Two Rivers Investments Limited

Kenwith Castle Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 12 and 17 November 2014.

The service has a registered manager. 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 and associated Regulations about how the service is run.

Kenwith Castle provides residential and nursing care for a maximum of 59 people. There were 52 people resident the day of our first visit.

Summary of findings

We previously inspected this service on 2 May 2014 and found action was needed to meet standards in staffing, supporting workers, assessing and monitoring the quality of service provision and records. This inspection found actions had been taken toward those required improvements although some were still in progress and needed further time to be fully embedded.

Most staff had noted improvement due to increased staffing levels and spoke of the extra time available to meet people's needs. However, many people who used the service felt there was still a need for additional staff, one saying "worst thing…having to wait. You don't know how long it's going to be before the carer comes". Staff lacked the time to complete the personal histories of people which meant their individual needs might not be met. Neither were they always able to complete one to one time with people who did not enjoy group activities and where there was the potential for the person to become isolated.

The home was very responsive to people's requests. For example, people had asked for a care worker to be in attendance in the dining room in addition to the waitress staff as this gave them more confidence and this had been arranged as requested. There was a broad programme of activities and people living and working at the home praised the activities worker.

People said they felt less anxious now they lived at Kenwith Castle and commented how their independence and enjoyment of life had increased. People lived in a safe environment where health and safety was well managed. Risks to people were assessed and managed, such as the use of bed rails and prevention of falls and pressure damage to their skin.

Staff understood how to protect people from abuse and harm. They had access to regularly reviewed policies and procedures to inform their work practices. People's individuality and diversity was promoted and supported and they were safe from discrimination.

Staff recruitment was robust so that staff found to be unsuitable were not employed. Staffing numbers, skills and staff mix had been reviewed by the organisation and staffing numbers increased. This review was continuing.

People were receiving their medicines as prescribed or were supported to administer their own where this was their choice. The arrangements for medicine management were safe.

People's health and care needs were met. Health care professionals expressed no concerns about the service people received at Kenwith Castle. One GP said "Most staff are extremely good". A second GP said "Staff are very knowledgeable". We found staff had very detailed knowledge of people's individual care needs and how to meet them.

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected.

People were very complimentary about the food at Kenwith Castle. Individual food choices and specialist diets were well met by chefs and catering staff who presented attractive and nutritious meals. Any dietary concerns were followed up appropriately to promote people's health and wellbeing.

People were cared for with kindness, patience and respect. People's preferences were known and provided for. People's dignity was promoted. We saw many examples of staff knowing when to provide reassurance when a person was anxious.

People's views were sought through care planning arrangements, surveys, meetings and the "open door" policy of the registered manager. Staff spoke of improved supervision of their work, training arrangements and the use of staff meetings. Staff felt more supported.

The service was under regular review by both the home's management and the provider organisation. This included audits of how people's needs were met and the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Care was not always timely in order to meet people's individual needs and time was not always available for staff to complete tasks which improved people's lives. However, staffing was improved overall.

There were robust recruitment arrangements in place so staff recruited were suitable to care for vulnerable people.

People were protected from abuse, discrimination and their legal rights were upheld by a well-informed staff who understood their responsibilities.

Medicines were managed in a safe way. The home was very clean throughout and hygiene practices protected people from cross infection.

Is the service effective?

Good

The service was effective. People received care and treatment from staff that were skilled and knowledgeable.

Physical and psychological health care needs were well met in line with people's care plans. Professional advice was sought promptly when necessary.

People received a nutritious and varied diet which took into account their specific health needs and preferences.

The service was meeting the requirements of the Mental Capacity Act 2005 code of practice and Deprivation of Liberty safeguards. People's legal rights were upheld.

Is the service caring?

Good

The service was caring.

People who used the service were supported by staff who showed them respect, patience and kindness.

Care delivered was personalised and met people's needs in a private and dignified way.

People were involved in decisions about their care and treatment. Their care needs and preferences were understood and taken into account.

Is the service responsive?

Good

The service was responsive to individual needs and preferences. Where changes were required these were made where possible.

People's views were taken into account. Concerns and complaints were properly investigated and followed through.

Summary of findings

Activities and events of interest were regularly held and were varied. There was recognition of the need for more one to one time where people did not enjoy group activities.

Is the service well-led?

Good

The service was well led.

