Stonehaven (Healthcare) Ltd

Kent House

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

The inspection visits took place on 8 and 10 April 2015 and were unannounced.

The previous inspection, on 07 August 2014, found the home was meeting the required standards.

Kent House is a care home providing personal care and accommodation to a maximum of 27 older people who may live be living with dementia or have a physical disability. There were 23 people using the service at the time of the inspection. People's health care needs are met through the community health care services, such as district nursing.

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.

Summary of findings

The home environment provided limited promotion of independence for the people living with dementia and was not based on good practice for dementia care. We have made a recommendation relating to the home environment.

People were protected from abuse in that staff received training and had relevant information available to them but they were not confident in how to alert concerns outside of the organisation.

People, or their family members, were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected. However, it was not clear how the principles of the Mental Capacity Act 2005 (MCA) were applied to ensure people's decision making was promoted.

The numbers and deployment of staff were sufficient to keep people safe. Staff recruitment was robust and protected people from staff who might not be suitable to work in a care home. Staff received training and supervision which supported them in their role.

Medicines were handled in a safe way and people received them as prescribed. People's health care needs were met through the community services and staff at Kent House made sure health care professionals were contacted promptly when needed. People's physical and emotional needs were well met; the staff knew people well and were kind and caring.

People received sufficient food and fluids to maintain their health and well-being. People benefitted from a friendly and happy staff team and a relaxed and homely environment. People were treated with dignity and respect. People's privacy was upheld.

People's opinion and views were sought through care planning, meetings, individual time with staff and feedback surveys. The registered manager and senior staff were available to listen to any requests, comments or concerns.

The home was well-led by a registered manager who identified where improvement was required, ensured staff were made aware and followed through any issues. The provider organisation supported the registered manager and reviewed the service provided on a regular basis. Staff felt very well supported.

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?

Good

The service was safe.

People were protected from abuse although staff were not confident in how to report concerns to outside agencies.

Recruitment was robust and protected people from staff unsuitable to work in a care home environment. There were sufficient staff to keep people safe.

Risks were assessed and managed.

Medicines were managed safely on people's behalf and given as prescribed.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

The home environment did not promote independence for people living with dementia.

The staff were not confident in their understanding of promoting people's decision making where people did not have capacity but people's legal rights were protected.

Staff received training, supervision and support to enable them to meet their role.

People received adequate diet and fluid intake.

People's health care was promoted through arrangements with community health care services.

Is the service caring?

Good

The service was caring.

The staff were caring and kind, treated people with respect and promoted people's privacy and dignity.

Staff demonstrated patience and understanding of people's condition. Staff had a calm approach.

Community nurses were satisfied with the standard of end of life care the home provided.

Is the service responsive?

Good

The service was responsive.

People were cared for as individuals and staff understood their needs well. Care plans described people's needs and how they were to be met. People's views were taken into account.

Summary of findings

Staff were attentive and responded when people were anxious or needing assistance.

People were encouraged to engage with the community and they benefitted from various activities, such as art and crafts.

Complaints would be listened to and any required action taken. There had been no complaints because any issues were dealt with promptly.

Is the service well-led?

Good

The service was well-led.

The registered manager was well organised and supported a competent staff team. People and the staff had confidence in the management.

Risks and the quality of the service were assessed and monitored.

The provider monitored and supported how the home was run.

The registered provider and manager were meeting their responsibilities.

Kent 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 inspection took place on 8 and 10 April 2015 and was unannounced. The inspection was conducted by one inspector.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/complex needs. We therefore used the Short Observational 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.

We spoke with six of the 23 people who used the service and two people's families to obtain their views about the service provided in the home. We interviewed five staff and the registered manager. We spoke with community nurses. We looked at records which related to three people's individual care planning. We looked at five medicine records, the recruitment files for two staff and documents which related to the running of the home such as records of meetings, risk assessments and communication books.

Good

Is the service safe?

Our findings

People were protected from abuse and harm. People and their families told us they felt safe at Kent House. Staff were able to describe the types of abuse and were quite clear they would report any such concerns to the registered manager or somebody from the provider organisation. Staff had received training in the safeguarding of adults and this was part of each staff's induction. At each staff supervision the staff member was asked if they had any concerns relating to the welfare of people using the service. Whistle blowing and safeguarding policies were available for staff reference. However, the staff were unaware that the local authority holds the responsibility for dealing with safeguarding concerns/allegations and the registered manager was not clear in her responsibility of informing the local authority of any allegation, which might indicate abuse had occurred. The organisation's policies included the contact details for the local authority and so the policy did hold the necessary information. There have been no allegations of abuse relating to Kent House.

