Kismet House Care Home Limited

Ventura

Inspection report

16 Swiss Road
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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

Overall summary

This inspection was unannounced and took place on 20 August 2015

This service is registered to provide accommodation and personal care for up to seven people with mental health needs. At the time of the inspection, seven people were using the service and were able to communicate with us.

There was a registered manager in post. 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.

People were protected from risk because the provider had robust safeguarding and whistleblowing policies and procedures in place and staff had undertaken training in how to safeguard adults. Support workers were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

Support workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people using the service. There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable.

Summary of findings

People were cared for by staff that were supported to develop and maintain the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences working at the home. They told us “I enjoy it here, I like the team”, “I like it here, I enjoy working here. This feels like it is a home rather than a care home.”

People using the service spoke very positively about the home and staff members. People told us “Staff here are approachable and give you the time of day. They listen to you”; “They are nice people”.

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion and were spoken with respectfully. People were relaxed and at ease and their dignity was respected.

People were supported to be as independent as they could be, to maintain and develop daily living skills such as cooking, cleaning, doing their own laundry and shopping. People were supported to follow their interests, take part in them and maintain links with the wider community.

There were arrangements in place for people’s needs to be regularly assessed, reviewed and monitored. Records showed the registered manager and staff conducted monthly, and yearly reviews.

Systems were in place to monitor and improve the quality of the service. Checks were being carried out by the registered manager and any further action that needed to be taken to make improvements to the service were noted and actioned. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

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?
The service was safe.

People told us they felt safe.

People were safe because there were safeguarding and whistleblowing policies and procedures in place, which staff understood and followed. Staff undertook training in how to safeguard adults.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service.

Staff had worked at the home for a number of years which ensured a level of consistency in the care and support being provided to people using the service.

Good

Is the service effective?
The service was effective.

Staff received a comprehensive induction to their role. Their work was monitored and supervised by management to ensure people received effective care.

People received effectual care as staff understood how to seek informed consent to care from people.

Staff supported people to eat and drink enough to meet their needs. People were encouraged to make their own meals where possible.

Staff supported people to ensure their physical and mental health care needs were met.t

Good

Is the service caring?
The service was caring.

Staff developed positive caring relationships with people and involved them in decisions about their care.

People felt listened to and they were consulted in relation to decisions about their care.

People told us staff treated them with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People were treated as individuals and were supported to engage in activities that interested them.

People knew how to complain and felt confident the provider would effectively deal with any concerns they had.

Good

Is the service well-led?
The service was well led.

Staff felt valued and were provided with support and guidance to provide a high standard of care and support.

Good

Summary of findings

There were systems in place to seek the views of people who used the service and other stakeholders, and this feedback was used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service's standards were maintained.

Ventura

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 was planned to check 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.

This inspection took place on the 20 August 2015 and was unannounced. The inspection team consisted of one inspector. 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with four people including the manager and deputy manager who also provided care. We reviewed four care files, four staff recruitment files and their support records, audits and policies held at the service. Following the inspection we contacted one relative, two healthcare professionals and the Local Authority contracts and compliance officer.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. People told us "They are trustworthy, I feel safe", "It is comfortable here. I have not had any problems here" and "I feel safe here."

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. We looked at the recruitment records for four staff and found appropriate background checks for safer recruitment such as proof of identity and right to work in the United Kingdom had been obtained. Enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults.

The provider had taken steps to help ensure people were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Staff we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager, social services, the police and the CQC.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People said "There is always someone here to spend time with" and "Staff will go out with you if you want them too". We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We looked at the staff rotas. We found the home had sufficient skilled staff to meet people's needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff, which ensured people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. During the inspection the staff team consisted of the registered manager and a senior support worker. Staff told us and we observed, that there was always a staff presence during the day to support people.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people using the service which helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. One person had a risk assessment around hygiene as they required prompting to ensure their personal care was carried out.

Accidents and incidents were recorded and analysed by the manager to see if there were any patterns and trends emerging. The manager told us they used this information to take any necessary actions needed to keep people safe.

