Milton Keynes Council

Kilkenny House

Inspection report

Kilkenny House Very Sheltered Housing Scheme
Stoneliegh Court Westcroft
Milton Keynes
Buckinghamshire
MK4 4BP

Tel: 01908506408

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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

Kilkenny House is a sheltered housing with care scheme, registered to provide personal care support for older people. At the time of our inspection there were 29 people receiving care and support.

At the last inspection, on 14 October 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety.

People received their medicines as prescribed and risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staffing levels ensured that people's care and support needs were safely met and safe recruitment processes were in place.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the registered manager and senior team and had regular one to one supervisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff supported people to access support from healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure people received coordinated and person-centred care and support.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

During the inspection we were made aware of on going environmental fire safety concerns at the service. People using the service were receiving a personal care service and had separate tenancy agreements for

their accommodation. Therefore, the accommodation provided to people is not regulated by the Care Quality Commission. We contacted the local fire authority, who was already aware of the concerns. Temporary measures had been implemented to mitigate the current risk to people and the provider was working with the housing provider and the fire authority to develop a long term solution.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Kilkenny 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.

This second comprehensive inspection took place on the 7 November 2017 and was announced. We gave the service 24 hours' notice of the inspection to ensure that staff were available to support the inspection.

The inspection was undertaken by one inspector and one 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 care service. The expert by experience for this inspection had experience of co-ordinating care services for their relative.

Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including questionnaires that had been completed by people who used the service and community professionals. We also reviewed statutory notifications that the provider had sent us; a statutory notification is information about important events which the provider is required to send us by law. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection we spoke with eleven people who used the service, one person's relative and a community nurse who was visiting to provide clinical support to people. We also spoke with six members of staff including care support staff, team leaders and the registered manager. We looked at four records relating to the personal care of people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for staff, staffing schedules and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People using the service continued to feel safe with the support they were receiving. One person said, "I always feel safe. Because I can't walk, can't do much, they [staff] do all my bits and pieces, I trust them." All the staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One member of staff said, "I haven't had any safeguarding concerns, but if I did I would go to the team leader or manager. Outside of that I could go to CQC or the local authority." People had risk management plans in place to mitigate the risks in different areas of their lives. These included; mobility assessments, risk management plans for specific activities such as smoking and eating and drinking risk assessments where people were at risk of choking. We saw that assessments were completed in a way which promoted people's choices and independence.

Sufficient numbers of staff were allocated to people's care visits to provide the support they required. People told us that there were sufficient staff available to meet their choices and needs. One person said, "It's never felt like there aren't enough carers, they come pretty fast if I need them." Rotas we looked at showed us that staffing was consistent, and people were given care and support by a dedicated staff team. Safe recruitment processes were followed to ensure that staff were suitable for their role.

The service safely supported people with the administration of medicines. Staff were suitably trained to administer medicines, and accurate records were maintained. Regular audits took place to make sure that medicine stock was accurate, and safe systems were in place to ensure that people received their medicines as prescribed.

People were protected from risks to their health and well-being by the prevention and control of infection. People told us that they saw staff working in a hygienic way. One person said, "They wear gloves and an apron, everything is kept clean. I can't fault it." Staff had been provided with training in infection control and there were clear protocols in place to manage infection risks such as the risks associated with blood glucose monitoring for diabetes.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. We saw records of people's falls, where action had been taken to analyse the circumstances of the fall and measures put in place to prevent a re-occurrence. Accident and incident recording was discussed in staff meetings to emphasise the importance of accurate, clear recording. The registered manager subscribed to an electronic alert system to ensure that the service was aware of any safety alerts for equipment or medicines that may be in use.

Good

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment considered the person's background, their current situation, the support they required and any risks involved. The information gathered was used to produce a plan of care that was reviewed and updated as staff got to know the person. One person had been unable to walk when the service first began providing support, through intensive support from staff, using equipment to support the person's mobility; they were now able to walk. The person told us, "When I came here I couldn't stand up, they got me up on my feet and I am walking because of them."

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person said, "They're very skilled, well trained, all my carers know what they're doing and how to support me." Staff received training, supervision and appraisal to enable them to confidently and competently support people with a wide range of needs. One member of staff said "We do all the mandatory training and can request extra training, I'm doing diabetes distance learning, they asked me whether I wanted to do it in my appraisal." New staff completed the Care Certificate, which covers the fundamental standards expected from staff working in care.

People were supported to maintain a healthy and balanced diet. People could choose whether to have staff support to prepare a meal in their flat, or eat in the communal dining area. People who ate in the dining room chose their meals from a menu in advance, some told us they had difficulty remembering the choice they had made. One person said, "There is occasional choice, I think it's a four week rotation, it's quite good food." Any special dietary requirements were documented in people's care plans and provided by staff.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health services, end of life support services, memory assessment services and reviewing officers. People told us that they had been supported to access different services when needed. One person told us, that they had a particular medical condition which meant that they needed to attend regular appointments with a specialist, they said, "They all liaise very well. The staff at Kilkenny House have found out all the information about this disease and they now know how to look after me, what to look for."

