

## Kevindale Residential Care Home

# Kevindale Residential Care Home

### Inspection report

Kevindale  
Broome, Aston On Clun  
Craven Arms  
Shropshire  
SY7 0NT

Tel: 01588660323

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on the 13 January 2017.

Kevindale Residential Care home is registered to provide accommodation and personal care for up to 18 people. At the time of the inspection, there were 12 people living at the home.

There was a registered manager in post who was present throughout the inspection visit. 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.

Confidential personal information about people living at the home and their medicines was not always stored securely. We observed a large amount of paper work in the conservatory next to the dining room. Personal information should be kept secure at all times and only accessed by people who are authorised. A delivery of people's medicines had been left unsecured overnight in the manager's office. The door was open and the medicines were available to anyone passing the room.

Staff understood the importance of ensuring that people were safe and were able to explain their responsibilities for reporting any accidents or concerns. Where risks were identified, action plans were in place to minimise the risk and keep people safe.

We found there were sufficient numbers of staff on duty during our inspection to support people who used the service. People told us there were enough staff on to meet their needs.

People were protected from the risk of harm and abuse by staff who knew how to recognise and respond appropriately to any concerns that they had.

People received support with their medicines from staff who were assessed as competent and followed safe practice with medicines.

Staff had the skills and knowledge needed to meet people's individual care needs. They received effective induction, training and on going support from the registered manager. The registered manager understood and protected people's rights under the Mental Capacity Act 2005.

People had their nutritional needs assessed and were supported to have the right amount of food and drink to maintain good health.

Staff supported people in a caring, respectful and dignified way, and were able to demonstrate a good understanding of the people they supported.

People and relatives told us they were involved in making decisions about their care and were listened to by the registered manager. They told us they had been involved in determining the care they needed and had been consulted and involved when changes were needed. People and staff felt able to express their views and felt their opinions mattered.

There was a positive and inclusive culture in the home where the staff worked together as a team to ensure people's needs and wishes were met. The registered manager had checks in place to monitor the quality of the service delivery. There were systems in place to encourage people to share their experiences and concerns.

## 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.

Risks to people's safety were assessed and minimised

There were enough staff to support people safely.

People were supported to take their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

People were supported by a staff team who had skills and knowledge to support people effectively.

People were supported to have the right amount of food and drink to maintain good health.

The provider supported people to access health services as required.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and caring.

Staff treated people with respect and promoted their independence.

The provider actively involved people and their relatives in decisions about their care.

### Is the service responsive?

Good 

The service was responsive.

People received care and support that was personal to them.

People were stimulated in both group and individual activities.

People and their relatives were encouraged to raise any concerns or comments.

**Is the service well-led?**

The service was not always well-led.

Personal confidential information about people living at the home and their medicines was not always stored securely.

Staff felt supported and valued by the registered manager.

There were systems in place to gain people's experiences and concerns.

**Requires Improvement** 

# Kevindale Residential 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 checked 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 13 January 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for any information they had, which would aid our inspection. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. Prior to this inspection, we received concerns regarding the quality of care provided at the home.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with the nine people who used the service and three visiting relatives. We also spoke with one visiting health care professional.

We reviewed a range of records about people's care and how the home was managed. These included three care records, four personnel files, quality assurance audits and minutes from staff and resident meetings.

During the inspection we also spoke with the registered manager, the assistant manager, the cook, and three members of care staff.

# Is the service safe?

## Our findings

People and relatives we spoke with told us that they or their family member were safe living at Kevindale Residential Care Home. One person told us, "Yes I feel safe living here, I have no concerns there." A visiting relative said, "Absolutely first class," adding "Our relative is certainly very safe living here. We are considering booking a spot ourselves."

Staff understood the importance of ensuring people were safe and were able to explain their responsibilities for reporting any accidents or concerns. When people had accidents or incidents these were recorded and monitored by the provider. Appropriate action was taken to avoid repeat incidents, such as falls. Examples included, providing people with mobility aids and referring them to appropriate health-care professionals.

People had individual risk assessments in place, which included falls, nutrition, skin integrity, moving and handling and pressure area management. Where risks were identified, action plans were in place to minimise the risk and keep people safe. People told us they felt safe whilst being supported by staff members. One person told us, "I do feel safe when they (staff) support me moving around or washing." Staff we spoke knew the people who were at risk and what action they needed to take to reduce the risk. One member of staff told us, "We have daily hand-overs where we discuss each person's needs. Risks are assessed for each person and recorded in their care file." Another member of staff said, "I always watch people when they are moving around, especially if they are high risk of falling."

