

M. J. M. (Furnishings) Limited

Kexborough 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

This inspection took place on 15 September 2016 and was unannounced. This meant that the provider did not know when we were inspecting the service. The home was previously inspected in October 2013 when no breaches of legal requirements were found.

Kexborough House is a care home that provides personal care and accommodation for twenty-two older people. Accommodation is on two floors served with a passenger lift and there is a single storey purpose built extension. There is a large landscaped garden to the rear of the property with accessible patio areas. At the time of the inspection 18 people were using the service.

The home had 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 2008 and associated Regulations about how the service is run.

People who used the service and their visiting relatives said positive things about the service, particularly the staff, the management team and the food. One person who used the service said, "The staff are great. I get on with all of them." People told us that they enjoyed the range of activities available in the home, and staff we spoke with and observed understood people's needs and preferences.

There were effective systems in place to make sure people were kept safe. Staff had a good knowledge about safeguarding people from abuse and neglect, and up to date risk assessments were in place. The way staff were recruited was safe and thorough pre-employment checks were done before they started work.

We saw evidence of people's healthcare and nutritional needs being met. Although there was room to improve the storage arrangements, people's medicines were stored and handled safely.

People and those who mattered to them were involved in the assessment about their care, support and health needs and involved in producing their care plans, but there was not always evidence that people were involved in the monthly reviews, so that their views about care and support could continue to be incorporated into the care plans.

Throughout the inspection most staff showed people respect and took steps to maintain their privacy and dignity. People told us that staff always knocked on their bedroom door. One visitor said, "The staff offer such good care. [My family member] is looked after with dignity and respect."

Overall, we found that staff received a good level of training and support, but not all staff had undertaken formal training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The management team asked people to give feedback about their care and support to see if there were any

improvements they needed to make and we saw several instances where their feedback had been used to improve the service. There was a system for the managers to review the quality of care being provided, and the staff team learned from incidents and accidents.

There was information available about how to make a complaint and people were confident they would be listened to. One visitor said, "The management deal with problems straight away. No messing."

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.

The people we spoke with who used the service told us they were well looked after and felt safe. We know from our records that safeguarding incidents were reported and dealt with appropriately.

People had care plans and risk assessments associated with their needs and lifestyles.

Although the storage arrangements could be improved, people's medicines were stored and handled safely.

The way staff were recruited was safe and thorough pre-employment checks were done before they started work.

Is the service effective?

Good 

The service was effective.

The management team were aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and were following the code of practice and further training was planned for members of care staff.

People were supported by staff who were trained and supported to give care and support that met people's needs.

People were supported to have a balanced diet. Their plans were clear about what they liked and didn't like and included guidance about any special dietary requirements.

People told us the staff supported them with their health needs. The records we saw showed people saw their GP and other specialist healthcare professionals when they needed to.

Is the service caring?

Good 

The service was caring.

We found that staff spoke to people with warmth and respect,

and staff took into account people's privacy and dignity.

Staff had a good knowledge of people's diverse needs and preferences.

People we spoke with said they did participate in their assessments and care planning.

Staff also showed concern for people's relatives. One person's relative said, "The staff are so caring towards us as a family".

Is the service responsive?

Good ●

The service was responsive.

There were arrangements in place to regularly review people's care plans.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated.

People told us they enjoyed the activities available to them in the home and there was regular entertainment, but some people wanted more opportunities to go out.

Is the service well-led?

Good ●

The service was well led.

People who used the service, their relatives and staff told us that the registered manager and all members of the management team were accessible and approachable.

The managers asked people, their relatives and other professionals what they thought of the service and also checked the quality of the service themselves, using audit tools. They took action to address any areas identified as needing change or improvement.

Kexborough 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 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.

The inspection was unannounced and was carried out on 15 September 2016. The inspection team was made up of two CQC adult social care inspectors and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service

Before our inspection, we reviewed information we held about this service and the provider, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the service. We contacted Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted Sheffield Council who commission services from the provider. They had no concerns to share with us.

During the inspection we spoke with 12 people who used the service and seven people's relatives. We spoke with 10 staff including senior carers, activity coordinators and ancillary staff, and the regional and deputy managers. We also checked the personal records of six people who used the service. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the management team.