The culture was one of openness, caring and respect of people using the service. Staff felt their support from management had improved.

There was an understanding of the importance of continual monitoring and improvement of the service. Several improvements were completed, some in progress and some were being considered by the organisation.

The quality of the service was monitored through listening to people, their family and staff, through observation and regular audits of the service provided by the home's management and the wider organisation.

Kenwith Castle Nursing and Residential Home

Detailed findings

Background to this 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.

The inspection visits took place on 12 and 17 November 2014. Both visits were unannounced.

The inspection team consisted of two inspectors 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 service.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/ complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, 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. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We contacted one social care professional and three healthcare professionals to obtain their views about the care provided in the home.

During our visit we spoke to 26 people who used the service, three people's families,12 staff, the registered manager and two representatives of the provider organisation. We looked at records which related to five people's individual care and three people's medicine records. We looked at staffing records and policies which related to the running of the home such as equipment and utilities servicing records and quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

We had previously found there were not enough staff working at Kenwith Castle. A comprehensive action plan had been produced by the organisation. During this inspection opinion of the effectiveness of staffing levels varied. Staff described improvements in the staffing arrangements. We were told "Staffing has improved, numbers of staff and their attitude. There's been a good intake of new staff". Staff confirmed less agency staff were used at the home and there was more continuity of the agency workers. However, some staff said they were still occasionally short staffed if staff sickness could not be covered. Some people's opinion was that they had sometimes to wait for too long for care workers to come to answer their call bells. One said "worst thing…having to wait. You don't know how long it's going to be before the carer comes." However, another person said "We have the freedom but there's always someone on hand." We heard call bells ringing almost continually during the majority of our two inspection visits. We saw one person, who was anxious and looking for assistance. They had to wait a short while a care worker responded to a call bell before they were able to comfort the person.

The organisation's operations manager informed us, and the staffing roster confirmed the staffing changes which had been made. For example, an additional care worker was provided for each morning shift. In addition, a new twilight shift had been agreed. We were told the arrangements for staffing were based on the registered manager's knowledge of the home, staff skill mix and needs of people using the service. For example, it was decided to include a care worker in the dining room in addition to waitress staff as people living at the home had requested this support.

People felt they were safe at Kenwith Castle. People told us "This is the only home I've ever heard of that we are taken out and about, with all the care and attention and the safety to let us have a good time", "I can only go down to the lounge to join in with activities with a lot of help. I feel safe and cared for" and "They let me do what I want but I know the staff are not far away…I feel quite safe." One person felt less safe because they believed, incorrectly, care workers were not "trained staff".

Staff said they received training in the safeguarding of adults and staff training records confirmed this. Staff demonstrated a good understanding of what might constitute abuse and each told us they would take any concerns to their senior, the nurse in charge, deputy or registered manager. All knew they could report concerns, should they be unhappy with the initial response, to the provider organisation. Some understood their option to take concerns to the local authority, police and the Care Quality Commission (CQC). Staff knew where to find policies on safeguarding and whistle blowing. Those policies were regularly reviewed and provided clear, in-depth information about staff's responsibility to protect people. It included the contact details for alerting concerns. The registered provider demonstrated a clear understanding of their safeguarding role and responsibilities.

Risks to individual people were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, there were risk assessments for the use of bed rails, prevention of falls, moving people safely and pressure ulcer prevention. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, some people had a bedroom close to the staff office so staff were more visible and they would be close at hand to support people should they need assistance. Some people required frequent reassurance from staff and this support was provided.

Records and discussion with maintenance staff confirmed that the environment and equipment was maintained in a safe state. For example, contracts were in place for the regular servicing of hoists, electrical and gas supplies. Routine checks were completed at the home as per risk management plans, including fire and water temperature safety. Maintenance staff were available at all times for emergencies.

Accidents and incidents were recorded. Each was reviewed by the deputy or registered manager and then by a member of the organisation to look for trends, such as the time of day the event happened. The home had what would be an expected level of accidents and incidents for a nursing home of this size.

There were robust recruitment and selection processes in place. Two recently recruited staff confirmed they were not employed until recruitment checks were complete. Staff files included completed application forms. Staff said interviews had been undertaken, although these were not

Requires Improvement

Is the service safe?

recorded. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. These checks identified if prospective staff had a criminal record or were barred from working with children or people at risk.

