Moundsley Hall Limited

Kenilworth House

Inspection report

Moundsley Hall Care Village
Walkers Heath Road
Kings Norton, Birmingham
West Midlands
B38 0BL

Tel: 01214333000
Website: www.moundsleyhall.com

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20 April 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 19 and 20 April 2016 and was unannounced.

Kenilworth House is a home located as part of Moundsley Hall Care Village. This service provides nursing and personal care for up to 30 people living with dementia. On the day of our inspection there were 30 people living at the home.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 they felt safe and there were enough staff available to support them. Two relatives we spoke were concerned about the amount of agency staff providing support for their family members. The management team had a plan in place to improve the use of agency and where possible regular agency staff were used to ensure people were supported effectively. We saw the unit manager provided information to staff and agency staff to support people safely. We saw call bells were answered quickly and there were sufficient staff on duty to meet people's needs.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. Staff had up to date knowledge and training to support people living at the home.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them. Staff had the knowledge and training to support people they provided care for.

People did not consistently have personalised assessments and best interest decisions to support them with decision making when needed. The unit manager recognised improvements were needed to ensure people's assessments and best interest decisions were specific to them and involved involving the relevant people. Staff ensured people agreed to the support they received.

People were not always supported in an environment that had suitable adaptations for people living with dementia to enhance their well-being.

People told us staff were caring and promoted people's independence. People said they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were included in regular meetings to ensure they had a say in the choices available to them. People told us they had access to health professionals as soon as they were needed.

Relatives we spoke with said they were always kept up to date with any concerns about their family member. People and their relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The unit manager ensured people were listened to. We saw there was a process in place to ensure complaints were investigated and action taken to resolve them.

The unit manager promoted an inclusive approach to providing care for people living at the home. People and their relatives were encouraged to be involved in regular meetings to share their views. The management team were reviewing how they sought feedback to improve the service provided.

The provider and registered manager had systems in place to monitor how the service was provided. The management team had identified areas of improvement and had a plan in place to action these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were supported by staff who understood how to meet their individual care needs safely. There were sufficient staff to support people living at the home. People received their medicines in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective

Some people had not benefitted personalised assessments and best interest decisions to support them when they needed. People's needs were met by staff who were well trained. People enjoyed the meals and maintained a healthy, balanced diet. People were supported by staff who had contacted health care professionals when they needed to. People did not benefit from adaptations to the design of the environment to support people with dementia.

Is the service caring?

Good

The service was caring

People benefitted from staff who were caring and knew them well . People living at the home thought the staff treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive

People were involved in how they were supported where possible. Staff knew people's needs well. The management team sought feedback about the service and actioned concerns appropriately.

Is the service well-led?

Good

The service was well-led

People and their relatives said the unit manager was

approachable. The management team had identified areas for improvement and were working towards completing them. People benefitted from an open and inclusive culture.

Kenilworth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We made an unannounced inspection on 19 and 20 April 2016. The inspection team consisted of one inspector, an expert by experience and a specialist advisor. The specialist advisor was a specialist with nursing care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who lived at the home and three relatives. We spoke with a visiting chiropodist who regularly supported people 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, the unit manager and ten staff. We looked at three records about people's care. We also looked at complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "I feel safe as the building is well built, great care and thought has been given into building it, this makes me feel safe." Another person said, "When the staff assist me to have a shower, I feel safe in their hands." Relatives we spoke with said their family member was safe. One relative told us, "I think that this place is very safe for my (family member), I can't fault it." We saw people were confident and relaxed with staff throughout our inspection.

Staff we spoke with said people were safe. They explained what actions they would take to ensure people were protected from abuse. Staff told us they would report any concerns to the unit manager who would take further action if needed. The unit manager was aware of their responsibilities, and we saw they had reported any concerns to the local authority in a timely way. Staff said they knew people well and would recognise if someone had a concern. There were procedures in place to support staff to appropriately report any concerns about people's safety.