We observed care taking place in the home, and saw staff undertaking various activities, including handling medication and using moving and handling equipment to support people. In addition, we undertook a Short Observation 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.

Is the service safe?

Our findings

All the people we spoke with said they felt safe. People's comments included, "I have always felt safe here," "The security here is good. Strangers cannot get in"; "My daughter knows I am in a safe place. The staff make sure we are safe," "I am in safe hands. I am sure of that" and "The staff do all they can to make us feel safe and secure."

All the visiting relatives and friends we spoke with were confident that their loved ones were safe and well cared for. They said they would speak to someone if they were worried or had any concerns. All relatives we spoke with said they had regular contact with the registered manager. Relatives said: "We feel really settled that our friend lives here. They are so much safer now," "[My family member] looks so much happier now the stress of living at home has gone" and "[My family member] is so much safer here. We have no anxieties about them being here. The staff keep them all safe."

The staff were aware of the role they played in keeping people safe by reporting any concerns. Staff were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The training records showed that staff received training in the safeguarding of vulnerable adults. Staff member's comments included, "We have done loads of training. I have recently done some training on safeguarding people," "We work closely as a team and watch out for any signs of abuse or neglect" and "If we are worried about anything, we are all told to report any concerns we have straightway."

People said that there were enough staff. For instance, one person said, "The staff give me good attention. I don't have to wait long for anything." Another person told us there were enough staff at night. They said, "The staff go around at night to make sure we are alright."

The visiting relatives we spoke with said there were enough staff. For instance, one person's visitor said, "There always seems to be enough staff" and another relative told us, "Staff are always there if you need them."

We saw there were sufficient staff to carry out their care tasks calmly and efficiently, as well as dealing with enquiries, attending to visitors and chaperoning visiting professionals.

Each person's file we checked included assessments about any risks to which they may be vulnerable. This included a fire evacuation plan and up to date risk assessments for areas such as moving and handling, falls and nutrition and hydration. These were detailed and set out the steps staff should take to ensure people's safety.

We asked three members of care staff about how one person who used the service was kept safe. The staff were clear and described in detail what they needed to do to make sure the person was safe and protected from harm or injury.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents, pressure ulcers and injuries. We saw that a member of the provider's senior management team carried out a monthly audit of the home, and part of this audit included checking these. The frequency and outcome of all incidents was reviewed by the registered manager, and individual incidents were followed up to check the outcome.

We looked at personnel files for staff members and these showed that the recruitment procedures had been designed to make sure people were kept safe. Checks had been completed before staff worked unsupervised and these were clearly recorded. The checks included taking up written references, identification checks, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines and these were readily available to staff.

There was no, single area dedicated to the storage of people's medicines. This was not ideal, and made things more complicated and time consuming to and keep track of and to audit, as medicines were kept in different of areas of the home. Despite this, we found that medicines were securely stored and, there were appropriate arrangements in place to make sure that they were safely managed. Medicines were only handled by members of staff who were appropriately trained. There were effective systems in place for checking stock, and for keeping records of medicine that had been returned to the pharmacy.

People's care records included details of the medicine they were prescribed and any side effects. Where people were prescribed medicines to be taken on an 'as required; basis, (PRN), for pain relief and for anxiety. There were descriptions of how people expressed pain, including gestures or other signs to help staff know that they might require PRN medicines.

Medicines were audited on a monthly basis by members of the management team, and any issues identified were followed up, with records of action taken. We checked the most recent audits and saw that correct procedures were followed.

People we spoke with told us they always got their medicines on time. One visitor also confirmed this, saying, "We come every day. The staff are wonderful," and "[my family member] always gets their medication on time."

One staff had recently become the infection control 'champion' and we saw that staff had received training in infection prevention and control. They followed good practice guidance, in using (PPE) appropriately. When we looked around the home we found it to be clean. However, there was a smell of urine in one, unoccupied bedroom.

Although a lot of maintenance and improvement work had been completed, there was further refurbishment necessary. This was particularly in the kitchen, some toilets and bathrooms, the cleaning and sluice rooms and the laundry. This was identified in the provider's action plan, with a planned completion date of August 2017.

