

Southside Specialist Dementia Care Limited

Karenza Care Home

Inspection report

14 Waterfall Lane
Rowley Regis, B65 0BL
Tel: 0121 561 1737
Website: www.southsidecare.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 22 July 2015 and was unannounced. The inspection was carried out by one inspector. We last inspected this home on 8 July 2013. There were no breaches of legal requirements at that inspection.

Karenza care home provides care and accommodation for up to eight people under the age of 65 and specialises in the care of people who may have dementia.

There was 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.

People told us that they felt safe in the home and families told us they felt confident that their relatives were cared for by people who knew how to keep them safe. Staff were able to tell us how they kept people safe, identified any risks to people and what actions they had taken to keep them safe.

People living at the home, their relatives and staff alike, all felt there were enough staff in place to keep them safe

Summary of findings

and meet their needs. The registered manager had recently changed her hours of working and the provider had made arrangements for management cover to accommodate this.

Medication was stored and secured appropriately and audits had identified some errors which had been rectified. Where people were prescribed medication that had to be administered, 'as and when required' there was little information available to advise staff as to in what circumstances the medication should be given which could result in this medication being administered inconsistently.

People and their families spoke warmly of the staff group and the care and support they received. They felt the staff group were well trained to do their job and knew them well enough to meet their all of their needs.

Staff obtained consent from people before they provided care and support. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) and what this meant for people living in the home.

People were supported to eat and drink enough to keep them healthy and were supported to make their own drinks and meals where appropriate. People were supported to access a variety of healthcare professionals to ensure their healthcare needs were met and were assisted to see their GP as and when required.

People living at the home told us that staff were caring and kind and knew them well. People were supported to maintain their independence where possible.

Staff were aware of the activities people enjoyed and what was of interest to them. People were supported to take part in activities both in the home and in the community. Activities were planned on a weekly basis and people were encouraged to tell staff what they would like to do and efforts were made to accommodate these requests.

People told us that they had no concerns or complaints about the home but knew how to complain and who to. They were confident that if they did complain, they would be listened to and their concerns acted upon.

People living at the home, their relatives and staff all thought that the home was well led. Visitors to the home felt welcomed and included.

Staff enjoyed their work and felt supported and listened to. They spoke positively about the provider and the registered manager and understood the vision the provider had for the home.

Regular meetings took place with people living at the home. Their views were sought and taken on board. The provider had introduced a number of quality audits in order to monitor care provided and where accidents or incidents had taken place, lessons were learnt.

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 not consistently safe.

People told us they felt safe and that they were supported by staff who knew how to keep people safe from abuse and harm.

Systems were in place to ensure people were supported by sufficient numbers of staff to keep them safe.

Staffing levels were regularly reviewed in line with dependency levels of people who lived at the home.

Medication was stored securely but there was little information available to staff with regard to the administration of 'as and when required' medication.

Requires Improvement



Is the service effective?

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

People were supported to have enough food and drink and staff understood people's nutritional needs.

People's human rights were supported because staff understood the principles of the Mental Capacity Act 2005 (MCA)

Good



Is the service caring?

The service was caring.

People told us staff were caring and kind and knew them well.

People were treated with dignity and respect and supported to maintain their independence where possible.

Good



Is the service responsive?

The service was responsive.

People were cared for by staff who knew their needs, likes and dislikes.

People were supported to take part in activities that they were interested in either in groups or individually.

There was a system in place to receive and handle complaints or concerns raised.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People told us they thought the service was well led and spoke positively about the provider, registered manager and staff.

Staff enjoyed their work and felt supported and listened to.

Karenza 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.

This inspection took place on 22 July 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at information about the home. A Provider Information Report (PIR) was requested to obtain specific information about the service. This was completed and returned to us. The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions and what

improvements they plan to make. We also looked at notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts that they are required to send us by law.

We spoke with three people who lived at the home, the registered manager, two senior care staff, the provider, two members of care staff and two relatives. We contacted representatives from the local authority. We 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 looked at the care records of five people living at the home, two staff files, training records, complaints, accident and incident recordings, safeguarding records, policies and procedures, medication records, home rotas, staff supervision records, quality audits and surveys.

Is the service safe?

Our findings

People we spoke with told us that they felt happy and safe living at the home. One person told us, “I do feel safe here” and a second added, “It’s nice living here”. A relative spoken with told us, “Me and the family feel [person] is well looked after and safe there”.

We saw that staff and people living at the home were comfortable in each other’s company and staff spoke kindly to people and offered support and reassurance.

