

Birmingham City Council Kenrick Centre

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection, which took place on 16 and 17 June 2015. At our last inspection in June 2014 there were three areas where the service was not meeting regulations. We found improvements in two areas, but have on-going concerns in regards to how people's rights were being protected.

The Kenrick centre is a purpose built centre, which is registered to provide two types of service.

On the first floor there is an enablement service which provides personal care for 32 people for up to six weeks following discharge from hospital. The ground floor is registered to provide accommodation for persons who require nursing or personal care for 31 people.

A registered manager is required to manage this service. The provider had chosen to register two managers for this service. There were two registered managers in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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 said they received a safe service, procedures were in place to reduce the risk of harm to people and staff were trained and knew how to report and deal with issues regarding people's safety. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Sufficient staff were employed to provide care and support to people and ensure their needs were met. People received a service from staff that were trained, supervised and supported to ensure they were able to perform their role well. People's rights were not fully protected.

People said they enjoyed their food and had a choice of food and drink to ensure they received a healthy diet.

People's health care needs were met and people said they saw the doctor and other health care professionals as needed. People received care from staff who were respectful, kind, caring and ensured people's privacy and dignity was maintained.

People were able to participate in various social activities if they wished, and were confident their concerns would be listened to and acted upon. Clear systems were in place to investigate and respond to people's concerns and complaints.

People were happy with the service they received, but procedures needed further development to ensure people felt fully involved and to ensure staff had the tools to protect people's rights at all times. Safety concerns in the environment were not acted upon in a timely manner, despite the registered managers bringing them to the attention of the provider.

The action we told the provider to take can be seen at the back of the full version of this report.

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. Procedures were in place to manage risks and this ensured people's safety.

There were sufficient numbers of staff to provide care and support to people.

People received their medication as prescribed.

Good



Is the service effective?

The service was not always effective.

People were not fully supported to give consent to their care in all instances.

People felt staff were trained to meet their needs and staff received the training and support necessary to do their job.

People had a choice of food to ensure a healthy diet and had access to health care professionals.

Requires Improvement



Is the service caring?

The service was caring.

People were supported by staff that were kind and caring.

People's individuality, privacy, dignity and independence were promoted.

Good



Is the service responsive?

The service was responsive.

People were happy with the care they received.

People were supported to participate in activities if they wanted.

People were confident their concerns would be listened to and addressed.

Good



Is the service well-led?

The service was not consistently well led.

People were happy with the service they received and felt managers were approachable.

Systems were in place to monitor the quality of the service, but procedures were not fully developed to support people's involvement and to help staff to protect people's rights.

Requires Improvement



Kenrick Centre

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 16 and 17 June 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and

safeguarding alerts which they are required to send us by law. We reviewed reports that the local authority sent us on a regular basis for any concerns they may have about the service.

During our inspection we spoke with 11 people that lived at the home, two relatives, the registered managers, two team leaders, 14 care staff and one house keeping staff. We looked at the care records of five people and carried out general observations throughout the inspection. Other records looked at included, staff training records, audits and monitoring records completed by the registered managers. We also looked at records of meetings with relatives and people living at the home, compliment and concerns.

Not everyone could tell us in detail about their experience. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met. SOFI is a way of observing care to help us understand the experience of people who could not talk with u

Is the service safe?

Our findings

At our inspection in June 2014 a number of staff had not had training on how to keep people safe from abuse and harm. Staff told us and records showed that this had now been addressed by the provider.

All of the staff we spoke with were able to tell us what abuse was and what their responsibilities were if they had any concerns about people's safety. One member of staff told us, "Any concerns are reported to the senior staff or the manager who will deal with them. We have training in how to protect people and if I had any worries I would document them as well as reporting to senior staff."

Our records showed that when incidents relating to people's safety had occurred, senior staff acted appropriately to keep people safe.

All of the people we spoke with told us they felt safe. One person told us, "I feel safe here, safer than at home. There is a cupboard you can lock your belongings in. It's good." Another person said, "I am quite happy and safe here." A relative told us, "[Person's name] is safe here, more so than in her own home."