We found there were sufficient numbers of staff on duty during our inspection to support people who used the service. People told us there were enough staff on to meet their needs, though some added staff continuity had been an issue recently. This related to staff change-overs with other staff from the sister home. One person told us, "When I ring my call bell, staff come reasonably quickly." Another person told us there were always enough staff around if they wanted anything. A third person said, "They're chopping and changing all the time; it's not something that makes them less reliable though." A fourth person told us that when they used their call bell staff came quickly and they were never kept waiting. A visiting relative said, "Staff are always available; I have no concerns with current staffing numbers."

We asked staff whether they had any concerns with staffing or the current staffing levels. They told us that there had been a high turnover in staff in the lead up to Christmas. However, things had now settled down in the home. One member of staff said, "I think there is enough staff with the current numbers of residents. At night, the provider and his wife, who live on the premises, are always available to provide support." Another member of staff told us, "Current numbers of staff are ok with the residents we have, a number of whom are quite independent. There have been issues with staff, but things have settled down." A third member of staff confirmed to us they had no concerns with staffing levels at the home and they believed there was more than enough staff with the current numbers of residents.

Staff were able to describe confidently the action they would take if they had any concerns regarding the care people received and showed a good understanding of the different types of abuse. We found there were systems in place to protect people who lived at the home by ensuring appropriate referrals were made

to the local authority and action taken to keep people safe. The registered manager understood their responsibilities in reporting any potential concerns in line with local safeguarding procedures. One member of staff told us, "If I had any safeguarding concerns I would report straight-away to the manager. If it involved the manager, I would go to external agencies like the Police or the Care Quality Commission (CQC)." Another member of staff said, "I would report any concerns of abuse to the manager. If I thought they hadn't done enough, I would report directly to social services or even the Police."

We found home had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. Staff told us that before they were allowed to start work at the home, a number of checks and references were obtained to ensure they were safe to work with people. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care.

Staff mainly used a 'blister pack' dose system for the people who used the service to store their medicine. 'Blister pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the persons care home. The pack had a peel off plastic lid and lists the contents and the time the medication should be administered. We observed the registered manager administering medicine to people. Medicines were given one at a time and people were encouraged to drink to assist swallowing.

Records supporting and evidencing the safe administration of medicines were complete and accurate. Competency checks to ensure the staff had the relevant skills and knowledge for safe administration were in place. Medication known as PRN or 'when required,' such as pain relief, was supported by protocols. This provided guidance to staff on the safe administration of such medicines.



# Is the service effective?

## Our findings

We looked at how the provider ensured staff had the required knowledge and skills to undertake their roles. People told us staff knew what they were doing. One person said, "Staff are friendly and we get on fine. They talk to me and listen. They tell me about what they are doing. I can't say anything against them." Another person said, "Staff are very good and they really know what they are doing with us all. They're great." One relative told us, "Staff seem knowledgeable and well-trained in our view."

Staff told us they received induction training when they first started working at the home. This included moving and handling and first aid training. They then undertook a period of shadowing experienced staff. They told us, "I was happy with the training I had received, which I felt prepared me for the role. I was also given time to get to know the people." Another member of staff told us they received annual training in moving and handling. An external company provided training in first aid, health and safety, fire safety, safeguarding and the Mental Capacity Act. One member of staff told us, they were currently undertaking a nationally recognised qualification in social care at level five.

The registered manager told us new staff underwent an induction programme and were required to undergo mandatory training provided by external agencies and on-line training. Staff then underwent a period of shadowing more experienced staff, before being able to work alone.

We asked staff about the support they received in their role. Staff members told us they received regular one-on-one sessions with the registered manager. They consistently told us they felt valued and supported by their colleagues and management. One member of staff told us, "I have supervision with the manager about every six months. The manager is brilliant and always listens." Another member of staff said "The manager is brilliant to work for, very understanding and respectful. They are always prepared to listen to you. I feel really valued and supported by the team."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no-one subject to a Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. Staff were able to describe the principles of the MCA legislation and were able to confirm they had received training or that further training had been scheduled.