Staff spoken with demonstrated knowledge of the different types of abuse people could be exposed to and what to do if they had concerns. Staff told us and records confirmed that they had completed training in this area. One member of staff told us, “Any concerns and I would report it to the manager, record it in the care plan and create an incident report for the manager”.

Staff told us, and we saw, that risk assessments were in place and were reviewed monthly or when there were any changes in a person’s care needs. Staff were able to describe to us the risks to people living in the home and how to manage those risks. For example, a member of staff described to us how they had identified risks to one person with regard to their nutrition. They confirmed and care records showed, they had reported their concerns to the manager and the matter was looked into and managed. They told us, “I reported it to the manager and was confident something would be done and it was”. This meant that staff were able to identify potential risks to people living at the home and were confident that when these were identified that appropriate action would be taken.

We saw where accidents or incidents had taken place, these were recorded and lessons learnt and actions taken. For example, where one person was a risk of falling, changes had been made to their care plan and to the environment they lived in, in order to reduce the risk of injury.

People living at the home felt there were enough staff available to meet their needs. One person told us, “I’ve no complaints, it’s nice living here and there are enough staff” and another person said, “There are enough staff here to

look after me and they are very nice”. A relative told us, “The staff work hard, they could do with another member of staff. It’s nice for people to go out but they have to make sure there are enough staff left to look after the others”.

A member of staff commented, “I think we have enough staff, we all muck in together and it works well. We always let each other know where we are”. Staff told us that they covered any absences between them and that the provider was always on hand if they needed any additional support. We observed that staff were constantly visible to people throughout the day, checking on them, asking if they were ok and passing the time of day with them. We also observed the provider spent some time in the home and spoke to the people living there. We discussed staffing levels with the provider, she described to us how dependency levels were assessed for each individual living at the home and we saw that this was reviewed on a monthly basis.

Staff confirmed to us that the appropriate checks had been put in place prior to them commencing in post. We looked at the files of two members of staff and noted that the provider had a robust recruitment process. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the home.

We saw that one person had returned from a short stay in hospital and their medication had been changed. This had been reflected in a new Medication Administration Record (MAR) for this person. However, one of their ‘as and when required’ medicines had not been written onto the chart and also changes to their medication had not been communicated appropriately to the staff on duty. This meant this person was a risk of not receiving their medication as it had been prescribed by the doctor. These concerns were raised with the registered manager and a safeguarding referral was made to the Local Authority by the inspector.

We observed that medication was stored securely within the home and that there were policies and procedures in place with regard to the administration of medication. We saw that there was a form for staff to fill in for medication that was to be given ‘as and when required’ but there was very little information as to in what circumstances the medication should be given. This lack of information could result in this medication being given inconsistently. This was discussed with the manager on the day of the inspection, who agreed to rectify the matter immediately.

Is the service safe?

People spoken with told us that they received their medication at the right time. One person told us, “I take my medicine, they tell me what I have to have and I take it” and another person said, “I can have painkillers if I want them”. When we arrived at the home we observed one person receiving their medication and staff explaining to them what it was.

We saw evidence of monthly medication audits and staff competency checks for medication conducted by the area manager. The medication audits had identified a small number of errors which had been rectified.

Is the service effective?

Our findings

People living at the home and families spoken with all told us that they considered the staff to be well trained to do their job. They were confident that staff were able to care for their relatives and meet their needs. One person living at the home told us, “It is very good here any problems they seem to get sorted. Staff are very open, very nice” and a relative commented “They [the staff] seem to know what they are doing and know [person] well”. Another relative told us, “The staff are very experienced, they understand people here”.

Our observations of staff and subsequent conversations with them, demonstrated they held a good understanding of the needs of the people living at the home. For example, one person living at the home had difficulty communicating their needs and staff explained to us the different ways they communicated with this person to ensure their needs were met.

Staff told us they felt supported by the management of the home and well trained to do their job. One member of staff told us, “Yes, I have had enough training and it does make a difference” another staff member told us, “They [management] are very supportive with training. They don’t let you struggle if you’re stuck someone will come and see you and help you”.

We saw that the provider had their own internal trainer and training facilities available to staff and staff spoke positively about this. We saw that all staff had their own personal training record and they told us they were given additional information regarding training they were to attend in their payslips. The provider explained that any additional training needs were identified during supervision and staff confirmed this.

Staff told us and records showed that they received supervision every three months and a yearly appraisal. One member of staff told us, “That is fine. I feel listened to; I can voice my opinion and if we have a problem they are always there to sort it out”.

