Anchor Trust

Kerria Court

Inspection report

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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

Summary of findings

Overall summary

This inspection took place on 12 and 13 July 2016 and was unannounced. The home was last inspected in February 2015 and found to be requiring improvement in two areas. The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Kerria Court is registered to provide care and support for up to 47 older people who have needs relating to their age or dementia. Nursing care is not provided. On the day of our inspection there were 43 people at the home.

The home had a registered manager in post who was available throughout our inspection. 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.

We observed people looking relaxed and at ease within the home, and with the staff who were supporting them. People and their relatives told us they felt safe at the home. Staff were aware of the provider's processes for reporting any concerns. Staff understood their responsibilities to keep people safe from harm but had not ensured incidents of behaviour were recorded to ensure strategies to manage behaviour were suitable and effective.

We were informed by the deputy manager of concerns that had been raised by the coroner since our visits took place. We were informed these concerns related to an incident prior to our inspection where a person needed to be taken to hospital in an emergency. Staff had only shared verbally important information about risks to the person rather than in a written format. We were informed that at the time of this incident the home was in the process of introducing 'transfer records' but at the time, these had not been completing for everyone. We were given assurances that these had now been completed and reviewed following the coroner inquest. We were informed that the provider would be completing a 'lesson's learnt' report, which would be shared with us, once completed.

There were enough staff to support people safely and recruitment checks were in place to help ensure staff that were employed were safe to work with people.

Staff had been trained to support people effectively. This included learning about the specific needs the person lived with. Staff told us that they received regular supervision and felt supported.

We reviewed the systems for the management of medicines and found that people received their medicines safely. The registered manager had identified and was taking action to further improve the administration of prescribed topical creams and ointments.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions.

People told us that they were supported by staff who were kind, caring, attentive and compassionate. People were able to make decisions about how they wanted their care provided. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People told us they were offered meals which they enjoyed. People were supported to eat enough food and drink by staff who understood their nutritional needs. People's health was supported by access to a variety of health professionals.

People told us that they played an active part and contributed to the planning and reviewing of the care they wished for. A variety of activities were provided to meet the interests of individual people. We saw people were engaged and were consulted about the activities programme.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service and there were effective systems in place if people wished to make a complaint. The registered manager was aware of their responsibilities and had the skills and experience required to enable them to effectively lead this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People received their medicines safely but further improvement was needed to the administration of topical creams and ointments.

People told us they felt safe at the home and with the staff who supported them. Staff understood their responsibilities to keep people safe from harm but had not ensured incidents of behaviour were recorded to ensure strategies to manage behaviour were suitable and effective.

There were sufficient staff available to care for people.

Is the service effective?

Good

The service was effective.

Staff were supported to be effective in their role through training and regular opportunities to discuss their practice and personal development.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act.

People were supported to have enough suitable food and drink when they wanted it and had access to health care professionals to meet their specific health care needs.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

People's privacy and dignity were respected.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive.

People told us they were involved with the planning and reviewing of their care.

People were supported to take part in a range of activities that enabled them to maintain interests and hobbies.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

Good

The service was well-led.

Systems and processes ensured the service was always looking for ways to improve and develop. People, relatives and professionals felt that the service was improving.

People and staff were given the opportunity to contribute to the development of the service.

Kerria Court

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 12 and 13 July 2016 and was unannounced. The home was last inspected in February 2015 and found to be requiring improvement in two areas. The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Before the inspection we asked the provider to complete a Provider Information Return (PIR) This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. These help us to plan our inspection. We contacted the local authority who commission services from the provider for their views of the service. Information was also received from two health and social care professionals.

During our inspection we spoke with fourteen people who lived at the home and with four relatives. We also spoke with four health and social care professionals.

Some people's communication needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations 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 spoke with the registered manager, two deputy managers, the cook, six care staff and with the district manager. We looked at the care records of six people, the medicine management processes and at records maintained about staffing, training and the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2015 we found there was not always enough staff on duty to meet people's needs. We were informed that staffing levels would be increased and at this visit we found that the numbers of staff on duty in the mornings had been increased.

People told us they had no complaints about their medicines and that they received them when they were needed. One person told us, "My tablets are fine, I get them when necessary." We observed a member of staff administrating people's medicines. This was done safely. Medication Administration Records for tablets and liquids had been completed to confirm that people had received their medicines as prescribed. Most tablets were dispensed from a monitored dosage system. We found the administration and recording of these tablets were accurate and our audit suggested that people had received their medicines dispensed from these packs as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used.