People's medicines were administered by trained staff that had completed the relevant training that had their competency assessed on an annual basis to make sure their practice was safe.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

We found the service supported people who wanted to self-administer their own medicines. One staff member told us "One person is able to take their own medicines and some like us to support them with it. It is whatever they feel comfortable with and how we can support them." Records showed there were specific guidelines for people about how they wanted to take their medicines and any risks involved were highlighted in the person risk's assessment. We asked staff how they ensured people who self-administered took their medicines on time. A member of staff told us they conducted a weekly audit to make sure the person had taken their medicines and we saw records which confirmed this. One person using the service told us "They make sure I have my medication."

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff told us and records confirmed they were currently completing the new Care Certificate. The Care Certificate builds on the Common Induction Standards (CIS) and National Minimum Training Standards (NMTS) and sets out explicitly the learning outcomes, competences and standards of behaviour that must be expected by staff in the care sector. Staff told us they felt supported by the manager with their training. "The manager is approachable. I can talk anything through with them and if I have any problems they will help me sort them out". Staff received one to one supervisions and group supervision through the team meetings, and records confirmed this. Records showed staff had completed training in areas such as mental health awareness and person centred care, to ensure they had the knowledge to support people. People were also supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely.

The registered manager told us all the people using the service had the capacity to make their own decisions and were able to give consent for their care and treatment. Care plans contained information about people's mental state and levels of comprehension and outlined areas where people were able to make their choices and decisions about their care.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager told us no-one was currently subject to DoLs.

During the inspection, we saw people using the service were not restricted from leaving the home on their own. People told us that they went out with staff and enjoyed various activities and community outings. One person using the service said, "I really enjoyed our trip to Cheddar, going on the open top bus." One staff told us "The people here go out and about. Some people have their own mobile phones and if they are late they can just call and let us know. This is just to let us know that they are okay and safe." When speaking with people using the service, they confirmed this and told us they went wherever they wanted to and there were no restrictions. One person said, "I went to a concert on my own; I got a taxi there and a taxi back."

People's nutritional needs were assessed to ensure they received a diet in line with their needs and wishes. One person was on a low sugar diet and was supported to make good food choices, another liked to have "fast food", so staff were making healthy homemade "Fast food". For example, the registered manager would make curries with fresh ingredients.

At lunch time we saw people were able to choose where they ate their meal. Everyone told us they were happy with the food they received at the service. One person said "The food is great here, they have all sorts. I like the pies. You get choices and even then you can ask for anything else". People were able to make hot and cold drinks as they wished and fresh fruit was available. People were encouraged and supported if necessary to make their own lunch whilst staff cooked the evening meal. Staff supported people with their cooking through their goal plans to enable them to develop their cooking skills. The registered manager told us people were fully involved in choosing the evening meal and records confirmed this.

The home arranged for people to see health care professionals according to their individual needs. People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans detailed records of appointments with healthcare professionals including GPs and psychiatrists. One person using the service told us, "They are very good, they help me with my health and are very supportive."

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Everyone we spoke with told us staff treated them with kindness. One person said, "The staff are very respectful and caring." Another commented, "The staff are very nice here"; "They're caring and understanding. They are respectful." Staff told us they spent time getting to know people. One staff member said "I know people well."

People's privacy was respected and all personal care was provided in private. Staff told us "We make sure we knock before entering a person's room, we make sure we close the door and curtains if we are supporting someone with personal care".

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

People commented, "I can always go to staff if I need to" and another said, "They want to know your problems, they talk to us." People's records contained a section completed by them with support from staff, which detailed information they wanted staff to know about them. This included their preferred name, how they described themselves, things they preferred not to discuss and the areas of their life they wanted staff to support them with. Where people were able to they had also written other parts of their care plan themselves. People had been enabled to express themselves, and their wishes about their care were recorded in their records.

People had signed their personal care plan goals demonstrating their involvement in discussing, agreeing and changing what their goals should be. For one person, for example, it was proposed the amount of times they cooked per week should be increased to support their independence. These changes were discussed with the person and their agreement sought. People had regular meetings with their key worker, who was a member of staff with overall responsibility for planning their care within the service. People were consulted about their care and involved in making the decisions that impacted upon their lives. Consultation took place with people at both an individual and group levels.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were supported to have as much contact with their families as they wished. One person said, "My brother visits every two weeks." Another person told us they visited their family when they wished.

People told us they were treated with dignity. One person commented, "Staff knock and ask to come in my room." A staff member told us, "I would always say hello to people when I arrive. You are in someone's house." Staff spoke to people politely and respectfully.

