

Mrs Diana Carol Tripp

Kevlin House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 08 January 2015 and was unannounced.

Kevlin House is a residential care home that provides accommodation, care and support for up to 14 older people, some of who are living with dementia. At the time of the inspection, there were 13 people living at Kevlin House. The registered provider is also the manager of the service and they have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 05 September 2014, we found that there were several breaches of Regulations. We asked the provider to take action to make improvements in the way people were assisted to give their consent to the care they received and how they were consulted and involved in planning and reviewing their care. We also asked for improvements to be made in the training staff completed, the maintenance of the premises, the infection control procedures carried out at the service and the way people and staff were able to give their views about the quality of service provided. The provider sent

Summary of findings

us an action plan that told us they would be compliant with the relevant legal requirements by 01 January 2015. This action has been completed and improvements had been made.

People felt that their needs were met by staff who were kind and caring and that this made them feel safe living at the home. Staff treated people with respect and used a friendly and thoughtful approach when talking with and assisting them. People said they could speak to the provider and staff if they were worried about anything.

Staff had completed training and knew how to make sure that people were safe and protected from abuse. The training provided for staff was appropriate to their role and helped them to develop the skills and knowledge they needed to provide support to the people they cared for.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to all care services. Policies and procedures were in place and we saw that staff had completed this training. People had been assessed in respect of their capacity to make decisions for themselves and the deputy manager had liaised with the supervisory body about making applications when people were at risk of having their liberty restricted or deprived.

People were encouraged to maintain their independence and had access to healthcare professionals when they became unwell or required specialist medical help. Their needs were met and they and/or their relative were consulted and involved in regular discussions about the care and support they required and received.

Medicines were available for people to take when they needed them, had been accurately recorded when administered and were stored securely.

The management team were supportive and included staff in discussions when changes in care practice were needed. Concerns were listened to and were dealt with and resolved as quickly as possible.

People had been given the opportunity to raise their concerns and influence how the service was run. Suggested improvements were listened to and acted upon, when possible, by the provider. To make sure that the home was well run and people received the care and support they needed regular checks were made on the way staff worked, the records held and the maintenance of the premises.

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 safe.

People were encouraged to raise their concerns and felt safe living at the service.

Infection control procedures were in place and the service was clean. Individual risks to people had been identified and plans to reduce risk were in place.

Sufficient staffing levels were in place and staff were available when needed.

Medication was administered and stored safely. People received their medication when they needed it.

Good



Is the service effective?

The service was effective

Staff had completed training and knew how to provide care and support for the people in their care.

People were encouraged and assisted to give their consent.

People enjoyed the meals they received. Staff supported people and checked that they had sufficient food and drink each day.

Staff monitored the well-being of people and quickly requested a health professional to visit them, when needed.

Good



Is the service caring?

The service was caring

Staff treated people well and made them feel as if they cared about them, when they spoke with them.

Staff assisted people to be involved in planning their own care and support and respected the decisions they made.

People's dignity and privacy were respected and their relatives and friends could visit them at any time.

Good



Is the service responsive?

The service was responsive

Care and support was personalised and people were involved in planning their care when their needs changed.

People's preferences, wishes and interests were known, promoted and respected by staff.

People knew how to complain and their concerns and complaints were encouraged and responded to in a timely way.

The management team took action when people raised their concerns about the quality of care provided to people.

Good



Summary of findings

Is the service well-led?

The service was well led

The management team were approachable and included people living at the home and staff in discussions about changes to the service provided.

The management team motivated and supported staff and took action when improvements were needed.

The quality of the service was regularly monitored and audits were completed on all aspects of the service provided.

Good



Kevlin 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 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 08 January 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed the information we held about the service. This included information we had received such as, the action plan of improvements the provider had said they would make, and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send to us by law.