Information on keeping people safe from abuse was on display around the service, with details of who to contact if people had concerns. This was in easy read format, for people and visitors to the service to see.

Staff spoken with knew the procedures for handling emergencies, such as fire and medical emergencies. Staff said that risk assessments were in place and kept under review as new risks were identified, ensuring that people were safe whilst receiving care and support.

We spoke with staff about incidents that had occurred that had changed their practice. One member of staff said that

people that used the residential service were having a number of falls. The staff member told us this had been discussed in a meeting, which resulted in changes to the environment and increased monitoring, which led to a reduction of falls.

People using the service, relatives and staff told us there were sufficient staff to meet people's needs and expressed no concerns about staffing numbers. One person told us, "There is always someone around. The staff make sure we get what we need." We observed that people's needs were attended to in a timely manner and that people were not kept waiting for their care needs to be met.

We spoke with two new members of staff about how they were recruited into their role. They told us that all the required recruitment checks were undertaken before they started working and that they received an induction into their role. At our inspection in June we found that a number of staff were noted as not having had a Disclosure and Barring Service check (DBS). During this inspection records showed that all staff had received this check, so staff were checked to ensure they were suitable to work with people.

People received their medicines as prescribed and people on the enablement service were supported to manage their own medication. Medication administration records looked at showed that people received their medicines as prescribed. Procedures were in place for the safe storage, receipt, and disposal of medicines. All staff that administered medication said they received training to do so. We saw that there was an electronic system in place to enable the registered managers to have a real time over view of everyone's medicine, so they could tell at a glance if someone's medicines had not been administered.

Is the service effective?

Our findings

At our inspection in June 2014 we found that staff that worked in the residential service had not received training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and people's right were not properly safeguarded. During this inspection we found that training had been provided for staff. However, we found the registered manager and senior staff for the residential service did not have a practical working knowledge of the MCA and DoLS. For example, the registered manager told us that only two people using the residential service lacked capacity to make complex decisions about their care and that DoLS applications had been made, but not yet granted for these two people. When we spoke with staff they told us about 50% of people lacked the capacity to make all decisions about their care and that some of these people needed constant supervision and monitoring to ensure they were cared for safely and were not free to leave the home. With the exception of one person, no MCA assessment had been completed for people, that staff said lacked capacity and DoLS application had only been made for one person. Following the inspection the manager confirmed that she had made the appropriate applications for the people who she identified as being deprived of their liberty.

A member of staff told us about one person who they said had a DoL in place. We reviewed the person's record and found that their DoL authorisation had expired in January 2015 and no application had been made to extend the authorisation. Senior staff told us that this person needed interventions from staff, which they did not consent to and the person did not have the capacity to give informed consent. This included medicines hidden in drinks or food when they became distressed and being removed from communal areas without their consent.

We found that some decisions were made on behalf of people without the appropriate process being followed. For example, one person's care record showed that a decision had been made not to attempt resuscitation in the event of a cardiac arrest. We found a brief note in the person's care record to show that discussion had taken place between the people's GP and the nearest relative to make this decision. However, no assessment of the person's capacity to make that decision for themselves had been made and we saw no evidence of how the person was supported to

be involved in the decision. We discussed this with senior care staff who confirmed that no assessment had been made of the person's capacity and that the person had not been involved in the decision making process. This was in breach of regulation [11] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff asked people's permission before they supported them with their care needs. Staff were able to explain how they obtained consent to provide care on a daily basis. For example staff said they always explained things to people and give them the choice to agree or disagree. Staff told us that if people declined support, they would try again later. Staff understood that people had the right to choose the care they received. All staff said they if they thought someone could not give consent they would report it to senior staff.

At our inspection in June 2014 we saw that not all staff had received core training to do their job. Training record looked at and staff spoken with during this inspection confirmed that a number of areas of training had been addressed. We observed a member of staff supporting someone with moving and handling and this was done in a skilled way. Staff told us they had induction training, which included shadowing and experienced member of staff, which ensured they were given support as they settled into learning about the service and the people they supported. A member of staff told us they can book any training they felt they needed. All staff confirmed that they received supervision, staff meetings and appraisal to support them in doing their job. A staff member said, "I have regular supervision and training." People told us they thought staff were trained to meet their needs. "They seem to know what they are doing. I think they do get training."