Separate medication records were kept for the administration of topical creams and ointments. At our last inspection we saw that frequently people did not have their topical creams and ointments given as prescribed. Whilst this had improved and senior staff were conducting regular audits of this area of medication practice, a recent audit had identified further improvements were needed and the registered manager and deputy managers were able to evidence the actions they were taking to make further improvements. We saw that staff who were responsible for administering medicines had received regular training and medicine competency assessments.
We saw that plans were in place to manage emergency situations. In the event of a fire emergency evacuation plans were in place for each person which detailed whether people needed equipment to mobilise. Following our visits we were informed by the deputy manager of concerns that had been raised by the coroner since our visits took place. We were informed these concerns related to an incident several months prior to our inspection where a person needed to be taken to hospital in an emergency. Information about risks and restrictions was not shared in writing with other essential information only verbally. We were informed that at the time of this incident the home was in the process of introducing 'transfer records' but at the time, these had not been completing for everyone. We were given assurances that these had now been completed and reviewed following the coroner inquest. We were informed that the provider would be completing a 'lesson's learnt' report, which would be shared with us, once completed.

People who lived in the home told us that they felt safe living there. Comments from people included, "I do feel safe, they [staff] are always around." "There is no bullying of any sort." One person told us about an incident that at the time had made them feel unsafe. They told us they had reported this and that action had been taken to help reassure them they would be safe in future.

People's relatives confirmed that they thought people were safe. One relative told us, "I believe that my brother chose a safe place." Another relative told us, "They are security conscious."

The members of staff we spoke with were able to describe signs of abuse and to confidently explain how they would respond to safeguarding concerns. Staff knew who to report any concerns to and were confident these would be dealt with. The registered manager and deputy managers informed us that all staff undertook training in how to safeguard people during their induction period and there was regular refresher training for all staff. This was confirmed by staff we spoke with and from staff training records. The registered manager was aware of their responsibility to identify and report any potential incidents of abuse. There were policies and procedures available in the home regarding safeguarding and whistle-blowing. There was also information on display to people about how to contact the local authority if people they felt they had been abused. Information was also available to people about local advocacy services. The combination of these measures meant people could be confident any safeguarding matters would be identified and reported, and that people would receive the support they required.

People told us and we saw that there were enough staff available to meet people's needs. One person told us, "I have never had a problem having to wait for staff." Another person told us, "When I have used my call bell the staff come straight away and they have never chastised me for using it." One person's relative told us, "There are enough staff, even at weekends." On the two days of our inspection we did not see anyone having to wait long for assistance from staff. Staff were consistently in the vicinity of communal areas and responded to people's requests for support. We saw that call bells were answered in a timely manner.

The health and social care professionals we spoke with confirmed there were sufficient numbers of staff on duty when they visited the home. Staff we spoke with told us that they were happy with the staffing arrangements. One member of staff told us, "The staffing levels have improved and people benefit because staff are also staying longer as we there used to be a high turnover of staff." The registered manager described how they assessed and determined how many staff were required to support people living at the home. This was done by assessing people's dependency levels and then using a staffing tool to indicate the overall care hours needed per week.

The recruitment and selection process ensured that staff were recruited safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Doing these checks helps to ensure only people suited to work in adult social care are recruited.

People were encouraged to have as full a life as possible, while remaining safe. The registered manager had ensured the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service had been assessed and recorded. When necessary, measures were put in place to minimise any danger to people. All the risk assessments we looked at were reviewed regularly.

Records confirmed that there were procedures in place to record when accidents and incidents had occurred. These had been analysed and appropriate steps had been taken to reduce the risk of similar occurrences happening. Some people at the home had been provided with motion sensors in their bedrooms to help alert staff to when they may need assistance and to try and reduce the risk of them falling. We brought to the attention of the registered manager that we had received feedback from a healthcare professional that the recording of behaviour incidents was an area that could be improved. These incidents could then be analysed to try and identify potential triggers for behaviour and how to support the person appropriately. During our visit we saw an incident where a person became distressed and threw a cup across the lounge. The following day we saw this incident had not been recorded by staff. The registered manager told us they would arrange for some training sessions for staff to take place so that this could be improved.

Good

Is the service effective?

Our findings

People and their relatives told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. One person told us, "They [staff] are all very good, I cannot fault them." One relative told us, "Staff appear to be trained."

Health and social care professionals confirmed that staff were knowledgeable about people's needs. We talked to staff about how they delivered effective care to individuals with differing needs. The staff spoke with warmth and enthusiasm about the person and were able to describe their care needs and preferences.