On the day we visited the service, we spoke with four people living at the service, three relatives and three staff. We spoke with the cook and the registered provider, who was also the manager and oversaw the overall management of the service. We also observed how care and support was provided to people. To do this, 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 four people's care plans, three staff recruitment files, two staff supervision files, three staff training records, records relating to the maintenance of the premises and equipment, four medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned two relatives and a social care professional for their feedback on the service.

Is the service safe?

Our findings

At the last inspection dated 05 September 2014 we found that infection control procedures were not being carried out correctly at the service. At this inspection dated 08 January 2015 improvements had been made and people were protected from the risks associated with cross infection.

Staff told us that improvements had been recently made within the service. They explained that they now had a continuous supply of disposable gloves and aprons to use when assisting people with their personal hygiene. They said that hand washing instructions were displayed in the bathrooms and toilets and new, colour coded buckets, mops, bins with lids and disposable bags had now been supplied. They explained that this enabled them to use the correct equipment to safely clean the home, dispose of waste and handle soiled laundry. They also told us that they had completed refresher training in infection control procedures to ensure people were protected from cross infection. Our observations and the records we viewed confirmed these actions.

People told us that they were treated well by the staff who made sure that they were given the care and attention they needed. One person said, "It is great here I feel really happy. It is like living in a large family." Another person told us, "If I have a problem the staff soon help me to sort it out. I only have to ask."

Risks to people's safety had been identified, assessed and discussed with them and plans put in place so that the risks associated with their health, accidents and incidents were minimised. Detailed risk assessments had been completed and reviewed for such things as people's risk of moving, dehydration, malnutrition and use of bed rails. People had their health conditions, such as, the risk of them developing a pressure ulcer regularly monitored and reviewed to ensure they received the care and support they required.

Where a person had chosen to take an informed risk, for example of a fall, a best interest assessment had been completed that informed staff of the action they could take to reduce the risk of the person falling. Such as, reminding them to use their frame. This action was observed during our visit and confirmed that the staff knew how to keep people safe, in the least restrictive way.

The recruitment process used was complete and protected people from being cared for by unsuitable staff. Staff explained that before they had begun to work in the home they had completed an application form and attended an interview. They also said that to confirm that they were of good character and suitable to work at the service their references and a criminal records check had been received by the manager. These actions were confirmed in the staff files and recruitment records we viewed.

Staff told us they had recently completed training in how to recognise and safeguard people from abuse. They knew what abuse was, the action to take to protect people from being abused and who to tell if they suspected or witnessed abuse. Staff said they had also completed training in fire safety and had regularly practiced a fire-drill that included the action they should take in an emergency situation. This was confirmed in the fire safety records we viewed.

They explained that in the event of an emergency, contingency plans were in place if everyone living at the home needed to be evacuated. We saw that the fire exits were accessible and clearly sign posted and that there was fire-fighting equipment throughout the service. People living at the home told us that the fire-alarms were tested each week. One person said, "I cannot stand the noise, but if it was the real thing [a fire] I would be glad it rung."

People living at the service told us that they did not have to wait long for a staff member to assist them when they asked for help. One person said, "There are plenty of staff here to help us all." They confirmed that they felt safe living at the home and said that this was because there was always a staff member to call upon when they needed assistance. Relatives and visitors told us that there were enough staff working at the home and that the deputy manager helped out if the care staff were busy or staff sickness had not been covered.

Sufficient numbers of staff were on duty on the day of our visit because the deputy manager was working as a carer, until a replacement staff member arrived at the service to work. Staff told us that enough staff were provided on each shift and that most staff absence was covered by someone from the existing team of staff or the deputy manager. The deputy manager explained that additional staff were

Is the service safe?

provided, when needed, for such things as outings and that the staffing levels had been decided after the dependency of each person had been assessed and calculated. This was confirmed in the staffing roster we viewed.

We saw that staff knew how to safely administer medication. People said that when they needed their medication it had been available for the staff to give to them. One person told us, “I know the medication I take and the staff have never got it wrong.” Staff had completed training in the administration of medication. Their competency to safely and correctly assist people with their medication had been regularly assessed and checks had been carried out to ensure the staff were following the medication procedures and guidance.