One person said their call bell was answered "fairly quickly". People's families felt that people's needs were being met although there was comment that sometimes there was insufficient staffing, one adding "not often".

Staff felt that people's needs were being met and they were able to give people the attention they required provided staff were not off sick or unavailable for other reasons. One said, "There are enough staff to be safe."

We were told the normal staffing was three care workers, a senior care worker and the registered manager in the morning, two care workers and a senior care worker in the afternoon, with the registered manager until 5pm and one waking and one sleeping night staff. The sleeping night staff was expected to be awake if people's needs required it. The care staff role included laundry and activities for people but a care worker with responsibilities for activities was also available three days a week. Catering and cleaning staff were employed.

The registered manager said that staffing numbers were under regular review and they would work as a care worker to meet any unexpected staffing shortfalls. People's needs were being met by the numbers of staff deployed at the home.

Individual risks were assessed and regularly reviewed. For example, the risk of falling, pressure damage and poor nutrition. Where it was necessary professional help was sought from appropriate health care professionals in a timely manner. For example, the risk from one person's repeated falls had been followed up robustly, with some safety changes within their room and professional advice sought and followed through.

Accidents were recorded. However, one was not dated and two did not contain the time of the accident. This would negatively affect any overview or audit of accidents at the home. The registered manager agreed that might adversely affect accident reviews and said it would be addressed. Numbers of accidents at Kent House were low, and not outside expected norms for such as service.

Generic risks within the home were assessed and reviewed. These included: equipment, fire safety, mattresses for floor use, first aid and visits from the Donkey Sanctuary.

People's medicines were handled safely and given as prescribed. The home used a monitored dosage system which was delivered once a month. Additional medicines were available from a pharmacy close to the home.

All medicines were stored appropriately and the storage temperatures were checked regularly to ensure they met the manufacturer's guidelines. The medicine cupboard and trolley were orderly, which promoted safe practice. Stock was regularly checked to make sure it was in date.

Medicines were checked into the home and records of medicines unused were recorded. There was a full audit available of medicine use which promoted safe use.

Medicine records were clear and included good practice steps to promote safety, such as codes, two signatures for hand written entries and body maps for the use of topical medicines. A record confirmed a GP had given permission for one person's medicines to be crushed for them to take. There had been a recent visit from the supplying pharmacist and a suggested improvement had been implemented.

There were robust recruitment and selection processes in place. Recruitment files of recently recruited staff included completed application forms and interview records. In addition, pre-employment checks were completed, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks.

Good

Is the service safe?

The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work with people using the service. A recently recruited staff member confirmed they had not been allowed to work with people until their recruitment checks were completed.

Equipment labels showed the equipment was being serviced and kept in a safe condition for use and the registered manager confirmed all equipment was serviced. A record was kept of any maintenance required and a maintenance worker was available every two weeks. One staff member said that where necessary, help was available sooner and a lift engineer arrived during our visit because of a lift problem identified that day.

Requires improvement

Is the service effective?

Our findings

The home environment did not promote the independence of people with dementia. For example, other than some pictorial signs to indicate the use of rooms there was no adaptation to meet the needs of people with dementia. Hand rails were painted white and were against white walls and so people would be less able to recognise the rails and use them. Toilet furniture was difficult to understand and use – the inspector had to ask the registered manager how the basin tap worked as they were unable to make it work. **We recommend that** the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

People had access to various rooms and spaces; they could enjoy the gardens from the conservatory, watch television with other people or spend time in the dining area doing activities. The home was well maintained, clean, fresh and homely. People's rooms were very individual and as they wished them to be.

Staff were unable to demonstrate a good understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). For example, they had difficulty explaining what these meant. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People's families confirmed they were involved in best interest decision making. Where people did not have the capacity to make particular decisions about their care and support, due to their health condition, there was evidence of people's capacity having been assessed by the registered manager although there was no record of how people's decision making was promoted and maximised. The registered manager said the staff considered consent "from the word go" and this was evident from people's care files.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The home had made applications to deprive people of their liberty following a Supreme Court judgement on 19 March 2014 which had widened and clarified the definition of deprivation of liberty. Those applications had not yet been assessed by the local authority and in the meantime the staff continued to make decisions in people's best interest involving people who know them best, usually family. There was one current DoLS authorisation in place at Kent House which staff were acting in accordance with.

