Kentwood House Ltd

Kentwood House

Inspection report

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Tel: 01322279771

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 27 May 2016 and was unannounced. At the last inspection of the service we found the provider was meeting the regulations we looked at.

Kentwood House is registered to provide accommodation for up to 32 people who require nursing or personal care. At the time of our inspection there were 23 people using the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found that improvement was required because complaints were not formally recorded and investigated within the timeframes set in the provider's complaints procedure. Regular audits had also not been carried out to monitor the quality of the service and the care provided to ensure it was of high quality.

People using the service said they felt safe and were well cared for. Safeguarding adults procedures were in place and staff understood how to safeguard the people they supported. Risks to people were assessed and monitored, and guidance was available to staff on how to safely manage these risks.

Medicines were safely stored and administered within the service and there were arrangements in place to deal with foreseeable emergencies. There were enough staff on duty to safely meet people's needs and recruitment checks had been made on staff before they started work for the service.

Staff had undergone an induction when starting work and had received appropriate training to ensure they had the skill required for their roles. Staff were also supported in their roles through regular supervision.

Staff sought consent from people when offering them support and the registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had enough to eat and drink and enjoyed the meals on offer. They had access to a range of healthcare professionals when needed and were involved in making decisions about their care and support.

Staff treated people with dignity, kindness and consideration. People's privacy was respected.
People were provided with information about the service when they joined in the form of a 'service user guide' which included details of the provider's complaints policy.

People were involved in their care planning. The care and support they received was personalised and staff respected their wishes and met their needs. Care plans provided clear information for staff on how to

support people using the service. They were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People were supported to be independent where possible, for example by attending to some aspects of their own personal care.

Staff were knowledgeable about people's individual needs. They were committed to offering people a good service that improved the quality of their lives There were a variety of activities on offer that met people's needs. People's cultural needs and religious beliefs were recorded to ensure that staff took account of these areas when offering support.

People knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary. They spoke positively about the management of the service and staff told us the management team were available to support them when needed. People and their relatives were provided with opportunities to provide feedback about the service. However improvement was required to demonstrate that people's feedback was used to drive improvements within the service.

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.

People told us they felt safe. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these.

Medicines were managed safely. People received their medicines as prescribed.

Risks to people were assessed and monitored, and guidance was available to staff on how to safely manage these risks.

There were enough staff deployed to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good

The service was effective.

Staff training was up to date staff received appropriate supervision and appraisals.

Staff asked for people's consent before when providing them with support. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet and their dietary needs were assessed and monitored. People had access to a range of healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff supported people with kindness and respected their dignity and privacy.

People and their relatives told us they were involved in decisions about their care.

Staff demonstrated a knowledge and understanding of the people they supported and supported them with their religious and cultural needs.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Complaints were not formally recorded and investigated within the within timeframes set in the provider's complaints procedure.

Staff were knowledgeable about people's support needs and their preferences in order to provide a personalised service.

There were a variety of activities on offer that met people's needs for stimulation.

People's needs were reviewed on a regular basis.

People were supported to maintain and develop relationships with the people that were important to them.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not conduct audits to monitor the quality of the service that people received.

Staff said there was a good atmosphere and open culture at the service, and that both the registered manager and the deputy manager were supportive.

The provider did take into account the views of people using the service and their relatives.However improvement was required to demonstrate that people's feedback was used to drive improvements within the service.

Kentwood House

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 was 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 unannounced inspection took place on 27 May 2016. The inspection team on the day consisted of one adult social care inspector.

Before the inspection we looked at the information we held about the service including notifications they had sent 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.

During our inspection we spent time observing the care and support being delivered. We spoke with three people using the service, two relatives, four members of staff and the registered manager. We reviewed records, including the care records of five people using the service, eight staff members' recruitment files and training records. We also looked at records related to the management of the service such surveys, accident and incident records and policies and procedures.

Good

Is the service safe?

Our findings

People using the service said they felt safe and were well cared for. One person we spoke with told us "I feel very safe here" and another told us "I'm safe".

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse. Staff knew who they would report any safeguarding concerns to. Staff told us they were aware of the organisation's whistleblowing policy and would use it if they needed to.

Risk assessments were completed for each person across a range of possible risks that they might be exposed to. These included skin integrity, falls, nutrition, and medicines. These were regularly reviewed. We saw detailed descriptions of the risks identified and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, where a concern had been raised about someone's mobility, action was identified to reduce the risks.

Medicines were safely stored, administered and recorded appropriately. We found that accurate records were maintained to identify any shortfalls which might compromise safety. We saw that there were no shortfalls or issues identified. People's medication administration records (MARs) included a photograph, details of their GP and any allergies they may have. We saw that people's MARs were up to date and accurate. We saw medicines risk assessments were in place and described the risk and what action to take. One person we spoke with told us, "Staff give me my medicine."

We saw a signing in book was in use in the reception area, to maintain a record of visitors to the home. This was designed to protect people using the service and we observed that staff asked visitors to sign in and out.