We observed that staff obtained people’s consent before assisting them. One person told us, “There is always someone there who will be helping me along the way and they always ask me first if I want help”. A member of staff told us, “I ask people if they would like a wash or a shower and if they would like assistance”.

Staff spoken with had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and what it meant for people living in the home. Staff spoke positively about recent training they had received regarding this, one member of staff commented, “The MCA training; it really enlightened me, made me look at things differently”. Staff were able to tell us which people living at the home were deprived of their liberty, the reasons for this and how this affected the way they supported them. A relative told us that a member of staff had contacted them with regard to their relative’s health care needs and that they were involved in a particular health care decision was made in their best interests.

We saw that people were regularly offered drinks and snacks and at lunchtime were offered a choice of meals. One person told us, “I can choose my meals; it’s too big a range!” We saw that another person was being supported to make their own meals and had been able to choose their own ingredients before cooking a meal for themselves and another person living at the home.

Staff spoken with were able to tell us about people’s individual dietary needs and we saw evidence of people being referred to a dietician following concerns regarding their diet. A relative confirmed, “[Person] lost weight at beginning of the year, the manager purchased additional nutritional meals and [person] put on 5lb last month”.

People told us that if they needed to see the doctor then they could. One person told us, “I can see the dentist or the doctor if I need to – never a problem”. A member of staff was able to describe in detail the actions that they would take if a particular person became unwell. What they told us was reflected in the person’s care plan. They told us, “I would constantly reassure and use a flannel to keep [person] cool”. We saw the people were supported to access their GP, chiropodist, dentist, optician and district nurses visited on a regular basis. A member of staff told us, and records confirmed, that one person’s medication had been changed by their GP but the person was still in discomfort. Staff noted this and reported back to the GP and the medication was changed. This meant staff were able to recognise when people were not well, even if they could not communicate this and actively sought to do something to rectify the problem.

A member of staff told us, “Communication is good here, everyone gets on well”. We saw systems in place to share information and updates with each shift. Another member

Is the service effective?

of staff told us, “If there are any changes we inform the seniors or the manager”. A relative told us, that when they had passed on information to a member of staff they had told them, “I’ll go and put it down in the book right now” to ensure that the details were passed onto the staff group.

Is the service caring?

Our findings

We observed people living in the home were comfortable in the company of the staff who supported them. Staff spoke with kindness and listened to what people had to say. We saw staff had knowledge of what was important to people and were able to hold conversations with them on these subjects. We saw staff stop and ask people how they were and what they were planning to do that day. We heard a member of staff reassure one person when they asked about the inspection. The staff member told them, “Any concerns and you can talk to [person] they are just making sure we are doing our job properly and you’re ok”. People described the staff to us as “Nice” and “Very kind”, one person told us, “I like [person] she is my favourite”.

One person described their relationship with staff and other people living in the home and told us, “We know each other well enough to be comfortable with each other. I am very pleased with the group of people I have around me. I am quite happy”.

A relative told us, “The staff are very lovely, very helpful. They make you feel very welcome”. They told us that could visit at any time and that the staff and the provider were approachable and supportive. They described to a conversation they had had with the provider regarding some concerns they had. They told us, “[Person] sat with us as a family for some time and explained what was happening, they were very good and we felt better after that conversation”. A second relative told us, “The staff are very understanding and very caring, it’s like a family environment and they involve all the residents together”.

Staff were able to tell us the different methods they used to communicate with people and records confirmed this. A member of staff told us how they communicated with a particular person living in the home, they added, “I know [person] well enough to notice different things”. We saw that care plans were in place to assist staff in communicating effectively with people.

We observed people were actively involved in making decisions regarding their care, what they wanted to eat and how they wanted to spend their day. We saw people were offered a choice at mealtimes and staff were aware of their particular preferences.

Staff provided people with support to enable them to maintain their independence. People were encouraged and supported where possible, to make their own drinks or were assisted to make a meal. We also saw one person was supported to do their own laundry.

People told us they were treated with dignity and respect. A relative commented, “[Person] is treated with dignity and respect and always looks clean and smart, they sit and talk with him and include him, they don’t ignore him”. A member of staff described to us how they supported people when providing personal care which maintained their dignity. We saw people were spoken to with respect and by their preferred name. The registered manager told us how she ensured people were treated with dignity, she told us “I supervise staff and observe practice. I also work shifts to work alongside staff. I have never seen anything untoward and everyone is always laughing. It is a very happy home, it feels like a family”.

Is the service responsive?