People were informed about their care. For example, a nurse administering a person's medicine said to a person "I've brought your medicine. It is paracetamol to help you feel more comfortable…and the medicine for the pains you get."

Medicines, including those known as controlled drugs, were stored securely. There were marked drawers with each person's name on for clarity. The medicine trolley was clean and clutter free and spare stock was kept in another trolley for stock control. Records showed they were administered and recorded appropriately and disposed of in a safe manner.

Medicines records included pictures of all the people receiving them to aid safe administration. There was also a sample of signatures for the nurses who dispensed medicines which assisted with ensuring an audit trail in case of possible errors.

A nurse said she felt well supported through her medicines training updates. We were told a more advanced training update had been planned for the near future for staff who administer medicines.

People were protected from unhygienic conditions. People commented very positively about the standard of the environment, cleanliness and the standard of laundry. We visited the majority of the home and it was clean throughout. Staff had protective clothing, such as gloves and aprons, available for their use to reduce the risk of cross contamination. Staff told us, and records confirmed that staff received training in infection control.

Good

Is the service effective?

Our findings

People told us, "I have no complaints they are nice to me", "I find it satisfactory here', "The staff's attention to detail is very good" and "I think that the carers are very well trained. They treat the residents as individuals and people are well cared for."

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One person's family told us "They always ask me and involve me". We saw that end of life care decisions were in place, such as whether the person wanted active intervention in the event of collapse, and GPs had discussed this with people.

Where people did not have the capacity to make particular decisions about their care and support, due to their health condition, there was evidence of a good understanding by staff of mental capacity and promoting people's decision making. Records showed how people's capacity to make a decision had been assessed. For example, recording whether the individual could understand the decision to be made.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The home had made 20 applications to deprive people of their liberty following a Supreme Court judgement on19 March 2014 which had widened and clarified the definition of deprivation of liberty. Those applications had not yet been assessed by the local authority and in the meantime the staff continued to make decisions in people's best interest. This included coded doors to restrict the areas within the home in which people could move without staff support.

People's comments about staff ability included, "Staff are good. They know what they are doing. They care for us really well" and 'We have very good care here. Generally speaking you get what you want from staff." At our previous inspection we found staff felt unsupported. At this inspection staff said they now felt more supported by the management team, one saying "things are better in clinical supervision". Staff had a comprehensive training programme and were positive about the training now on offer with comments including "training is spot on". A nurse said they had approached the deputy manager about training in immunisation and catheter care and it had been arranged. The home's induction training took five days to complete and was in line with all the recognised standards within the care sector.

Each person said they thought the food was of a very high standard. We saw that some people had a glass of wine, fruit juice or beer with their meal. Two waitresses attended the five tables. People chatted in their friendship groups and there was a lot of banter from the staff serving them. The meal looked inviting and most people's plates were emptied. Pudding on the day of the inspection was a choice of pie or trifle; drinks were offered and coffee or tea was served after people had finished.

There were three chefs employed who between them provided a service between 7am and 7pm each day. There was daily choice of menu from which people made their choice. The head chef described how specialist diets and people's preferences were met. For example, one person's specialist diet had led to an adapted menu individual to them. The nurse providing the person's care was fully aware of the adapted diet. The person receiving the diet said "The kitchen are very good and they stick to the diet; they're so hot on it and I'm getting lovely food". Records showed the diet was working and their health had improved.

People had water jugs available in their rooms and at the dining table and hot drinks were circulated regularly by staff so people did not go thirsty. There was a fridge full of additional food for snacks and available for staff to access over a 24 hour period for people. Each floor also had a kitchenette from which drinks and toast were always available. We saw from people's menu choices that alcohol was available on request.

People's weight was monitored where a risk had been identified. Records confirmed that, where a person's diet was of concern, action was taken to address that concern. For example, dietetic advice had been sought and dietary supplements were available as necessary.

Good

Is the service effective?

People received effective care, promoting their health and wellbeing. People's families were happy with the standards of care provided. Health care professionals expressed no concerns about the service people received at Kenwith Castle. They said most staff were "extremely good" and calls received were timely and appropriate. One spoke of how well the staff had managed a difficult situation. A district nurse said she had confidence in staff's ability to follow advice.

Records confirmed that people's health care needs were met. For example, there were some in-depth reviews noted in a 'professional communications log' of medicines changes; this had been reviewed after a person's recurrent falls. There were arrangements in place to ensure people met external health care appointments and people's health care was routinely monitored.