Comments about the staff were very positive. They included, "Can't fault the staff" and "Smashing".

New staff received an induction. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. One staff said for their induction they shadowed lots of different staff, adding, "It meant I could learn everything about everyone." They described the staff at that time as "Really, really helpful and kind."

A senior care worker confirmed new staff 'shadowed' for a week and were additional to the normal number of staff during that period. New staff were instructed on fire safety and not permitted to using moving techniques until they had received moving and handling training. Their formal, recorded induction included knowledge of the home's policies and the routines of the home.

Staff training was based on up to date information. Most staff training was provided via distance learning, with the exception of moving people safely and fire safety. Staff confirmed they received training in infection control, palliative care, dementia, deprivation of liberty, diversity and equality, incontinence and other subjects relevant to safety and people's individual needs. Staff were encouraged to undertake qualifications in care.

The registered manager had started a system of 'champions'. This involved additional training, such as talks at 'learning days' information from which was shared and discussed with other staff.

People's and their family's comments about the food included, "Pretty good"; "Alright" and "She doesn't leave much." One person's family mentioned the repetitiveness of the menu. People confirmed there was a choice and alternatives were available, an example being one person who had eggs for lunch. People had the opportunity to comment about the food and menu through resident and one to one meetings. There was a four week rotated menu. At the time of the inspection the lunch menu offered one choice with 'alternatives available on request'. The choice

Requires improvement

Is the service effective?

was not very broad, for example, no rice or salad dishes, fish on Fridays and most meals were meat with vegetables. People had fresh fruit juice available to them. The registered manager said the home had tried hard to find a more interesting menu which people enjoyed and continued to look at how this could be achieved.

People's specific dietary needs were met, for example, softened foods where choking was a risk and supplements where people were at risk of losing weight.

One person told us drinks were regularly brought around to them. People had water available to them and tea and coffee was offered frequently throughout the day and staff said people were provided with drinks throughout the night if the person was awake.

People's weight was closely monitored and where concerns were identified professional advice had been sought.

During a hand-over of information between staff people's appetite at lunch was discussed. For example, one person had refused a meal entirely. Staff described how that person would sometimes do this but they always ate other meals within a 24 hour period.

Records showed how people received the health care they required. For example, people had advice and treatments from community psychiatric nursing services, physiotherapy, chiropody, dietician, district nurses and GP. One person's family said they had previously not been happy with some dental treatment and other arrangements were now in place. Community nurses said the home asked for advice from professionals and the nurses "never had any issues" with the care provided at Kent House.

Good

Is the service caring?

Our findings

People said the staff were kind and caring. Their comments included, “They are friendly and treat you with respect” and “They ask you what you want”. Staff regularly checked people had what they needed and offered them choices.

People had the opportunity to express their views about the service through feedback questionnaires and the availability of the registered manager and senior staff. Recently received feedback surveys from people, their families and a GP rated the home highly for ‘dignity and respect’ and ‘polite’. Comments included, “An excellent, caring environment”; “Wonderfully kind” and “We find Kent House warm and friendly.” People’s dignity was promoted as they were consulted about their care throughout the day.

Staff interaction with people was friendly and people were made to feel they belonged. Contact was unrushed, with smiles and kindly gestures, such as asking if they would like a cup of tea, where they too warm and where would they like to sit? One staff said they had comforted a person who was upset and crying because they were anxious and did not know what they should do. The staff member expressed their sadness that the person would soon have the same worry and become upset again because they would forget the previous conversation.

One staff member said how they spend one to one time people who might not attend resident meetings giving them the opportunity to make their views known. They said this was “to be fair”.

People’s care plans’ described their individual needs and preferences, likes and dislikes so staff knew people sufficiently well to chat about what mattered to them.

The home had a key working scheme and individual key workers were expected to liaise with people’s family to ensure they had what they needed. For example, arrangements for new slippers.

End of life care was provided with the support of the district nursing team and people’s GP. Records showed that people were repositioned regularly for their safety and comfort, diet was closely monitored and changes in people’s needs discussed with health care professionals and the person’s plan of care updated as required. Staff had received training in end of life care. A district nurse said “They care” and staff always sought advice and kept them informed.

Good

Is the service responsive?

Our findings

People received a service which was responsive to their needs. For example, one person's family said, "Their patience in getting (the person's) glasses sorted was brilliant." Another person's family said, "(The registered manager) and the girls are very attentive." There were no negative comments about the service people received or the responsiveness of the staff at Kent House.