People told us they had enough to eat and drink and had a choice in what they ate and drank. One person told us, "The food is okay and there is a choice. I help myself to drinks and there is always water and fruit juice available." Another person said, "I love the food here and I always finish my plate." Someone else commented, "We should be thankful to the chef and the staff who support us here." I would not be able to cook food for myself."

People's specific dietary needs were met. Staff told us that a choice of foods to meet people's individual preferences

Is the service effective?

and need was on offer. One member of staff told us, “We do have people living here with diabetes. We inform the kitchen of people who require a diabetic diet and this is recorded every day on the menu requests.”

Staff told us that where people were at risk of poor nutrition, this was assessed and managed to ensure people received a healthy balanced diet. Staff told us that fortified foods and drinks were provided if needed. If people were at risk of losing weight their weight was monitored as required and referral made for dietician and speech and language support if necessary.

People told us that drinks and snacks were available to them throughout the day. We observed that people were continually being offered drinks, throughout the day. We

saw a member of staff helping people to choose their meal for the next day, explaining the choices that were available, so people could choose what they wanted to eat. During lunch we observed that staff were attentive to people and offered support where needed.

People’s health care needs were met. In both service areas people said they were supported with their health care needs and had no concerns. One person told us, “Someone comes here and do my feet/leg exercise and also observe me when I prepare snacks for myself.” A relative said “[Person’ name] had a fall and the home called an ambulance immediately.” Staff told us that the GP, optician, chiropodist, dentist and community nurses visited regularly to assess and provide health care support to people.

Is the service caring?

Our findings

All of the people we spoke with told us the staff were kind and caring. One person told us, "The staff are marvellous, they are very kind." One relative said "I think the standard of care is 100%." Another relative said, "we would like to recommend this service to others, but this place is always full." We observed staff interacting with people throughout the day of our inspection. We saw they were polite, respectful and friendly in their approach to people.

Staff spoken with had a strong commitment to provide care and support based on people's individual preferences. A member of staff told us although the care plans contained details about people's needs, people may change their minds daily depending on how they are feeling, "So I always ask and explain things, sometimes using flash cards, to support communication if needed."

During our time at the service we saw that staff showed kindness and compassion in their attitude and interactions with people. Staff were friendly and we saw that they

laughed and joked with people. We observed staff supported people to move around the home and this was done with care and kindness. We saw a number of compliment cards that had been sent by people and their relatives, commenting on the level of care they had received whilst using the service. One card read, "Thank you for all your kindness to mom." Another card read, "God bless you all for the patient and diligent way you carried out your duties."

A member of staff talked about how they were supporting people to observe their faith, by organising multi-faith services and someone from the local church to holy communion for people who needed this. We saw that the local priest was visiting some people during the inspection.

People told us that staff were polite, respectful and maintained their privacy. One person said, "The staff always knock on my door and ask if they can come in." We observed polite and respectful interactions between people and staff. We saw that people were taken to their rooms to be supported with their care in privacy.

Is the service responsive?

Our findings

People felt they were listened to and involved in their care. Some people living in the residential home were happy that the staff knew what care they needed and did not feel they needed to be involved in their care planning or reviews and were happy for relatives to take that role. One relative told us about their experience of being involved in planning their relation's care. The relatives said, "We talked things through and we seemed to come up with a plan."

Staff were knowledgeable about the individual likes and dislikes people had and their preferences for receiving care. Staff said life story books had been developed for people living in the residential home, so that people's life experiences and preferences could be included in their care plan. The registered manager said that staff had sat with people to talk with them about their life to ensure they had relevant information to enable people to receive individualised care and support. We saw that staff knew people well and supported them in a way that met their needs. However, We observed that the background music being played during lunch seemed to be overly loud and

one person commented they removed their hearing aid before lunch due to this being a common problem. Staff needed to take note that not everyone was comfortable with the volume of the music.