Good

Is the service caring?

Our findings

People and their families told us the staff were caring. Their comments included "The staff are very, very kind and caring" and "They're very good; kind courteous, friendly and always cheerful." One person told us he had everything available to keep him happy and described how attentive staff were to his needs.

GPs told us "The clients are usually well looked after and loved" and "They know their patients and their idiosyncrasies". A district nurse said how nice staff were to people and how hard staff tried to rectify any issues. Staff demonstrated a good knowledge of the people using the service, from the catering and maintenance staff to the registered manager, nurses and care workers.

Staff listened to people and aimed to do as they requested. For example, one person wanted to continue using a double bed and after several changes the preferred bed was found. Two people said how much they had control over their lives and they loved their room, one saying "it feels like our own little house". They showed us how important items from their previous home were integrated into their living space at Kenwith Castle. Where people were less able to make their choices and views known family representatives were consulted. One person's family said, "They always ask me and involve me."

Every interaction between people and staff showed respect, patience and kindness. For example, a person looked very happy as a care worker gave them a friendly hug. Staff touched people's shoulders and held people's hand in a caring manner. Staff ensured they made eye contact with people they were engaging with, for example, when assisting them to eat and comforted a person who was anxious by putting their arm around them. Another staff saw a person was anxious; they knelt down, held their hand and chatted. Staff were very polite to people living at the home; personal care was carried out privately behind closed doors.

People's dignity was promoted. For example, there was a crossword quiz going on in the lounge. It involved the activities coordinator calling out the clues and five people guessing answers. The staff member hinted and encouraged the people to guess the answers, but she gave them the satisfaction of finding the words themselves. She created an atmosphere of happy, friendly, group achievement and people showed their enjoyment through their comments and body language.

Information provided for people on admission described what the service offered and made clear what would require additional payment, such as hairdressing. We saw two newsletters the contents of which included announcements of events, staff news, days out in the minibus and the chef doing a sponsored parachute jump for the Alzheimer's Society. People were informed when a representative of the organisation would be visiting and invited to make an appointment to discuss the service. Whilst resident meetings had been planned it had not always been possible for those to have gone ahead, due to staff sickness, but the next was being brought forward from February to January 2015 because of this.

During our visit no-one was receiving end of life care but health professionals had no concerns about previous end of life care provided. Staff had information about people's preferences regarding resuscitation or decisions were in place in their best interest. The home had equipment which might be required to meet individual needs, such as moving and handling aids and pressure relieving equipment, in the event of people's health deteriorating.

Good

Is the service responsive?

Our findings

People told us "The staff really try to help you here", "I needed a grab rail and they fitted it at once. I wanted an extra mobile alarm bell because I wouldn't be able to reach the other two if I had a fall in my room and they gave me one that fits on my trolley", "They respond to our wishes and treat us as individuals" and "Whatever I want I ask for it and they kindly give it to me."

Care files were clearly set out so the information recorded was easy to find. For example, colour coded for clarity. The files provided an assessment of people's needs, identified risks and included plans of how care was to be delivered. Care workers told us they referred to the care plans as necessary, especially when a person was new to the home.

Each file had a review date but one had not been reviewed within the described timescale and not updated as the person's needs had changed. The incorrect information had not impacted on the care they received although the file was not a reliable source of information for staff to refer to. At our previous inspection some records had not been completed within a reasonable timescale. There had been improvements in record keeping following changes to the care planning arrangements. These changes included a named nurse responsible for the reviews of the patients assigned to them. A nurse told us that increased time for care plan reviews was being discussed with the home's management.

We were told there was an intention to improve the information on record describing people's history, social needs and to ensure care plans centred on the person as an individual. An activities worker told us they wanted to do more work on people's personal histories but there was presently insufficient time. However, they said they try to "sit in and have a chat, for information and ideas", when a person was new to the home. The registered manager said there was an intention to ensure each person had a detailed personal history on file and this was already being progressed.

We saw people engaged in group activities, such as discussion about current affairs and a quiz. The importance of the "dining experience" was described including improvements planned for the dining room. In a second dining area staff ensured people were seated with people they knew. There was a bar, opened on Thursday evenings for people and their families, which people spoke about as a positive addition to the home. WIFI was available within the home, which people had requested. Staff told us "There is plenty for people to join in with and we try to encourage people" and "We get on with families who are made welcome."