People's care files contained a summary of the person and their needs called 'This is me'. It was situated at the front of the file and provided staff with good, quick, but detailed, reference information.

Much of the care planning was standardised and not person centred as in the initial summary. However, each care file provided information which accurately described the person's current needs and wishes and how staff should deliver their care. For example, one said that the person's mobility varied to the point where their abilities needed to be risk assessed prior to each assisted transfer. The person had told us how difficult they found transferring from their chair to their bed. Professional advice had been taken with regard to their mobility problems and the staff were fully aware of how the person's mobility varied.

Care assessments and plans included the names of the people involved in providing the assessment information and agreeing the care plan. The care plans were regularly reviewed and, where the person had capacity to understand their involvement, they had signed their agreement.

People's care files contained information of relevance to their history, likes and dislikes which informed planned activities. The first day of our visit the weekly coffee morning was held and in the afternoon a local art group shared an arts session with people at the home. This helped people engage with the local community. Records showed that people also spent time in the gardens, shopping, quizzes, singing, attending a tea dance and in faith meetings. Activities equipment was available to facilitate discussion in reminiscence and other activities. People were looking forward to trips when it was the home's turn to have the organisation's mini bus.

Staff were regularly heard asking people what they wanted and offering them choice. One staff member said they spend one to one time where people, who might be less inclined to attend the regular resident meetings. Each person had a named key-worker. The key worker role included spending time with the person for company, and to talk about how they would like their care provided.

Resident meetings were usually led by the staff member responsible for the main activities. They said the meetings would include any topic, for example, bedrooms, food, any new ideas for activities, and they asked people about the staff. They said they made a note of everything and fed this back to the registered manager.

People and their family members said the registered manager, and senior staff, would be informed of any concern or complaint. They felt sure there would be a satisfactory response. One person said, "I would tell (the registered manager) if I was unhappy". One person's family said, "I would tell the (registered manager), or (the two senior staff)." The registered manager said there had been no formal complaints. Our observation confirmed that people, and their family members, had regular discussions around the service provided. This indicated there were no issues that would need a formal complaints process for it to be resolved to their satisfaction. The CQC has not received any concerns or complaints about the service at Kent House.

Good

Is the service well-led?

Our findings

The service has a registered manager who has been employed in the role of manager since 2006.

People were very satisfied with the way the home was run. One person said, "It is good here." One person's family said they could not think of anything which could be improved upon. They said they were kept well informed; aspects of the person's care needs were discussed and followed through, such as changes in the person's footwear. They were made to feel very welcome which turned the visit into a more social occasion for the person using the service. Another person's family said, "Good access to (the registered manager) and messages always get through."

Recently received feedback surveys, conducted by the home included the comments, "Happy, well run home" and "The service you provide is excellent."

Staff received the support they needed. Staff thought the home was well-led. Their comments included, "(The registered manager) is very good – any problem will be dealt with"; "It is well organised" and "I am really impressed. You know who to go to with any questions." Staff also said that should they contact the registered manager with any query she would always ring back to check everything was alright.

A senior care worker said they could contact a member of the provider organisation any time they required advice and support. For example, during a vomiting outbreak they had been given the contact details to report the outbreak. Staff said the provider was always ready to help and provided the support the service needed. The provider also contracts with a firm which provides advice on staffing issues.

People were kept informed. A magazine was produced to tell people and their families about any staff changes, people's birthdays and any events. One person's family said, "We get the newsletter and learn from this."

Staff were kept informed. Communication books recorded important information, such as people's appointments, any equipment needs or when a person required a GP visit. Meetings to hand-over information between staff shifts also gave staff the opportunity to discuss how they would coordinate any required approach to a situation. For example, one person lacked confidence, one person had refused personal care and another person had been given some additional food following the lunchtime meal.

The registered manager had an effective over view of the service being provided. This was through interacting with people, their families, staff and health care professionals. They also worked providing care; the registered manager said they picked up on anything that needed addressing. Some areas of the home were audited and minutes of staff meetings made clear that any issues were addressed with staff and we were informed that disciplinary action was taken where it was deemed necessary.

The provider organisation met its responsibilities of monitoring the service. For example, a 'secret shopper' arrangement was in place. Where staff performance was deemed 'good' by the secret shopper, for example, when staff were polite and helpful, they were rewarded. There were monthly provider monitoring visits and a report provided for the registered manager of the findings. Improvements identified were making sure some staff completed their required training within the timescale set by the organisation.

The service was meeting its registration responsibilities. For example, CQC was notified of events of significance and where CQC had requested further information this was made available.