Accurate and complete medication administration records showed that people had been given their medicines at the correct time and as prescribed by their doctor. Medication

was stored securely and access to medication was restricted to designated staff only. Daily temperature checks of the room and fridge used to store medication in had been carried out and showed that they were within safe limits for the safe storage of medication. This was confirmed in the records we reviewed.

Timely maintenance checks had been completed for such things as heating and lighting systems and fire-fighting equipment. Equipment used by people to help them move, for example hoists and wheelchairs, had been regularly serviced to ensure people were safe. The provider told us that, as planned in their action plan of improvements, the home’s water system had been recently tested for Legionella disease and that it had tested as clear. This demonstrated that the provider made sure that the premises and equipment were safe.

Is the service effective?

Our findings

At the last inspection dated 05 September 2014 we found that some areas of the premises were poorly maintained. At this inspection dated 08 January 2015 improvements had been made and people were protected from the risks associated with a poorly maintained environment.

On the day of our visit we saw that a bedroom in the home was being redecorated and refurbished. The provider explained that carpets around the home had been deep cleaned or replaced, a new sink had been provided in the laundry and radiator covers had been fitted throughout the home. They told us that, to ensure people were safe, window restrictors had been fitted on all windows and a fence had been erected around the capped well in the garden, so that people could not access it. They explained that they planned to landscape the garden at the back of the service in the spring. Records we saw confirmed this.

People told us they were supported to maintain good health. One person said, "You will not find a better home than this. We can do as we like and are well cared for by kind staff." Another person explained, "If I need something, like to see the chiropodist, I ask the staff and they sort it out for me straight away." Relatives told us that the staff knew the best way to help their family member and responded to people well, especially if they were anxious or upset. They confirmed that a doctor or district nurse had been asked to visit their relative when necessary and that the staff or manager had contacted them to update them on the health of their family member. These actions were seen detailed in the care records we saw.

People confirmed that they were asked by staff to give their consent before any care was carried out. Their capacity to make decisions about their own care and support had been assessed by staff. Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) had been completed by the provider and staff. This had assisted them to understand what to do when a person lacked the capacity to make a decision themselves or their freedom was at risk of being restricted. Policies and procedures were in place and appropriate applications had been submitted to a local authority Supervisory Body, for authorisation for the service to be able to deprive people of their liberty, in their best interest.

The lunch meal was seen to be a relaxed time where people were offered a balanced meal or an alternative of their choice. People told us that they were provided with sufficient amounts of food and drink throughout the day. One person said, "The food has got better and I enjoy my meals." Another person told us, "I can be fussy about what I eat, but they [staff] know what I like and are very patient. They always find me something I like." Relatives told us that people were offered plenty of food and drink and that special diets, such as a diabetic or soft diets, were provided if required.

Enough staff were provided to ensure that people who required assistance to eat and drink were supported. People were served their meal quickly and when possible were encouraged to be as independent as possible. Staff members talked to people about their meal choice and checked with them that they were enjoying their food. We saw that the food and drink needs, preferences and likes and dislikes of each person were recorded in the kitchen. The provider told us that this information was used to decide the meals that would be put onto the menu.

People at risk of receiving poor hydration and nutrition had their fluid and nutritional intake monitored. Action had been taken by staff to involve a health professional, such as, a dietician or speech and language specialist when people had not eaten or drunk adequate amounts throughout the day. This assisted the staff in reducing the risk to people. This action was confirmed by staff and detailed in the care records we viewed.

Appropriate training had been offered to staff so that they were able to develop the skills and knowledge they needed to carry out their role. Staff told us that they had recently completed training in dementia care to ensure they knew how to meet the needs of people living with dementia. They said that as part of their induction training they had shadowed a senior staff member until they were competent to work alone. The provider explained that to enable the care staff to do their job effectively, they had all completed the Skills for Care Common Induction Standards training. They said that they also had the opportunity to complete further training to ensure they had the knowledge and skills for their role. This was confirmed by staff and in the training plan we viewed.