Our findings

People told us they were involved in their care plan and we saw evidence of this. One person told us, “Yes, I was involved in my care plan; we have meetings. They know what’s important to me and they discuss things with me and my interests so I have no worries”. A relative spoken with confirmed they were involved in their family member’s care plan and also reviews of their care.

Staff were able to tell us in detail, information about people’s likes and dislikes, what they liked to do, their personal history and what was important to them. A member of staff told us, “We try to find out what people enjoy doing; [person] is not keen on arts and crafts but likes gardening and history so we went to the Black Country Museum”. Another member of staff told us “We keep [person] very busy and active and they like that”.

The provider told us that a full time activity co-ordinator had recently been appointed and that arrangements had been made for a number of people living at the home to go on holiday to Ross on Wye in the coming weeks; they told us how much everyone was looking forward to this holiday.

People living at the home told us that they were able to participate in a number of activities that they enjoyed. One person told us, “I grow courgettes, herbs and flowers for my family. I had to change the feeding of my plants and I raised it and it was sorted out and everything was fine.” Another person told us they were going to choir practice that evening and it was something they enjoyed.

The provider told us she encouraged links between the people living at the home and people living at other homes owned by the organisation, one of which was close by. We saw arrangements had been made for people to work on a mosaic that was being used for a centre piece in the garden of another home that people visited. People were encouraged to create a design that included something

that was important to them. Three people were taking part in this activity on the day we visited. We observed the reflexologist visit and people were asked if they would like a foot massage; those who took part in this activity clearly enjoyed the experience. We heard staff explaining to them what was happening and reassuring them.

People were encouraged to maintain links with their family and the wider community. The provider told us, “We are open to ideas from other people; what works with one person doesn’t always work with others”. A person told us, “I go out for meals, I go out all over the local area and my family can come here as well”. A member of staff told us, “People are encouraged to see their families and we make them welcome and offer them a cup of tea and biscuits”. A member of staff told us, “We always take people out to do normal things, like for a coffee or some shopping”.

People told us and records confirmed that weekly meetings took place and people were asked what they liked to do the following week, for example, if people wanted to go out for coffee or for lunch or visit a local place of interest. We saw arrangements were made to share information with people on a one to one basis if they did not feel comfortable taking part in the meeting.

People living at the home and relatives spoken with told us that they had no complaints, but they knew how to complain if they had any concerns. A relative told us, “I have never had to raise a complaint; if I did I would see the manager or the provider; I know they would take it seriously”. We saw information regarding how to raise a complaint on display and also in people’s rooms. People told us that if they had to complain they were confident that their complaint would be listened to and acted on. There was a system in place to record and investigate any complaints. The registered manager told us they had not received any complaints in the last two years. A comments, complaints and suggestions box had been put in place to encourage people to pass on any concerns if they did not wish to speak to staff directly.

Is the service well-led?

Our findings

People and their relatives spoke highly of the provider and the staff in the home and told us they considered the home to be well led. We saw that the provider had a visible presence in the home and people living there knew her well. One person described her as, “Very good and very helpful”.

The registered manager worked part time and arrangements had been made for other staff to act as manager when she was not working. People living at the home told us that this was not a problem for them and that they could speak to any member of staff or the provider if they needed to. A relative spoken with commented on the arrangement, “It’s ok, they perhaps could do with a full time manager”. However, they also confirmed that it had not been an issue and they felt communication between the three worked. We also spoke to staff about this arrangement. One member of staff told us, “It’s not a problem having three managers, it works well and there’s always someone you can talk to” and another said, “It works well, they don’t seem to bother us, we know what we are doing and we get on with it and decide between ourselves”.

Staff spoken with told us they enjoyed working at the home. One member of staff told us, “It’s rewarding working here, making people happy” and another said, “There’s a

nice atmosphere here, it’s a good place to work”. Staff told us they felt supported and that if they had any concerns they would be listened to. One member of staff told us, “They are trying to make it an active home and put a lot more emphasis on getting people out into the community”.

We saw evidence of meetings with relatives where plans for the home were shared. People were informed of activities including a holiday that people were being taken on. A relative told us they had been invited to meetings but they hadn’t been able to attend. They also told us they had been asked to completed surveys giving feedback on the home.

We saw evidence of weekly meetings taking place and people being asked about the home and what they would like to do. We saw staff meetings took place every six to eight weeks, a member of staff told us, “They are a two-way process, staff are brilliant, they are a great team”.

There was a system in place to assess staffing levels based on the dependency levels for each individual at the home and this was reviewed monthly. There were regular medication audits and reviews of care plans and risk assessments. Accidents and incidents were logged so that learning could take place from these incidents and we saw evidence of this.

The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.