The service could accommodate people of either gender but on the day of our inspection most people living at the service were male. The registered manager acknowledged the service was male dominated and that as the bathroom facilities were shared this may not meet the needs of some women. They told us they were always open and transparent with women considering moving into the service about what was available and would accommodate their needs where possible.

Good

Is the service responsive?

Our findings

One person said, “I have everything I need.” The manager said they treated each person as an individual and provided care and support according to people’s individual needs. A staff member said the care provided was “what suits the individuals; I talk to them to find out what they like.” Care records were personalised and included information about the person, their history, preferences, interests and support needs. Additionally, the people we spoke with said they were involved in the review process. One person said; “I can contribute towards my file”. Relatives were also involved in reviews if people wanted this. Where people’s needs fluctuated this was reflected in their care record. For example, one person had been given a medication which was then changed following a visit to their psychiatrist. Care records reflected this and showed the planned changes. Care plans were reviewed by people and staff on a monthly basis; we saw evidence of this in the care records.

Staff said that people were all different and explained how their approach to each person was different to meet their needs. For example, some people were forthcoming if they had a problem or concern they wanted to talk about, and others became withdrawn or sought isolation. They adapted their approach to each person to make sure they were able to provide the support each person needed in the manner that would most benefit them. The staff we spoke with knew people’s needs well and how to meet them.

People engaged in activities that interested them, for example one person had gone to the Haynes Motor Museum as they were interested in cars. They said they had a choice but mostly they participated in the activities but said staff respected their decision if they decided not to go. The provider assisted people to get to their activities by providing transport; activities were discussed and agreed in the residents meetings. One person told us they usually did all their own shopping, cooking and cleaning. Staff said and we saw other people were supported and encouraged to clean their rooms and help staff with preparation of food.

A complaints policy was in place although no formal complaints had been received for over 12 months. People knew how to complain. Their comments included, “I am treated well and I know how to complain; I talk to [staff or manager] if I have a problem”, “If there is anything I feel strongly about I’ll say, but there isn’t anything to complain about” and, “if it’s really important I come to the office. [The staff or manager] tries to understand and get to the bottom of it, and then it gets sorted out.” Another person said they would talk to the Community Psychiatric Nurse if they were unhappy about anything. One person who had made a complaint some years ago said it had, “all got sorted out.” All the people we spoke with expressed confidence that the provider would sort out any complaints or concerns they may have. A staff member said people “could either go to the manager or another member of staff, but [concerns] are normally sorted out at a lower level”.

People felt at ease discussing any issues with the registered manager or deputy. One person said, “They are very good.” Another person said, “There is very good staff here, they sort out everything for you.” Another person told us how they had a group meeting with everyone who lived at the service together with the registered manager and staff. They told us, “We discussed everything from food, outings, how everyone was getting on or if we have any complaints,” This told us people’s opinions were important and the service had developed a sense of community.

Good

Is the service well-led?

Our findings

The service had a registered manager and a deputy manager in post. Both were very visible within the service. They had a very good knowledge of all the people living there.

Staff had regular supervision and team meetings. One member of staff told us, “I have supervision and we discuss if I need any support or training, and about people living here.”, and “I see the manager nearly every day and we have informal supervision on a regular basis”. Staff told us they felt that their opinions were listened to at the service. One said, “I suggested [name] would be better suited to living in a downstairs room due to their mobility and they agreed and this has now happened.” Staff told us they enjoyed working at the service and they felt they had a good team. Staff shared the same vision and values for the service, staff said they aimed to help people feel happy, and to enable people to be as independent as possible. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people’s views on the service not only through regular meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. They used information from these questionnaires to see if any improvements or changes were needed at the service. This meant the management listened to people’s views and responded accordingly, to improve their experience of the service.

There were effective systems in place to regularly assess and monitor the quality of the service. They included audits of the medication systems, supports plans, fire safety, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made. This would help to protect people from poor care standards. Accidents and incidents were also closely monitored at the home. They were analysed regularly, which then led to a trends analysis being completed. This enabled the manager to look for any re-occurring themes which may be occurring and potentially stop them from happening again in the future.

Staff told us they were aware of the service’s vision and values. They all said that people were encouraged to promote their independence. During our inspection we saw that staff communicated with people in an open and transparent manner. People were able to go to the office to discuss with the service manager and staff the level of support they required from them. We found that they were listened to and treated with respect.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.