Is the service effective?

Our findings

We saw there was a good choice of food available. Staff were very encouraging when helping people to make choices. If people had forgotten what meal they had ordered, staff helped by reminding them of the choices again. One person told us, "I can never remember what I have ordered, someone always reminds me."

Some people had specific communication needs and we saw that the staff were positive and patient in their approach. They encouraged people to drink plenty, as it was a hot and sunny day. Everyone was encouraged to have an iced lolly or other cooling drink. Everyone we spoke with was complimentary about the food, and about the cook. People's comments included, "The food is smashing. I always get what I like"; "[The cook] always makes me something that I like. She is great," "We get good wholesome food, and plenty of it," "I have no complaints about the food, they get it just right," "They are always asking us if the food is alright," "The food is fresh and good for me" and "I have put weight on since I came to live here. This is better food than I was eating at home."

We checked people's care plans to look at information about their dietary needs and food preferences. Each file included up to date details, including screening and monitoring records where people were at risk of poor diets or malnutrition. People's weight was monitored. For people who were assessed to be at risk we saw records of their food and fluid intake. Food supplements had been prescribed for people who were at particular risk.

The staff we spoke with showed a good understanding of people's nutritional needs and dietary preferences. Staff told us, "We discuss the food and choices at the residents meetings" and "If there is anything different that we need, we just go to the local shops."

We saw people having lunch. Interaction between staff, people who used the service and the visitors was good, being warm, friendly and unhurried. Staff spoke to people and not just in relation to the tasks associated with serving. Some people's relatives told us that they often came in to help at mealtimes and make sure that their family members retained their appetite. Their comments included; "[My family member] now eats far better than when they were at home. They have put weight on, which is a good thing," "[My family member] likes the food here," "Everything is home cooked. It is lovely. I also get a meal if I want one," "[My family member] can have whatever they like and I can sit with them and have a meal."

The atmosphere in the dining room was calm, with a lot of social interaction. Staff spoke quietly to each other and did not talk across the room or over people. Staff offered to help people and when people required assistance with eating, this was done at each person's pace with explanation, reassurance and encouragement from the staff who were assisting.

One person told us, "The staff know what they are doing. They care for me so well." Staff told to us about the systems in place for making sure people received effective care. They said that additional support from external healthcare professionals was readily available, and they were confident in making referrals to, and

gaining support from, these resources. The records we saw showed that people were referred to healthcare professionals when necessary and these visits were recorded in people's records. One person confirmed this, saying, "I have my own optician. The staff make me an appointment when the time comes around." One person's relative said, "[My family member] always gets to see the community nurse regularly. Every day if necessary." Another relative told us, "They always let me know if [my family member] is seeing, or has seen the doctor." While another said, "Communication is great. They always let me know if [my family member] is not well."

We saw that where an external healthcare professional had been involved in someone's care, their care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

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. 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).

Four people were subject to DoLS authorisations at the time of the inspection. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams.

We also checked records in relation to decision making for people who are unable to give consent. This showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. The staff we spoke with had a good understanding of the MCA and DoLS and was able to apply this in practice, ensuring people's day to day care and support was appropriate and that their needs were met. We also saw that there was an action plan in place to provide staff with specific training regarding care planning, to make sure that the care planning decisions were made in the best interests of each person using the service.

We checked the care records of two people who lacked the capacity to consent to their care and found that appropriate arrangements were in place in relation to this. There was evidence in people's records that they lacked the capacity to make a particular decision in their own best interest. Meetings had been held to establish what the person would want. Where best interest decisions had been reached, they were reviewed on a monthly basis to make sure that they remained in the person's best interest.

We asked three members of staff about whether they felt supported by the provider and the home's management team. They told us that they did. Two of the staff we spoke with said there were good training opportunities.

