

Bupa Care Homes (BNH) Limited

Kilfillan House Care Home

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

Kilfillan House is care Home'. People in care homes receive accommodation and nursing or personal care as single package under one CQC contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kilfillan House Nursing Home provides accommodation and nursing and personal care for up to 32 people. There were 27 people living at the home on the day of our inspection.

At the last inspection in April 2016, the service was rated Good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has 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.

The environment was well cared for and was clean in all areas. Providing a welcoming and homely environment for people in which to live.

People were safe being supported at the service. Staff were knowledgeable about how to protect people from harm. They had received effective safeguarding training. There were effective systems in place for the safe storage and management of medicine and regular audits were completed. People received their medicines as prescribed.

There were sufficient numbers of staff deployed to meet people's needs when required. Safe recruitment processes were in place to help ensure that staff were suitable to work in this type of service. Staff had received training and an ongoing support to help with their development.

People continued to be consulted about their care and they had detailed care plans in place which documented their individual needs, preferences and choices. Risks to people's health, safety and wellbeing had been assessed and there were effective risk management plans in place which helped mitigate risks.

Care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

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.

People continued to be supported to access a range of health care professionals to help maintain their health and wellbeing.

Staff were supportive and respectful. People's privacy and dignity continued to be maintained and respected. Staff knew people's needs and preferences and provided personalised support. People were generally supported to participate in meaningful activities and hobbies but further improvements to the current programme should be reviewed in order to ensure each person's individual needs and interests are incorporated.

People and staff found the registered manager and deputy to be supportive and approachable and were very positive about how they managed the service. People felt listened to and staff were responsive to any concerns they raised. Quality monitoring systems and processes were used to make improvements when required.

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 ●

Kilfillan House Care Home

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.

We carried out this inspection on 21 November 2018. The inspection was unannounced and was undertaken by one inspector and an expert by experience. An expert by experience is a person who has experience in this type of service.

Before the inspection we reviewed all the information relating to we have in relation to this service. The provider 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. We reviewed other information we had relating to the service. We received feedback from commissioners, and reviewed notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with ten people who lived at the service, the registered manager, deputy manager, five care staff and the regional manager from the company.

We observed interactions between staff and the people living at the service. We looked at care records and risk management plans for four people who lived at the service, and checked other records relating to people's support plans. These included medicines administration records to ensure these were accurate and completed correctly. We looked at two staff recruitment files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

The service continued to be safe as people were safeguarded from the risk of harm and information about safeguarding was displayed on the notice board. Staff had received training on safeguarding and they were clearly able to demonstrate they knew the procedure they needed to follow if they had any concerns about people's safety. One person told us, "I feel very safe here, and the staff are all nice." One relative told us, "[The service] always has a friendly feeling and I know my [family member] is in a safe place." One relative told us, "We are very happy with the support provided by the home, they are looking after [name] very well."

There was a whistleblowing policy in place to support staff to raise issues if they had concerns. It meant they could report these concerns and be confident they were being listened to. The registered manager had systems to investigate any issues reported to them. Staff described the whistleblowing procedure to us and said, "I did whistle blow in a previous home I worked in, so I'm quite prepared to do that again, but I've never seen anything here like that. The [registered] manager is very approachable and easy to talk with, so if I ever saw a problem I would speak to them straightaway."

The provider continued to manage risks which ensured that people had choice and maximum control over their lives. Guidance for staff on how to manage risks included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. Equipment was also used to support people to stay safe for example the use of walking frames. Personal emergency evacuation plans (PEEPS) were in place for staff to follow in an emergency.

All appropriate recruitment checks had been completed to ensure fit and proper staff were employed, including a criminal record check (DBS), checks of qualifications, identity and references were obtained.

There were adequate staff deployed to keep people safe and meet people's individual needs. The staff rota was planned to ensure that there were sufficient staff with appropriate skills and experience on each shift. We observed that staff were available to meet the needs of people when required. Staff told us there was always enough staff. During periods when staff had left the service, on occasions the registered manager had to use bank and agency staff to cover these vacancies. They had ensured the same agency staff were provided which ensured continuity of care to the people they supported. People confirmed that they were always supported in a timely way.