We asked staff about their induction, training and development at the service to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff told us that they had received an induction and had on-going training. New members of staff told us they had the opportunity to work 'shadow shifts' when they first started working in the home. One new member of staff told us that their induction had been good and that they had been paired up alongside a more experienced member of staff for their first two weeks at the home. The registered manager told us the Care Certificate was available for new staff if they required it. This certificate has been implemented nationally to ensure that all staff who work in the care sector are equipped with the knowledge and skills they need to provide safe and compassionate care. Staff were very complimentary about the training they had received. One member of staff told us, "The training has been more than I had expected." We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had the skills and knowledge to provide care which met people's specific needs.

All the staff we spoke with told us they felt supported in their role and that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. There were also regular staff meetings to provide staff with opportunities to reflect on their practice, receive updates and make plans to help the service move forward.

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. Staff adhered to the principles of the MCA by seeking people's consent. We observed and heard staff seeking people's consent before they assisted them with their care needs. One person told us, "They always ask me for my consent." We looked at management of consent for a person who had their medication administered covertly. We saw that agreements were in place for the person who was assessed as not having the capacity to consent to show this was in their best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. All the staff we spoke with about this were aware of the applications in progress and those that had been authorised. Staff understood that it was unlawful to restrict people's liberty unless authorised to do so.

People were supported to have sufficient to eat and drink and told us that they liked the food provided. One person told us, "We always have enough food and there is choice on the menu." Another person told us, "The food is ample and I love it." People told us and we saw that regular drinks were offered to people. One person told us, "We have drinks all the time, look here comes the drinks trolley, would you like one?"

We observed lunch being provided to people. People were given visual choices of what was on offer. We saw that people had a pleasant and inclusive dining experience. Staff were present but unobtrusive which showed a real respect for people whilst they were eating. All tables were well laid with appropriate cutlery and condiments. We observed one person did not eat their meal and was offered an alternative which they accepted and enjoyed. We saw that the home provided a nutrition and hydration station in the communal lounge, so people could have access
to snacks and drinks at any time of the day and to enable people to access snacks independently.

Staff demonstrated that they knew each person's needs and preferences in terms of food and drink. The cook and care staff we spoke with had a clear understanding of people that needed supplements in their diet or needed a soft diet. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. One person told us they needed a special diet because of a health condition and that this was catered for. Where staff had identified that one person was underweight we saw they had made a recent referral for healthcare advice for this person. This showed that staff took action where people were at nutritional risk.

We saw that people were supported to access a range of health care support. One person told us, "If I was poorly I am sure they would telephone the GP but I have been well whilst I have been here." On the first day of our visit one person complained of feeling unwell and staff informed the person that they would contact the GP on their behalf. On the second day of our visit we saw evidence that this had been done. This demonstrated that staff took action when people were unwell.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. We spoke with health care professionals during our inspection who told us that people's health care needs were acted on and that staff followed advice given in relation to people's healthcare needs.

Good

Is the service caring?

Our findings

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. People who lived at the home told us that staff were caring. One person told us, "They are very good, every one of them, it doesn't matter which one is on.", People told us that staff knew their likes and dislikes. One person told us, "They [staff] are nice, they know what I like." It was evident from the staff we spoke with that they knew the people who used the service well and had a good knowledge of their individual preferences." Relatives confirmed that staff were kind and caring to people in their care. One relative told us, "All the carers are nice, not a single one shirks." Another relative told us, "They do a great job." Health and social care professionals also confirmed that staff were kind and caring.

We saw staff respond to people's attempts to communicate in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home. We saw staff sitting, talking and listening to people and provided comfort and support to people. One person told us, "If you are depressed they come and talk to you."

People who lived at the home and their relatives told us that visitors were made welcome and they could visit at any time with no restrictions. One person's relative told us, "A welcoming, interactive environment all of the time."

The people we spoke with said that staff respected their privacy and dignity. We observed staff working in ways that promoted the dignity and privacy of people to include knocking on bedroom and toilet doors and seeking permission before entering. We brought to the registered manager's attention one isolated incident where we overheard staff talking about a person's personal care needs in a communal area of the home. They told us they would remind staff that this was not acceptable.

People told us they valued their own independence and that staff respected this and encouraged it. During the inspection we observed staff assisting people in making choices about what they would like to eat and drink and the activities they wanted to do. Where people were unable to understand verbal communication staff supported people by offering them visual choices. One person told us, "They usually ask what you would like to wear - want you want to eat and so forth."

Good

Is the service responsive?

Our findings

People told us they had been involved in the planning of their care. Care records contained evidence that people and their representatives, such as family (where appropriate) were in agreement with the contents of care plans.