People told us there were enough staff members on duty to meet their needs. One person we spoke with told us "There are enough staff, where staff are concerned, I can't complain". Appropriate recruitment checks took place before staff started work. Staff files contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member to reduce the risks associated with employing unsuitable staff.

We saw an accident and incident file recording all incidents and accidents for people using the service. This included the detail of the incidents or accident, i.e. what happened, what action was taken. For example one person using the service had a fall, the incident was documented and the person taken to hospital. We saw that an action plan was in place to minimise future incidents.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Records confirmed this. The fire risk assessment for the home was up to date, staff were aware of what to do if there was a fire, and told us they undertook regular fire drills so as to be prepared.

There was a maintenance book maintained to record any issues identified. We saw that maintenance tasks were completed promptly so that any risks to people were reduced. For example we saw that a bedrail had needed a repair and this was done on the day.

Good

Is the service effective?

Our findings

People we spoke to told us that staff were competent and knew what they were doing. One person said, "Staff know me and know what to do."

Staff training records confirmed they had completed an induction and carried out job shadowing for as long as they needed to become competent when they started work. Staff told us, and records confirmed that they were up to date with their mandatory training which included safeguarding, first aid, food hygiene, mental capacity and medicines training. One member of staff told us, "I get enough training." Another told us, "My training is up to date; I have done my NVQ level 3."

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. During supervision sessions staff discussed a range of topics including issues relating to the people they supported and progress in their role. Annual appraisals had been conducted for all staff that had completed a full year in service. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One member of staff we spoke with told us, "I have regular supervisions where I get feedback about my work."

Staff were aware of the importance of gaining consent from people when offering them support. One staff member said, "I always ask people for their consent before I offer them support".
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked to see whether people's rights had been protected by assessments under the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under each authorisation.

People were supported to have a balanced diet. We found people were supported to have sufficient amounts to eat and drink. One person told us, "I like the meals here, I am a very fussy person but even the sandwiches are tasty." Another person said, "I like the food, I like everything here." Food was prepared and cooked on site. We spoke with the chef about how they met the needs of people using the service. They were familiar with people's individual requirements, including their preferences and any medical requirements or allergies. Kitchen staff also maintained records which included information on any dietary requirements people required. For example, low sugar and fortified meals. Where people needed support with their meal, we saw this was recorded in their care plans and observed staff assisting them accordingly at lunchtime.

People's healthcare needs had been addressed by the service. They had regular appointments with opticians and chiropodists. Records also showed that GPs had been contact when staff had concerns about people's health. One relative told us, "My [relative] sees the visiting chiropodist every six weeks. They have also had an appointment with the optician. I have no worries."

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person told us, "They [staff] are very caring here." A relative we spoke to told us "Staff are very caring."

People were well presented and looked comfortable in the company staff. We observed staff talking to people in a calm and respectful manner. They interacted with people at every opportunity and we noted that people had a good rapport with staff. The service had a relaxed and happy atmosphere.

Staff knew how to support people; they were able to describe the individual needs of people who used the service. For example, the time people liked to go to bed and wake up, and the types of food they liked and disliked. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy. For example, they told us they knocked on people's bedroom doors before entering and kept bedroom doors closed when they were supporting people. One person told us, "Staff always close my door. They always talk to me and know what they are doing." A staff member we spoke with told us "I close peoples' doors and before doing anything I explain what I am doing and ask for consent."

Staff told us and we saw that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and dressing. One person we spoke to told us, "I do what I can, but they [staff] are there to help me, they are lovely."

People were provided with information about the home in the form of a service user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home, as well as details about how to raise a complaint.

Staff showed an understanding of equality and diversity. Care records included details about people's ethnicity, preferred faith, culture and spiritual needs, and staff confirmed people were supported in these areas where appropriate. For example, regular church services were held at the home for people who wish to attend. One person we spoke to told us, "Services are held here if I want to go."

People's relatives were encouraged to visit with them at the home. On the day of our inspection we observed staff warmly welcoming relatives when they visited. One relative told us, "I can visit at any time, I usually go in the evenings and it's never a problem." Relatives told us staff kept them informed and updated about their family member's health and wellbeing. One relative told us, "My [relative] is healthier now than they were before they moved into the home."

People and their relatives told us they had been consulted about their care and support, and that their individual needs were identified and respected. Care plans contained people's life history and preferences about their care. For example, what their former occupation was and what they liked to do on a daily basis such as, listening to music or reading the paper.

Staff told us that it was important to them that people felt at home in the service. A recent survey conducted

by the provider asked people how staff treated them. The response to this was very positive and one person said, "They are so friendly and so caring, I can't ask for anymore."

Requires Improvement

Is the service responsive?