During the time we spent inspecting the service we saw various activities taking place. There were several table top games provided which people appeared to enjoy. Staff were engaging with people and there was joking and lively chatting. We spoke with staff that had designated responsibilities for organising activities within the service. We saw that people were using the garden and outside space which was well kept and fully accessible for people to use. There was an activities board in the main entrance of the residential home, showing activities that had taken place and which were planned to take place. For example we saw that the Tuesday club had a planned trip to Weston later on in the summer.

None of the people we spoke with had made a complaint about their care, but they told us if they had a problem they would speak to the senior staff and they were quite confident that their concerns would be addressed. We found that systems were in place to address people's complaints at service level and the provider also had a corporate complaints procedure that people could use if they were not satisfied with local solutions.

Is the service well-led?

Our findings

At our last inspection in June 2014 there were three areas where the service was not meeting regulations. These related to the protection of people's rights and keeping us informed about changes to the registered manager. The provider had improved notifications regarding the registered manager and we found there were two registered managers in post and all conditions of registration were met. We found further shortfalls in relation to protecting people's rights. The provider had sent us an action plan telling us they would ensure staff received the necessary training to aid their understanding and we saw that the training was provided. However, senior staff in the residential service did not have a clear grasp of what action they needed to take to protect people's rights to consent to care. We spoke with the registered manager about this she told us that protocols were not in place to support staff in assessing people's capacity to give consent where this was needed.

At our last inspection, we also identified that there were safety issues in the environment relating to both services. During this inspection, no safety concerns were identified in the residential service, however, there were a number of areas that needed repairs to prevent risks to people in the enablement service. The managers showed us an audit trail of emails they had sent requesting that these repairs be undertaken. At the time of inspection the repairs had not been completed.

Whilst we saw there were procedures in place to seek the views of people that used the service, such as relatives and resident meetings, analysis of questionnaires sent to people. People didn't always feel consulted about things that mattered to them. Two people that used the enablement service told us they did not know what plans were in place for their discharge. We tracked these people's care to see the level of involvement they had in deciding their discharge plan. We saw that the process used by the occupational therapist and the physiotherapist did not include a clear process for people's involvement. In addition staff told us there had been a change of contract for these services in April, and as a result, some people's discharge plans had not been completed. We asked the registered manager how decisions about people's discharge were made. They told us this was done in a weekly meeting involving various professionals, and did

not include the person using the service; any decision made about the person was later discussed with them. Given that this is a service with key aim to promote independence it's important that processes are built around people, so people were not left feeling they had not been consulted.

People were confident that they received a good standard of service. People felt the managers were approachable and we saw that the managers walking around and talking to people and staff throughout our inspection. There were many compliment cards on display in the service, and we saw that additional cards had recently been received. One person wrote, "To all my friends at Kenrick. Thank you for all you did when I was with you. I will never forget you." Someone else wrote, "To all the managers and staff that took care of dad. The conversations you had with dad and the laughs and the jokes with mom. Dad's stay with you was enjoyable."

Staff said they could speak to the managers if they had any concerns. Some staff said they were not aware of how to raise concerns internally under the whistleblowing policy. However, we saw that both the safeguarding and whistleblowing policies were on display within the service for staff and visitors to see.

Staff said they had regular team meetings and could put forward ideas for improvement. A member of staff told us about suggestions they had made about changes in the environment that would help in preventing people from falling. The staff member said this had been listened to and the idea was currently being trialled to see if people liked the changes.

We found there were systems in place to monitor the quality of the service. Each manager completed a report to the senior managers so that the service could be monitored at a senior level. This report included the numbers of falls and incidents, complaints, safeguarding and supervisions. A manager from a different part of the organisation undertook regular audits of the service, identifying where there were any shortfalls in systems and processes. Where shortfalls were identified we saw that action plans were in place to address them. In addition a senior manager visited the residential service monthly and completed a report of their findings. We saw that incidents that happened in the service were being analysed to support staff learning and improvement in the service.

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.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Where people did not have the capacity to give informed consent about their care and treatment, the appropriate actions were not taken to ensure their rights were protected. Regulation 11 (1) (3)