People had their needs assessed and risks identified. Staff were able to describe these risks and how they mitigated them. For example we saw assessments were used to measure the risk of sore skin for people, and clear plans in place to reduce these risks. We saw these plans were regularly updated and staff told us the information was shared during their handovers. Staff we spoke with said they were updated about any current concerns about each person's health and well-being during handover. Staff told us this information supported them to provide safe care. We saw there was information recorded about each person living at the home to support regular staff and agency workers with their knowledge. The unit manager said they used regular agency staff where possible to provide continuity to people living at the home. We spoke with one agency nurse who worked at the home on a regular basis and had a good knowledge of people living there.

People we spoke with told us when they press the call bell staff responded in a timely way. They confirmed there were sufficient staff on duty to meet their needs. One person said, "I feel safe because I know there are always nurses and doctor's available if I need them." Another person told us, "I think that there is enough staff." Relatives we spoke with were confident there were enough staff to meet their family member's needs. Staff told us there were enough staff on duty to meet the needs of people living at the home. During the two days of our visit we saw that call bells were responded to promptly, and people who required one to one support had their needs met.

We spoke with the unit manager about how they ensured there was enough staff on duty to meet people's needs. They demonstrated that if dependency levels increased they would increase the staffing levels. For example, some people had been assessed and required one to one staffing support for parts of the day. We saw this was provided and monitored by the unit manager. The unit manager said they regularly checked with staff and people living at the home to ensure their needs were met in a timely way.

We spoke with new members of staff and they explained how they were supported through their induction by the management team. They were introduced to people living at the home and worked with experienced

staff. This was to give people time to get to know them and for them to know about the people living at the home. Staff told us pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people living at the home were supported with their medicines. People and their relatives told us they were confident that people living at the home received their medicines as prescribed. One person said, "I have on occasions refused my medication however I am always offered it." Another person told us, "I always have my tablets when I should do." One relative said, "They always give my (family member) their tablets, they (staff) are very good at making sure they have them." We saw people were asked for consent before the medicines were administered and staff followed safe practice. Staff told us and we saw suitable storage and disposal of medicines. There was guidance for staff to administer medicines prescribed as "when needed." We saw some people had their medicines administered covertly on occasions. Staff explained that they always offered the medicines first and would only administer covertly when they needed to. Staff told us they were reviewing the guidance for staff and the best interest decisions because there had been a recent change of GP.

Requires Improvement

Is the service effective?

Our findings

The 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.

We looked at how the MCA was being implemented. Where the unit manager told us people did not have capacity to make a decision we found the correct procedure had not always been followed. For example, people's capacity decisions and best interest decisions had not been recorded in a way relevant for each specific person. We saw family and health care professionals were not consistently involved with these assessments and decisions. For example, decisions to administer medicines covertly did not show family involvement. One relative we spoke with told us they had not been involved with the decision to do this. We spoke with the unit manager and they had acknowledged the appropriate people were not always involved with best interest decisions. They also told us there was not consistently clear guidance about who had the legal authority to make decisions on behalf of people living at the service. Therefore some decisions could be made by people without the legal authority to do so. The unit managers from this home and the providers three other locations had recognised this as an area for improvement from a recent managers meeting. There was a plan to revisit people's assessments to ensure the capacity assessments and subsequent best interest meetings were specific to each person and included people's relatives and relevant health professionals where needed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. The registered manager had submitted applications where they had assessed people were potentially receiving care that restricted their liberty. The nursing and care staff we spoke with had an understanding of the MCA and what this meant for people. They felt additional training would further support them in their roles.

We saw that some adaptations had been made to the design of the home environment to support people with dementia. For example, there was an area with older style furnishings and sectioned off to resemble an older style living room. However, there was a large area of space with limited focal points for interaction between people and staff. We saw some people were wandering around and when they reached an area with a focal point they briefly settled then move on. Staff we spoke with told us there could be more adaptations for people to do and talk about. One member of staff said they thought it would be much nicer for people living at the home if they had additional areas of interest. We saw people's bedroom doors were all the same with only their name displayed on the door. There was limited signage throughout the home for reassurance and to support the independence of people with dementia. The unit manager told us there was refurbishment work started to provide a sensory room to support people's well-being. They acknowledged some improvements could be made for the benefit of people who lived at the home.

We recommend that the provider considers the Kings Fund website which has information to support in adapting the environment to support people with cognitive difficulties and dementia.

