on the service. This allowed the service to improve for the benefit of people. A person said, "I do get questionnaires to complete". Someone wrote in the recent survey carried out, when asked 'What they thought the service excelled in, they said, 'You only have to look at the residents to see they are happy and that means everything'.

- People took part in the review process as part of sharing their views on the support they received. Staff used a range of formats to communicate and gather people's views. For example, Pictorial aids, showing people items to they could pick one, people's body gestures and staff knowledge of people. The accessible information standard was not known to the registered manager and staff and while we were assured training would take place shortly, we saw that the essences of the standard was taking place in how people were communicated with.

Continuous learning and improving care

- Staff had the skills and knowledge to support people as part of receiving regular training. Where people's need changed staff were given further training as necessary.
- Improvements were taking place to the environment of the home to improve where people lived. The registered manager knew where improvements were required and took the appropriate action.
- The registered manager monitored staff regularly through competency checks to identify where staff skills and knowledge needed to be improved.

Working in partnership with others

- We saw evidence where the provider worked closely with partners to ensure the quality of the service to people. For example, diabetes professionals, social workers, local authority social workers, hospital consultants and other community groups to enable people to gain access to other services.