The management team supported staff through regular supervision and meetings and yearly appraisal. Staff told us that the provider and deputy manager were approachable

Is the service effective?

and used an 'open door' policy that enabled problems and concerns about the way care was provided to people to be discussed and resolved, when they occurred. This was confirmed in the daily handover records and the minutes we saw.

Is the service caring?

Our findings

At the last inspection dated 05 September 2014 we found that people were not always involved in making decisions about their care or supported to express their views. At this inspection dated 08 January 2015 improvements had been made and people had been actively encouraged and supported to make decisions and give their opinions of the care they received.

People who were able to make decisions about their care had been involved in planning and reviewing their care. The staff told us that this was to make sure that each person's care and support needs were accurately recorded and their views of how they wished to be cared for were known. They said that if a person lacked the ability to make their own decisions that their relative or an advocate would be asked to speak on their behalf.

The provider confirmed that each person who needed support to make a decision had a relative who had now been asked for their opinion of the care and support their family member may have chosen. We saw that this information was available to staff in the care plans we viewed.

People told us that their choices were respected and they were happy living at the home. They said that the staff were caring, listened to them and respected their opinions and decisions if they declined their help. One person stated, "The staff are patient and lovely when I tell them I do not want a bath. They just ask me again at another time." Another person said, "I am often asked by staff if I am happy with the way I am cared for and I always say yes, couldn't be better."

A relative told us that the staff knew the people living at the home really well and could not do enough for them. They said that they used a positive approach towards people and spoke to them in a way that was considerate and respectful.

The well-being of people was protected and their independence was encouraged and promoted. We saw that staff supported people to do as much for themselves as they possibly could, such as eat their lunch meal after it had been cut into bite size pieces. Staff told us that they respected people's privacy and dignity by knocking on their bedroom or bathroom door before entering and by discreetly discussing personal issues with them in the communal areas of the home. They said that they took their time when explaining to people the action they wished to undertake, such as moving them from a chair to a wheelchair, so that they had time to consider if they wished to agree to the action.

Staff also told us that they used a relaxed approach when working with people. They said that they got to know the way people liked to be cared for by talking to them and by checking with them that they were being cared for as they wished. They explained that if a person was unable to tell them how they liked to be cared for they used their body language, such as facial expressions, to know if the person was happy or unhappy with the action they were taking. They told us that most people soon made it clear to them if they did not wish an action to be carried out. They told us that they respected this wish and came back to the person at a later time. People living at the home visitors and our observations confirmed that staff carried out these actions.

Is the service responsive?

Our findings

At the last inspection dated 05 September 2014 we found that the care people received had not been reviewed and daily activities had not been provided. At this inspection dated 08 January 2015 improvements had been made and care plans had been reviewed and the frequency of activities increased.

People told us that they had their care and support delivered by staff in the way they needed and that activities had been increased and were now provided on most days. One person said, "I have looked at my care records with a staff member and I asked them if I could go to bed earlier and watch television in my bedroom. They soon arranged this." Another person told us, "We have more things to do here now such, as play card games or watch a film and that helps the time to pass."

Relatives told us that they had been asked to give their view of the care and support their relative had received, as part of the home's reviewing procedure. They said that they had no concerns or complaints and that their relative received the care they needed.

We saw that people were supported to follow their interests, for example, when a staff member reminded a person that the snooker was being shown on the television. The person and other people interested in snooker were assisted into the lounge to watch the game. One person watching snooker told us, "I love this game, thank goodness the staff remember when it is on, my memory is hopeless at times." Other people were offered the opportunity to have a staff member carry out nail care on their hands and to take part in a discussion group, in the afternoon. Relatives said that their family member was able to choose if they took part in the activities on offer and could decline and watch television, if that was their wish.