People received their medicines safely from competent staff who were authorised to administer medicines and had received training in this area. Effective processes were in place for the management, storage and administration of medicines. Medicine administration records (MAR) were completed accurately and audits were in place to ensure that all medicines were administered correctly. One person told us, "I have [many] pills, I just take them when they are offered to me. I trust the staff here completely, they are very good, I get the pills at the same time each day."

Staff were clear about measures to take to prevent the spread of infections and told us about the cleaning schedules they followed each day. Personal protective equipment (PPE) such as aprons and gloves were

available to staff to prevent and control infection..

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Relatives told us they and their family members were happy with the quality of care and support provided by staff. One relative told us, "The staff that care for [name] all seem to be competent, skilled and know what they are doing, which gives us peace of mind when we cannot visit and see for ourselves."

Staff were knowledgeable and had the skills required to care for people. Staff completed an induction when they started working at the service and there was an ongoing training programme in place so that staff continued to receive regular updates. Staff were confident that the training provided gave them the skills they required to provide effective support to people.

People's care and support needs had been assessed prior to them using the service. They had personalised care plans that considered their needs, choices and preferences. Care plans had been developed together with people, relatives and health professionals. One relative told us the registered manager had completed a comprehensive assessment of their relative's needs when they first moved into the home so that staff provided consistent and effective support. They confirmed that care and support plans were reviewed regularly to check that they were still relevant to people's needs. They were also happy with the level of communication with staff which ensured they always had current information about people's needs. They said, "We feel fully involved in [family member's] care and have regular updates and meetings."

People received support with their eating and drinking and had a balanced diet including snacks throughout the day/night. One person told us, "It's like having the food we used to eat when we lived at home, wholesome and old fashioned, just how most of us here like it." Where people required support with eating their meals this was done with respect and dignity. Staff ensured they sat down next to the person they were helping and took their time with each mouthful, explaining what the meal consisted of and asking the person if they were enjoying it.

People were supported to eat and drink in an environment that had been tailored to promote good nutrition. For example, linen tablecloths, cotton serviettes, vases of flowers, glass tumblers, condiments and a copy of the day's menu. People at risk of malnutrition were supported to access sufficient quantities to support their health and wellbeing.

One relative told us their family member was weighed regularly after recently losing weight. The registered manager organised for the dietician to visit and an appropriate diet had been put in place.

Staff continued to feel well supported by the registered manager. Records showed that staff received regular one to one supervisions and this provided them with an opportunity to discuss any training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and had a good understanding of the MCA and how this related to their everyday work.

People were asked for their consent before staff supported them. People were supported to have maximum choice and control of their lives and were assisted in the least restrictive way.

The design and decoration of the service supported effective care. People were supported and cared for in an environment that had been imaginatively decorated in ways to make it feel both homely and welcoming. For example, china teapots and plates had been displayed around the walls, antique clocks, standard lamps, displays of flowers and a large open fireplace in the entrance hall. Where required, the registered manager told us adaptations would be made if this was necessary to enhance people's independence and safety.

People continued to be supported to access a range of healthcare professionals when required. This included attendance at medical appointments, and we saw that these were documents in their care plans.

Is the service caring?

Our findings

The service continued to be caring and people received their care and support from a consistent and caring team of staff. This consistency of staff who had worked at the service for several years had enabled positive and trusted relationships to be built. One person told us, "Some of the staff, including the [registered] manager have been here a long time, so we know each other well, which makes a huge difference to the continuity of care." This meant that people were able to build trust and get to know each other well. A relative said, "Staff are doing a marvellous job. They go over and beyond our expectations. [family member] is like a part of their family. This is definitely a caring and compassionate service."

Staff had positive interactions with the people and supported them with their daily living skills. For example, one person had become quite anxious during the lunchtime meal. We observed a member of staff gently reassure the person by placing their hand on the person's arm and offered them comfort and reassurance. This helped the person relax and able to continue enjoying their meal.

Staff respected people's dignity and ensured they remained as independent as possible. People's privacy was maintained, for example staff were mindful of our presence while they supported and or communicated with people. People were encouraged to retain their independence and control as far as possible. We observed staff supported people in a patient and respectful manner, enabling them to complete tasks for themselves wherever possible.