The intention to spend one to one time with people who did not want to join group activities was not always achieved. For example, we were told "staff were ill yesterday and so this did not happen" and that this had happened on some previous occasions. The home's operations manager explained how the allocation of more time for this was being considered by the organisation.

People, or their representatives, were supported to be included in the planning of their care. To this end staff ticked a box to say whether a person had agreed their plan or not. However, this was not always completed. One person's family told us they were kept informed and were involved in decisions on their family's behalf an example being the autumn influenza injection.

Staff were responsive to people's needs. People told us they had a lot of control over their diet and menu choices, their room environment and activities they engaged in. For example, one person chose to have cream and brown sugar with their porridge. Another person did not like to join people for lunch. At their request, however, staff took them to the area leading to the dining room so they could say 'hello' to people going to the dining room.

On admission people received information which directed them to the complaints procedure displayed in the entrance to the home. This was not, however, very prominent and was in quite small type. The type was enlarged during our visit to address this issue. People also had a copy of the complaints procedure in their room. One person's family told us she once complained about the smell of urine and it was attended to straight away. Records showed that on another occasion the laundry staff washed an article that should have been dry cleaned; this was rectified by the home paying for its replacement.

Complaints records showed that complaints were investigated within the timescale provided and action was taken where this was required. One example was a staff member apologising to a person they had upset.

Good

Is the service well-led?

Our findings

People told us they had confidence in the management at Kenwith Castle. The service was person centred in its approach; there were many examples of where people's individual needs were understood and their requests met. It was the vision of the provider organisation to run a nursing home with a high standard of service in all areas of provision.

Staff confirmed the "open door" policy of the registered manager. There had been a recent staff survey and a suggestions box was available for staff views. During our previous inspection staff said they felt unsupported by management. During this visit staff were more positive about their training, support and staffing numbers and talked of team work and improvements at the home. Staff said they would take issues to the deputy or registered manager. One said "We can get things off our chest. There are more staff meetings which are valuable and usually chaired by the (registered manager)." However, one staff talked of "just wanting a thank you" for staying on duty when needed and one told us they were still waiting for a response to a query made during their supervision. A provider representative said they understood the importance of showing staff they were valued and they still needed to work on the issue.

People using the service had no negative views about communication within the home but some staff felt this could be further improved. One staff member said a lack of involvement of care workers in the handover of information between shifts was a missed resource. Another mentioned that communication between care staff and the kitchen could be made more efficient but did not believe it had adversely affected anybody.

People were encouraged to share feedback about the service and all requests were considered. A suggestions box was available and people were offered a questionnaire to complete on discharge from respite care. There were plans for regular resident meetings but these did not always occur due mostly to illness within the management team. However, people had direct contact with staff and management, for example the head chef with regard to their menu choices. The registered manager had been informed that people in the main dining room felt anxious because there was not normally a care worker in the room with them; this had now been addressed. Those people had also requested a pendant call system, which was being considered. There had been a previous complaint about the noise from the call bell system. The operation's manager told us a different call response system was being considered.

Leadership within the home and the organisation was visible. Representatives from the provider organisation were spending additional time at Kenwith Castle due to management illness. We met one representative during our first unannounced visit and one during our second unannounced visit. This ensured continued overview of the service being delivered. For example, one of the representatives had met with staff and the staff said it had been a very valuable meeting.

The standard of care delivered was under regular review. A quality and compliance management post had led to organisation level audit visits which had resulted in changes, for example, the use of a training plan to ensure training was delivered within the organisation's agreed timescales. The registered and deputy managers did monthly audits including dementia care, medicine management, health, record keeping and safety and infection control. The registered manager from a nearby sister home was available and oversaw the running of the home when required. Examples of changes toward improvement at Kenwith Castle included a new recording system so that information, from which decisions about people's care could be made, was clear .

The quality of the service delivered was under regular review. For example, there was an audit of people's "dining experience" from which the layout of the dining room was being reconsidered. Examples of improvement at the home included a new heating and water system to ensure consistency of hot water. Arrangements to ensure adequate staffing levels had led to improvement in people's safety and experience of the care they received. Those arrangements continued to be reviewed by the home management and provider organisation.

The CQC have been notified as they are required to be, for example, of changes in management in response to sickness.