People were supported to make their own decisions and were given choices. One person told us, that staff respected that they only did what they wanted to. They also told us they made choices about what they ate and what clothing they wore. Throughout the inspection, we saw staff seeking consent and approval whilst

interacting with people. Staff told us that each person had capacity to make choices and give consent, which we confirmed from our observations.

During our inspection, we checked to see how people's nutritional needs were met. When meals were prepared for people, alternative choices were available. A menu was also displayed for people. People told us the food was good with a choice of things to eat available to them. One person said, "I eat too much, the food is lovely here." Another person said, "We get proper food here." A third person told us, "The food is well cooked. There is plenty of it, but not a lot of choice." The person also said that if they didn't like the choices available, they would always make them something else. A relative told us, "It's home cooked food. It's lovely and very agreeable for our relative."

We observed lunch being eaten at the home. People were not hurried or rushed with choices of food and drinks available. The atmosphere very calm and pleasant, staff were very attentive to people's individual needs. Support was provided where it was required. Staff knew what people liked and encouraged people to eat and drink. 'Second helpings' were also available and offered to people.

We found people were supported to access a variety of health professionals to make sure they received effective treatment to meet their specific needs. These included GPs and Speech and Language Therapists (SALT). One person told us staff would get the GP if they needed anything and they had recently seen a chiropodist. One visiting health professional told us that they had no personal concerns about the home and went on to say, they believed the registered manager knew people well together with their needs.

## Is the service caring?

### Our findings

People told us they were well cared for at the home and that staff were kind and nice. One person told us, "The staff are all nice and kind to me." Another person said, "They are very good. They're kind and we have chats. They come and chat when they are not too busy." A third person told us the home was 'perfect.' They said the atmosphere was nice and friendly and that everybody got on well with each other. A relative told us, "They really understand and know our relative very well, which is reassuring for the family."

People told us staff treated them with respect and dignity at all times. One person told us, "They (staff) knock on the doors always. They are always helpful, respectful, kind and always ask for permission." One person told us they always received birthday cards and Christmas presents from the provider and staff made the place as homely as possible. We found the interactions between staff and people were caring and respectful at all times. We witnessed a very caring environment where people were well cared for. People looked clean and well groomed. Throughout our visit, the atmosphere was relaxed and calm within the home. People were able to move about the home at ease and use communal facilities, such as the TV room as they chose. Staff were often seen engaging with people and laughing and smiling. Staff told us they were mindful of people's dignity and treated them as if they were their own family.

Staff were able to demonstrate a good understanding of the people they supported, which included people's background and their likes and dislikes. Staff took time to explain to people what they wanted them to do, such as when supporting people. We saw one person ask for support to go to the toilet. The person was immediately approached by staff and greeted by their name. The interaction was kind and sensitive. The member of staff said, "That's ok (person's name). We will get you sorted when we get to the toilet." The member of staff provided reassurance and guidance as they supported the person using a walking frame. The registered manager told us, "What's important to me is the interaction and relationships between staff and residents. We aim to meet their needs and it's the personal touch; that's what I want to provide." Another member of staff said, "We always give people choices about what they want to do or wear. They really do make decisions and choose what they want to do."

As part of the inspection, we checked to see how people's independence was promoted. We asked staff how they aimed to promote people's independence. Staff told us most people were very independent, but they encouraged people to be as independent as possible. This included people being encouraged to wash and dress themselves, if able to do so. One member of staff told us, "People are independent here, but we still try to encourage people to do their own things, like encouraging them to eat and wash themselves. For example, I've introduced butter and jam portions together with toast racks. This is so that people can butter their own toast, unless they ask for assistance." Another member of staff said, "We try to encourage people to do as much as they can and most can support themselves eating. But, I also encourage them to wash their own face for example with a flannel."

People and their relatives told us they were involved in making decisions about their care and were listened to by the registered manager. They told us they had been involved in determining the care they needed and had been consulted and involved when changes were needed. One relative said "The home keeps us very

informed of any developments. They are most definitely addressing (person's name) needs. Any issues they let us know."

## Is the service responsive?

### Our findings

People told us the home was responsive to people's needs. One person told us, "If I have a problem they are always happy to listen." One relative told us, "I phone up the manager, they listen and are straight on to it. They are very responsive to any issues we have as a family."

During the inspection we looked at two care files. Support plans were clearly-written and accessible. Support plans files provided clear instructions to staff on the level of care and support required for each person. These include guidance on mobility, personal hygiene, elimination and medication. Staff were able to describe each person's needs in detail and the support they required.