People had their care and support planned and reviewed. Each person living at the home had a personalised plan of care that recorded their assessed needs, likes, dislikes, preferences and interests. Care, support and risk assessments had been completed to ensure the staff knew the exact way to provide a person's care. Health professionals and speech and language specialists had been asked to visit people, when necessary, and they had also carried out assessments that instructed staff in the way to care for the person. The provider told us that the plans of care had been reviewed and would be reviewed again each month, to ensure that people continued to receive their care and support, in the way they wished. This was confirmed in the care plans we viewed.

Staff told us that they offered people the care, support and attention they required. They knew the care and support needs of each person and the choices they had made about how they liked their care to be carried out. They said that the information they were given at each daily shift handover and recorded in a person's care plan provided them with the information they needed about each person. This was confirmed in the records we saw.

People were assisted to make a complaint or raise their concerns. Information and a policy and procedure were in place that detailed the action people could take if they wished to complain. People told us that they had felt listened to when they had raised their concerns. One person living at the home said, "I tell the staff if I am unhappy about something and they put it right for me." Relatives told us that they could speak with the provider and staff at any time. They said that their concerns were taken seriously and quickly resolved to their satisfaction. Everyone spoken with confirmed that they did not currently have any concerns.

Is the service well-led?

Our findings

At the last inspection dated 05 September 2014 we found that the provider did not have an effective system in place to regularly assess and monitor the quality of service that people had received. At this inspection dated 08 January 2015 improvements had been made to the monitoring and quality assurance systems carried out.

People were complimentary about the provider and staff and said that they were approachable and dealt with problems when they occurred. One person stated, “We see the provider most days and they always ask us if we are being looked after properly.”

Relatives told us that the provider and deputy manager were well organised and made sure that the staff put the needs of the people living at the home first. They said that the provider, deputy manager and staff checked with them that everything was okay, each time they visited.

Staff told us that the deputy manager was supportive and carried out checks of the way they worked, to make sure people were being cared for correctly. This action was confirmed in the staff records we saw.

People told us that the staff regularly asked them to give their opinion of the service they received. Relatives confirmed that they had recently been asked to fill in a survey questionnaire about the care and support provided to their relative. They told us that in discussions with the provider their suggestions for improvements had been listened to and put in place, if possible.

The provider explained that a quality assurance questionnaire survey had been sent out to people as part of the quality monitoring process used. They told us that the number of people who had previously returned their completed questionnaires had been low and to increase the number of comments they received they had also placed a comments box in the reception area of the home.

They said that from the returned questionnaires and suggestions from the comments box people’s feedback and

views on the service provided would be gathered and analysed. They told us that from this information an action plan of the improvements needed to be made would be created and carried out to ensure continuous good standards of care and environment were provided. This action was confirmed by relatives and staff.

Staff told us that the provider and deputy manager had an ‘open door’ approach that encouraged them to question practice and make suggestions for improvements within the service. They said that they had the opportunity to express their views at staff meetings, in staff surveys and through regular supervision and yearly appraisal with the deputy manager. They described the way they were encouraged to work at the service as, inclusive and supportive of everyone living, visiting and working at the home. They told us that each person was treated as an individual and provided with the personalised care and support they required. This was confirmed in the care records we viewed.

Weekly and monthly audits of care planning, medication administration and fire, heating and water systems had been carried out by the deputy manager to ensure the company policies and procedures had been followed by staff. To improve the way the quality of the service provided to people was monitored, additional daily audits had been added to the system in place. This was to check that the environment was well maintained and infection control procedures were being followed by staff.

Information that detailed the training that staff had completed and planned to undertake had been maintained. The provider explained that this enabled them to check that each staff member had completed the training they needed. They told us that it also assisted them in monitoring when refresher training was required for staff and helped them check that they were trained to a good standard. Monthly spot checks of the way each staff member worked had also been added, so that the quality of their care practice could be monitored and additional training provided, if necessary.