Most care staff we spoke with had nationally recognised qualifications in health and social care. Many had undertaken further training in areas that were appropriate to the people they supported. We checked the provider's training records and saw that all staff had received training covering the needs of people living with dementia. The records we saw and the discussion with most staff also showed that new staff undertook a well organised and thorough induction, based on the common induction standards

We asked three members of staff about the arrangements for staff supervision and appraisal. They told us

they received regular supervision and said they found this both supportive and useful. They confirmed they received appraisal on an annual basis. We did note that the recent records of staff supervision we saw were written in a 'directive' fashion, focussing on what standards staff must attain, without including discussion about staffs' welfare, training needs and personal development. We discussed this with the registered manager, who undertook to make sure more detail of the discussion that took place with staff was included in their supervision records.

The home was purpose built and was clean, spacious, light and airy. The corridors were uncluttered with plenty of seating areas. There were several lounges, one on each floor were used as communal lounges and others as quiet areas. Books and music was available for people. There were two dining areas, the one downstairs having been recently decorated.

We checked to see that the environment had been designed to promote people's wellbeing. One person said, "It's always clean, tidy and warm. I like it very much." One person's visitor said, "I like it. It's always warm and clean. It's homely." We saw that people's individual needs were met by the adaptation, design and decoration of the home. The home was homely, reasonably well maintained and decorated and furnished in a style appropriate for the people who used the service. People told us they liked living there. Each person had their own bedroom and they were supported to personalise their room by bringing in pictures and possessions to display. There were different seating areas, which meant people could either spend time with others or be on their own.

Is the service caring?

Our findings

People and their relatives were happy with the care provided. For instance, people's comments included, "The staff are great. I get on with all of them," "They treat us so well" and "The staff are so good and caring."

Everyone we spoke with was complimentary about the staff and the registered manager. For instance, relatives' comments included, "There is nothing that [the registered manager] will not do for us. We are so lucky to have her'," "[The registered manager] makes sure that everyone is so welcoming" and "I love the atmosphere here."

We saw that all visitors were greeted warmly. There were friendly interactions between staff, visitors and the people who used the service. The friends and relatives we spoke with said, "The staff are so caring towards us as a family," "The staff are fabulous. They are brilliant" "All the staff are very caring," "The staff offer such good care. [My family member] is looked after with dignity and respect," "The staff work so hard," "The staff at Kexborough House are excellent" and "They do a much better job at looking after [my family member] than I could."

The staff were seen sitting with people and chatting throughout the day. They were warm, friendly and engaging in their interaction with people. We saw that staff spoke to people in a kind and considerate way, treating people with respect. Staff showed concern for people's wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable. One member of staff said, "I wouldn't work here if the care was not good." Another of the staff we spoke with said, "I love working here. It's like a big family."

Staff explained how they made sure that each person's rights and choices were respected and we saw how this ensured that people's religious, cultural and personal diversity was recognised, with their care plans outlining their backgrounds and beliefs. For instance, one person we spoke with said, "It is wonderful that they get me to church. We also have a service in the home."

People's privacy and dignity was upheld when staff knocked on people's doors and waited for a response before entering. We spoke with two staff about how they respected people's privacy and dignity. They described the steps they routinely took, including how they protected people's dignity when providing personal care. They told us they believed promoting respect and dignity for people was a very important aspect of their work. One staff member had recently become the dignity champion. A dignity champion is a staff who signs up to act as a good role model and, to educate and inform all those working around them, in order to promote dignity in people's care.

We looked at the arrangements in place to enable people to be involved in decisions about their care. Some people we spoke with said they did participate in their care planning. We saw evidence of this in their files. Staff told us that the home made sure people were aware of the local advocacy service, so that people could have access to an advocate if required.

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and requests. They spoke very positively about their experiences. For instance, one person's relative told us, "Coming to live in Kexborough House is one of the best decisions [my family member] has ever made. He is a new person."

We saw that there was a range of activities on offer and people said that they enjoyed them. One of the activities we saw on the day of the inspection was a group crossword puzzle. People were seen to be fully involved and concentrating, and laughing at the outcomes. People's comments included, "I do enjoy the grounds. It is lovely to be out on a sunny day." "The activities are great. We play lots of games and have entertainers in from time to time," "There are plenty of marvellous activities" and "The activities and games keep you mentally active."