The majority of health and social care professionals told us there were good systems in place to plan people's care. One healthcare professional told us that care plans were person-centred, up-to-date and reviewed regularly, and reflected the person's needs. One health and social care professional commented that care plans could be improved by being more accurate about the things people could do for themselves so that their independence was maintained. The care plans we read were personal to the individual and included information on a person's preferences, background and specific needs. We saw staff understood people's individual needs and abilities. The care plans assessed different aspects of care including nutrition, mobility, moving and handling, falls prevention and personal hygiene.

We looked at the care records for a person who was new to the home and saw an assessment of their needs had been completed before they moved there. The registered manager and the deputy managers told us that the needs of some people at the home had increased and that they now needed nursing care. They were liaising with health and social care professionals to help identify more suitable accommodation for these individuals. This showed that the service was responsive to people's changing needs.

We looked at the arrangements for people to participate in leisure interests and hobbies. People we spoke with told us they enjoyed the range of activities on offer. An activity co-ordinator was in post who organised a range of activities based on people's interests. They were on annual leave when we visited but other staff ensured there were activities on offer to people. Some group activities took place, this included baking cakes. Everyone who was joining in was laughing and smiling throughout the activity. One health care professional told us that people were encouraged to participate in activities, but that staff were aware of people who may find some activities distressing. They gave an example of one person did not like to sit in groups. Staff were very aware of this and accommodated this by encouraging the person to join in in the lounge, but by sitting a little way from other people.

There was an activity schedule in place and the type of activities that people wanted to do was discussed with them at regular meetings. Activities were usually group activities but some individual activities were also scheduled. Photographs in the home showed people taking part and enjoying a wide range of activities. This included playing golf in the garden and trips out to local places of interest.

People told us they were aware of how to make a complaint and were confident they could express any concerns. People told us they would speak to a deputy manager or the registered manager if they were unhappy about something. One person told us, "I told the deputy manager and things were sorted." Another person told us that they were listened to if they had any concerns.

The procedure on how to make a complaint was on display in the home and was available in alternative

formats. Information was also available to people on how to contact advocacy services.

The records of complaints were detailed and included the investigations and outcomes related to each complaint. Where appropriate, people had been issued with an apology. People could therefore feel confident that they would be listened to and supported to resolve any concerns. Complaints and concerns were used as an opportunity for learning and to improve people's experiences. Staff gave an example of this in regard to concerns being raised about the meals on offer having led to some specific improvements in relation to an increased variety of foods to meet specific cultural preferences.

Good

Is the service well-led?

Our findings

A registered manager was in post and they were supported by two deputy managers. We observed they were available to people and staff and both demonstrated a good knowledge of the people who lived at the home. People told us that the home was well run. Whilst not everyone was sure of the name of the registered manager people knew where they could make a complaint and were aware of who was in charge of things that were important to them. One person told us, "No I am not sure who the manager is but it's not important - I know who the head- chef is….now that is important, do you agree?." Another person told us, "Oh yes, she is really good[the manager]." The relatives we spoke with confirmed the home was well-led. One relative told us, "Everyone is efficient, that must mean it is well run." Health and social care professionals told us that the home was well managed. One healthcare professional told us that the staff and management were friendly, approachable and were willing to assist in any way that they could.

The registered manager understood their responsibilities; including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. Support was available to the registered manager of the home to develop and drive improvement. We saw that help and assistance was available from the district manager. Records showed that the district manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered. Since our last inspection there had been numerous improvements. Examples of this included improvements to the environment to make it more 'dementia friendly' and moving the location of the registered manager's office from the first floor to the ground floor entrance area. This made the registered manager more visible to people, relatives and staff. Record keeping had also improved and the records we viewed, with some minor exceptions were now more accurate and up to date. This helped staff more effectively monitor people's well-being.

The staff we spoke with confirmed that the home was well-led. Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. Staff meetings were used to help share good practice and improve the service. Minutes of staff meetings also showed that where complaints had been received these were shared with staff to help improve practice. One member of staff told us, "We get positive feedback and also feedback on where we need to improve." All the staff we spoke with told us that the management team were open and approachable. One member of staff told us, "The managers are all approachable, you can tell them anything."

Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. Staff recorded when an accident or incident occurred and the registered manager reviewed these to identify patterns or trends, for example any falls people had or where falls had occurred.

There were systems in place to monitor the quality of the service through feedback from people who used the service, their relatives, staff meetings and a programme of checks. Regular group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. We saw that information was available to people about the action taken in response to their suggestions. There were in the form of 'You said, We did' posters.

This demonstrated that people's feedback had been used to drive improvement within the service.

Regular checks were undertaken on care records, medicines management, health and safety and the environment to make sure it was maintained and safe for people. Audits were not just records based and also included observations of staff practice, for example people's meal time experiences. Where issues were identified an action plan was completed to address the issues.