Our findings

Improvement was required because the service's complaints handling process was not effective. The provider did maintain a small note book where issues were listed and then spoke to the complainant informally when they next visited the service. For example, a relative complained that their relative had clothes that went missing in the laundry. There were no records to show that this complaint had been investigated in line with the service's complaints policy. We raised this with the provider who told us that all complaints in the future would be investigated in line with the service's complaints procedure. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection.

People and relatives we spoke to told us they knew how to make a complaint and were confident that there concerns would be dealt with appropriately by the manager. One relative we spoke to told us, "I've never to make a complaint, but would not hesitate to contact the manager if I had concerns."

People using the service and their relatives were involved in reviews of their care and support. The extent people were involved depended on the complexity of their needs. One person we spoke with told us, "I get told everything and my daughter is also involved in my care." A relative told us, "My [relative] is involved in their care planning, but I am also kept informed."

We saw people's health care and support needs had been assessed before they moved into the home. People's care files were well organised, easy to follow and the details of their support were reviewed on a regular basis. People's care plans were person-centred and provided clear guidance for staff on how to support them in the areas of their daily lives including methods of communication, support with personal care, eating and drinking, and mobility needs.

Each person also had a personal profile in place, which provided important information about the person such as date of birth, gender, ethnicity, religion, next of kin and family details, and contact information for healthcare specialists. Daily progress notes were maintained that recorded the care and support delivered to people to ensure that it met their needs.

People were encouraged to participate in activities within the home to offer stimulation and reduce the risk of isolation. These were arranged and delivered by an activities coordinator who worked at the home, seven days a week. There was a weekly activities planner displayed on noticeboards, although the activities co-ordinator explained that people who used the service decided on a daily basis if they wished to take part in the planned activity or preferred to do something else. Activities on offer included bingo, skittles, chair exercise and discussing recent news. For example, on the day of the inspection we saw that the activities co-ordinator and people who used the service were discussing the Queen's 90th birthday celebrations. One person told us, "There are a lot of activities.".Another person said, "There are activities, and I join in, sometimes I prefer to stay in my room."

Staff knew people well and remembered things that were important to them so that they received person-centred care. They demonstrated a good knowledge of people's preferences within their daily routines. For

example, staff knew what time people liked to wake up and go to bed and their preferred time to shower. One staff member we spoke to told us, "One person likes to go to bed early with tea and biscuits and likes to get up early at 6am".

Requires Improvement

Is the service well-led?

Our findings

People we spoke with were positive about the care and support they received and the way in which the service was managed. They told us they thought the service was well run. One person said, "The management are lovely; they do a fantastic job running this place." However, whilst people spoke highly of the management of the service we found that improvements were required to the way in which the quality and safety of the service was monitored.

The registered manager told us that they did not conduct regular documented audits except for the weekly medication checks to identify any shortfalls in the quality of care provided to people using the service. The registered manager confirmed that informal spot checks were carried out in terms of cleanliness, staff competency and care plans. However, these were not documented. The registered manager recognised the importance of this and told us that internal audits to monitor the quality of the service would be implemented immediately. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection.

The home had a registered manager who had been in post for some time and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff told us they were happy working in the service and spoke positively about the leadership. They told us the registered manager was receptive to their feedback and operated an open door policy. One staff member said, "The manager is doing a good job, if I had a concern I would not hesitate to bring it up." Another staff member told us, "The manager is really helpful. The service is well-led; if we have any problems they sort it out straight away."

Staff attended daily handover meetings at the end of every shift so that they were kept up to date with any changes to people's care and welfare. Regular staff meetings were held and these were used to help share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings confirmed discussions took place around areas such as confidentiality, food and fluid charts and ensuring staff wore their badges whilst on duty. One member of staff told us, "We have staff meetings monthly we are able to give feedback and I am listened to." Another staff member said, "We have regular staff meetings; we work well as a team."

The provider told us that regular residents and relatives meetings used to be held to provide people with an opportunity to air their views about the service. However, attendance was poor and people who used the service decided that they did not want to attend these meetings. This was confirmed by people we spoke with. For example, one person told us, "They used to have meetings, but I didn't attend, I not a meetings kind of person." However, improvement was required because relatives we spoke with told us that although they were involved and kept informed of their loved one's care, they would like to attend relative meetings if

they were held. For example, one relative told us, "I haven't been invited to any relative meetings but would definitely attend if I was asked." Another relative said, "We don't go to any relatives meetings, if there was a relatives meeting we would go."

People's feedback about the service was sought through an annual survey. Overall the feedback for 2015 from the most recent survey was positive. However, improvement was required because action had not been taken in response to all feedback from people which suggested areas for improvement. For example, one person's feedback indicated that they would like the Pets at Therapy dogs to visit the service. Another person had stated that improvements could be made by making minor repairs to chipped or damaged furniture. Records we saw did not identify whether or not these comments had been taken on board. We brought this up with the registered manager who said that they were going to be arranging for Pets at Therapy to visit the home and had made initial enquiries. The Activities co-ordinator confirmed this. The manager told us they would use all feedback received to make positive changes.