However, some people told us they would like to get out more, on trips to the seaside or in the local area. One person said, "It would be lovely to go out to the seaside sometime." Another person added, "I would be willing to pay extra, to get out to the coast."

We saw that other members of staff supported the co-ordinators and took part in activities. This was appreciated by people's relatives. One relative said that their family member enjoyed the activities, but added, "More entertainers would be nice." While another relative said, "There seems to be enough activities, but [my family member] would like to go on trips and outings."

One visitor said their family member's health and wellbeing had improved since moving into the home. Another visitor said their mother loved the fact that a hairdresser came regularly. They said, "People do benefit from the extra attention. It is about quality of life."

We found that people's files were detailed and set out how to support each person, so that their individual needs were met. They told staff how to support and care for people to make sure that they received care in the way they wanted and needed. People's care was reviewed regularly to make sure it met people's needs.

People's care plans included a range of information that covered all aspects of their health and personal care. The information included personal hygiene, mobility, medicines and wellbeing. We saw that care plans included details of people's life history. In one person's care plan we saw that they had written their own life history details. We found that care plans and risk assessments had been reviewed at regular intervals and responsively.

There was information about how to make complaints available in the communal area of the home. This was also featured in the service user guide, which was a document setting out what people who used the service could expect. We saw the record of complaints and found that where complaints had been received, the registered manager had conducted thorough investigations.

We asked people who used the service and their relatives about how they would make a complaint. Everyone knew how to complain and knew who they would choose to tell about any concerns. People were confident they would be listened to. One person's visitor said, "I did have a concern about something. I saw the registered manager and it was dealt with immediately." One relative said, "I can turn to any member of staff or the managers to raise concerns. I feel they will be dealt with," Another relative told us, "The management deal with problems straightaway. No messing."

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. The registered manager told us their desire was to provide a homely, non-institutional environment. From our observations of the care provided; the warm atmosphere of the home, the positive comments of people and their visitors we felt this had been achieved. This indicated that the team have had good, clear leadership. For instance, people's comments included, "I would not hesitate in recommending this home to anyone" and "The best thing is that [my family member] is living within her own community."

Everyone we spoke with told us the registered manager was approachable and open to new ideas. They confirmed that she was regularly seen around and about the home and clearly knew all the people in her care well. For instance, people's comments included, "[The registered manager] is wonderful. What would we do without her?" "Nothing is too much trouble for [the registered manager]," "The manager is so caring towards everyone" and "The manager has an open door policy."

We saw the results of the last surveys completed by people using the service. We also looked at the minutes of recent residents' meetings. We saw that people were asked if they had any suggestions, issues or problems they wished to raise at the meeting. The people we spoke with and their visitors confirmed that they could speak with privately with the registered manager if they had any concerns and that registered manager's office door was always open. For instance people told us, "They [the staff] are always asking us if everything is alright in the home" and "It is nice for them to be asking us if anything needs to change." This told us that people's views were sought so they could influence how the home was run.

People's relatives said there were not regular relatives' meetings'. One relative told us that they doubted that there was a need, as everyone could speak with privately with the registered manager if they had any concerns and that registered manager's office door was always open. One relative we spoke with said, "We can talk to [the registered manager] about anything. She is so helpful", while another relative said, "I would be willing to get involved if there were regular relatives meetings."

The staff we spoke with were happy to work at Kexborough House. They thought all members of the management team were approachable and supportive. For instance, staff said, "The management team are very supportive" and "The owners come from time to time. They ask us if everything is going well." They told us they were able to contribute to decisions about the service.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the measures the provider could use to address poor performance. Two staff told us that staff meetings took place regularly and were well attended. We checked minutes from two recent team meetings and found that the record of discussions could better reflect that staff had contributed to decisions about the service.

There was a quality audit system used within the service. We saw that the registered manager and area manager both completed regular checks of the quality of the service provision. The registered manager's

monthly checks included medicines, staff management, infection control, maintenance and care plans.

The area manager also completed a monthly quality check at the home. We saw examples of action plans completed by the registered manager as a result of these visits. People we spoke with were able to confirm that the area manager came to visit the service regularly and asked people for their views.