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "Staff noticed my breathing wasn't right last week, they notified the office, they called out the doctor. I was seen straight away." A community nurse was visiting people who used the service on the day of inspection, they said, "The staff are very good, they phone if there is an issue and they are very good at following care plans and instructions." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People were encouraged to make decisions about their care and their day to day routines and preferences. One member of staff said, "We need to consider people's ability to make their own decisions and if

necessary provide them with the support and information they need to make a decision. We shouldn't just assume that people don't understand." People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in the community fall under an order from the Court of Protection. Staff had a good understanding of people's rights regarding choice, and appropriate assessments were carried out with people.

Good

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. People told us that they had positive relationships with staff, one person said, "They [staff] are wonderful, they treat me like family." Another person said, "I've got a good relationship with them [staff], they've spent a lot of time talking to me, helping me to communicate, making sure they understand what I'm saying." People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person said, "The carer knows me and asks if I'm alright, if something needs a change we talk about it, they ask me what I want to do. I'm always given information about everything." We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing care the way they wanted.

The privacy and dignity of each person was respected by all staff. People lived in their own private flats and the people we spoke with confirmed that their privacy was respected by staff. One person said, "The curtains are kept closed until I'm ready." Another person told us, "It's not necessary to close the bathroom door, as long as the door to the flat is closed, the curtains are closed and the garden door is locked."

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. One person said, "I can't be as independent as I'd like anymore, but I do all I can, they encourage that; if you can do something, they suggest you do it."

Good

Is the service responsive?

Our findings

People received care that met their individual needs and they told us that they felt involved in decisions about how they would be supported by staff. One person said, "I know what they [staff] are meant to be doing, they do it well." The person told us that currently they were happy with their care plan but, "I know we can change it when I need to. It's reviewed pretty frequently, we don't miss anything." Care plans were signed by people and demonstrated that people had been involved in planning all aspects of their care.

A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people and where appropriate their relatives. The care plans we looked at contained personalised information about people's specific likes, dislikes, personal history and preferences. We saw that care plans were reviewed regularly with people; people were asked whether they felt staff respected their cultural and social values and beliefs as part of these reviews.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, where people had a sensory impairment, the service had accessed support from the sensory advice resource centre.

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon as required. One person said, "I go to the manager immediately, she's very good." People said that when they had raised concerns, these had been handled appropriately and they had been happy with the outcome. We saw that there was a clear complaints policy and procedure in place, complaints were logged and monitored electronically.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The registered manager and staff were committed to providing good end of life care to people. The registered manager said, "We have really improved the way we provide end of life care, we've put extra training in place and accessed support from the district nurses and hospice at home team." We saw that people were given the opportunity to discuss their preferences and choices for their end of life care. Senior staff had produced an end of life care guide for staff, which provided information and advice taken from best practice guidance regarding the five key priorities for care. This provided staff with the information they needed to meet people's psychological, emotional and physical needs at the end of their life.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of the responsibility to submit notifications and other required information.

The service had a clear vision and values that all staff were committed to working together to achieve. One member of staff said, "We want to try to prevent people having to go into hospital if it's not necessary. We want to support people to have the best lives they can and be as independent as they can." The registered manager had a good awareness of all aspects of the running of the service. Staff told us, "[Registered manager's name] is fantastic, they have lots of knowledge about all the people we are supporting."

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. We saw that the atmosphere within the service was positive and friendly. People told us that the registered manager was approachable and supportive. One member of staff said, "[Registered manager's name] is very kind and caring, they are always there to listen if there are any problems." Regular team meetings took place, which covered a range of subjects. We saw minutes of meetings held, and these reflected an open and transparent culture with discussions about staff training, a confidential support service that was available to staff and the responsibilities of being a keyworker.

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires were completed by people, which enabled them to provide their view of the service they received. We saw that feedback was positive. People felt able to speak to the registered manager about their experiences of the service. One person said, "It's very well managed, [registered manager's name] is excellent, they're so friendly and always available to speak to, you can tell them anything." People were able to attend regular meetings and spoke positively about these. One person said they liked to attend, "Because then I'm part of it, I have a say in it all."

Quality assurance systems were in place to help drive improvements and ensure sustainability. These included a number of internal checks and audits as well as a provider audit, undertaken by the operational manager. These helped to highlight areas where the service was performing well and the areas which required development. Audits took place to monitor key areas of the service, and actions were implemented when any errors or faults were found.

The service worked in partnership with other agencies in an open, honest and transparent way. We were made aware of environmental fire safety concerns during the inspection and the provider was working with the housing provider and fire authority to rectify these. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had

displayed their rating as required.