Care plans and risk assessments were reviewed monthly by the registered manager. Though people told us that they were involved in determining the care they or their relative received, this was not documented in their care plans. We discussed this matter with the registered manager, who told us they would address moving forward. During the inspection, we saw several examples of where staff at the home had been responsive to people's needs. For example, where people were required to be weighed weekly or monthly, there were records to suggest this had taken place.

During our inspection, we checked to see how people were supported with interests and social activities. People told us that there was plenty happening at the home to stimulate and keep them busy. One relative said, "It's our relative's choice to remain in their bedroom, but staff still spend time with them." People told us their spiritual needs were accommodated by monthly holy communion services at the home. One person told us that they had been on outings to the seaside and the zoo. There had been a summer fayre, which relatives had attended. The registered manager told us that a number of outings had been scheduled for the coming year, which included canal trips and a visit to Cosford RAF Museum.

There were no organised activities undertaken during our visit. The registered manager told us that bingo had been arranged, but they were unable to get a machine at the last minute. Therefore, staff were directed to undertake one-to-one activities with people. Most people spent their time watching television in their own rooms or in the main lounge.

We found the service routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place, which clearly explained the process people could follow if they were unhappy with aspects of the service. People told us that if they had any complaints or concerns they would speak directly to staff or the registered manager. One relative told us they had completed a questionnaire and were generally very satisfied with the quality of care provided.

We looked at minutes of a recent residents meeting, which had been attended by six people and four members of staff including the registered manager. Issues discussed included the appointment of a cook, new menus, upcoming trips and outings. People expressed preferences around what they would like to eat, such as an additional roast meal on Wednesday or more fruits in the morning at breakfast. The manager told us these issues were being addressed by the cook.

## Is the service well-led?

### Our findings

People told us they knew who the registered manager was and that the home was well-run. On the subject of the registered manager, one person said, "He's alright, he's a pretty good and sociable. He's a good chap." People told us they were comfortable in raising any concerns with the registered manager, who they believed was a very nice person and was always prepared to listen. One person said, "I have no complaints. I would have no problem talking to (registered manager's name) about anything."

Confidential personal information about people living at the home and their medicines was not always stored securely. We observed a large amount of paper-work in the conservatory next to the dining room. This documentation consisted of confidential personal information relating to people staying at the home. It was on open to display to anyone entering the dining room. Personal information should be kept secure at all times and only accessed by people who are authorised. We spoke to the registered manager who assured us immediate steps would be taken to move the paperwork to a secure location.

We looked at the arrangements in place for storing people's medicines. We found medicines were generally stored securely in locked cupboard in the medication room. However, on our arrival, we found a delivery of people's medicines had been left unsecured overnight in the manager's office. The door was open and the medicines were available to anyone passing the room. We spoke to the registered manager about the need for effective systems to ensure the safe storage of medicines. They told us this had been an oversight on their part and immediate steps were then taken to secure the medicines in a locked cupboard.

Throughout our inspection visit, we saw the registered manager engaging with people who used the service and staff. Staff told us they felt valued and appreciated by the registered manager, who was always available to provide advice and guidance. Staff told us they felt their opinions mattered and that they had always been treated fairly. The home had a positive culture that was person centred and inclusive. Staff had a clear understanding of their role in supporting people and told us they were encouraged to sit and engage with people as often as they could. Staff told us the registered manager frequently worked alongside them to monitor their practice and support their development.

The registered manager told us they had experienced staffing difficulties before Christmas, which resulted in several members of staff leaving the service. This had been a very divisive period and unsettling for both people at the home and staff. As a result, staff from an associated home were temporarily providing cover, which had caused a lack of continuity for people. Since then, things had settled down significantly. The registered manager told us they wanted to ensure staff now remained focused on the needs of people living at the home.

The registered manager undertook a range of checks to monitor the quality of service delivery. These included the auditing of care files and medication records. Staff told us they had staff meetings in which they were encouraged to raise any concerns. We looked at minutes from a recent meeting, during which issues such as the requirement for staff to read care plans and attend to all handovers, had been discussed. Other items discussed included the home's new menus, staff training and the need for staff to ensure visitors

were offered refreshments during their visits. Both people and their relatives were able to provide feed back on the quality of the service by the completion of questionnaires or by attendance at resident and relative meetings. Where issues had been raised by family, these were being addressed by the registered manager, such as new menus and outings.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.