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One person told us, "I am involved every step of the way with my care, they give me my care plan to read and I attend any meetings that involve my life and living at Kilfillan House." Care plans continued to be detailed and person centred and contained a fully life history along with important information about people's health conditions.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed support in making decisions about their care and support. Advocates are able to provide independent advice and support.

People's care records were stored in a lockable office at the service in order to maintain confidentiality.

Is the service responsive?

Our findings

The service continued to be responsive to people's individual needs. A member of staff told us they supported people in a person-centred way to meet their individual needs. They said they followed people's care plans which ensured that they provided care that people required, and in the way, that respected their wishes and their choices. Relatives and health professionals were involved in reviewing care plans which also ensured these continued to meet people's assessed needs. One relative said that staff were "very good" about keeping them informed about any changes to their family member's care and that they had, "every confidence in the home and therefore leave the decisions to the [registered] manager and staff."

Clear guidance was provided for staff with regard to people's routines throughout the day and the support they required. For example, the choice of clothes and colours they wished to wear and the way they liked to be bathed. Staff demonstrated a good knowledge of what was important to people. This enabled them to provide care in a way that was appropriate to the person. Each care plan had been regularly reviewed and updated.

The service operated flexibly which ensured that if people's needs changed their needs would still be met. For example, when a person's health deteriorated and they required additional support from the GP, this was provided. The registered manager told us, "Staffing levels are adjusted to support people. This included any hospital, doctors or healthcare appointments."

People continued to be supported to participate in a range of activities. The majority of people were happy with the current activity programme provided. Although, a few people told us that they would like the activity programme to be further developed to offer a more diverse range of activities, particularly in relation to trips out of the home. People suggested trips to local garden centres and local places of interest. One person told us, "We have someone who comes in and runs a quiz most days, and I think we all enjoy that but we don't get any trips out, I'd like to go out sometimes. We walk around the garden when the weather is nice, but that's about it. There are some activities, but they're mainly geared towards the female residents which I don't bother with." The registered manager told us they would consider how to improve people's social stimulation.

The provider had a clear complaints policy which was displayed within the service and people received a copy when they moved in. All complaints and concerns had been fully investigated and responded to. Everyone we spoke with told us they had no complaints and would speak with staff if they were unhappy.

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need. Information was recorded about preferences for subjects included who was important to the person, where people wanted to be and what they wanted to happen after they died. Staff received training in end of life care. This provided them with guidance about how to continue meeting people's care needs at this time. The registered manager told us they would seek advice when needed from other healthcare professionals to ensure that the person would have a dignified and pain free death.

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager and the management team embraced an open, transparent and inclusive culture and led by example. The service was person-centred with a focus on the quality of care provided. One staff member told us, "I think the staff that are here are a lovely team now, and we all get on great together. A relative told us, "The registered manager and staff are always available for a chat if we are worried about anything and they and make this home the best it can be, which it is."

Staff confirmed they received regular support, training and supervision. One staff member told us, "The new deputy manager has made a significant difference to the home and is very knowledgeable and skilled. They give us very useful 'hands on' training and advice as well as the formal face to face training we get. This helps us do the best job we can in caring for people here." Another staff member spoke very positively about the registered manager and told us the manager "has real compassion and is very kind, they have been here a long time and I think that makes a big difference, we are like one big family".

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive and professional manner.

Staff attended team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Meetings were held regularly, which provided an opportunity for information sharing and opportunities to discuss any changes at the service. Members of staff confirmed that they were able to add to the agenda for discussion. We saw that low staffing during the summer period had been an important subject on the agenda with the registered manager had kept staff updated about recruitment.

People's views and feedback continued to be sought through meetings and individual reviews. The provider continued to have a system in place to monitor the quality of the service. Senior staff and the registered manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas which included medication, health and safety, the environment, and care plans. Checks had been completed for people's pressure relieving equipment to help prevent the development of pressure ulcers. Records for these checks were up to date and accurate. In addition, records were up-to-date for people assessed at risk of malnutrition or poor fluid intake. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

The registered manager and staff continued to work in partnership with other organisations to make sure they were following current practice, provided a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