We saw choices were not always offered in a way all the people living at the home could understand. For example, menus were provided but without the addition of pictures to support peoples understanding of the choices available. We saw one person was not clear about the choice they had made until they saw their meal in front of them. We spoke with the unit manager and kitchen staff and they agreed to look at improving how choices were offered. For example, the member of kitchen staff said they sometimes plated up a meal to show people if they were unsure of what they wanted on the day of the meal. We also saw the activities plan was displayed around the home; however it was in small print with no pictures. This did not support some people's understanding on future events they may have been interested in. We spoke with the activities co-ordinator and they agreed that this could be improved and they would work with the unit manager to update this.

People said staff knew how to support them. One person told us about staff, "They know how to help me." Relatives we spoke with said staff knew how to support their family member. One relative said about staff, "They know what they are doing; some really do seem to understand dementia."

The staff we spoke with explained how their training improved their knowledge and their practice when supporting people living at the home. For example, one member of staff told us they had completed several training courses about supporting people with dementia. They explained how this improved how they engaged interacted with people living at the home. Staff we spoke with said their training was up to date, and they had the skills to support people who lived at the home. They said they had access to vocational training which validated their skills and abilities. Staff we spoke with had an understanding of the Mental Capacity Act (MCA) and what this meant for people. They felt additional training would further support them in their roles.

People we spoke with said the food was good. One person told us, "We have choices and it seems that the cook experiments, the food is very good." Another person said, "We have plenty to eat, and plenty of drinks." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. We saw one person ask for extra food and saw this was provided, another person decided they did not like what they had chosen and we saw staff easily replaced with something the person did want to eat. Staff knew who needed extra support and provided this support in a discreet way. Relatives we spoke with said the food was good, and we saw they could share a meal with their family member if they wanted to. One relative said, "Food is very good, plenty of choice." We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

People told us they had access to their GP, and other health professionals when required. We found when people needed involvement from health professionals staff arranged this as appropriate. Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "I am always involved with what happens to my (family member.)" Staff we spoke with told us they monitored people's health and wellbeing. They knew the people living at the home well, and made appropriate referrals for extra health support when they needed to. For example, we saw there were concerns raised by staff about one person, the relevant health professional had been contacted and visited and the outcomes discussed with their relative. We spoke with a chiropodist who regularly visited the home. They told us that staff were really supportive, approachable and would follow any advice or guidance they gave.

Good

Is the service caring?

Our findings

People we spoke with said that staff were caring and patient. One person said, "It's amazing here, I have such a nice time." Another person told us about staff, "They are all so lovely." Relatives told us staff were caring and patient; One relative said, "The staff here are great, I have really built a relationship with them, they are so supportive to me."

Staff engaged with people in an understanding manner. For example, we saw one member of staff went from one person to another speaking with them. They offered a reassuring touch or word; people were left smiling as the member of staff supported them. The member of staff knew people well and spoke about their interests with them. We saw that people enjoyed the conversation and appeared at ease with the member of staff.

People we spoke with said most staff knew them well. One person said, "When I came in first, I told them that I liked my tea in a mug not a cup and they took note and always give me a mug." Two relatives we spoke were concerned about the amount of agency staff providing support for their family members. The management team had a plan in place to improve the use of agency and where possible regular agency staff were used to ensure people were supported effectively.

Staff we spoke with knew people well, and could describe how they supported them which was in line with the guidance recorded in people's care records. We observed staff supporting people, demonstrating they knew people well. This included a member of agency staff, who we saw clearly knew people well and had a good knowledge about people and their histories. We saw staff promote people's independence, and one person told us, "I only have help with what I need." One relative we spoke with said, "They (staff) always ask what my (family member) wants to do next, they don't take over."

People told us they were supported with their choices in how they looked and called by the names they preferred. We saw that people's rooms had their own possession in. People had a choice of different communal rooms to spend time in, and outdoor space. We saw some people chose to spend time in their own environment and staff supported them to do this.

People we spoke with said their dignity was respected. One person told us about staff, "They treat me with respect, they always knock before entering my room." Another person said, "Some staff treat you with respect." Relatives we spoke with said their family member was treated with dignity and respect. We saw staff offering support discreetly and gently to maintain people's dignity. Staff told us ensuring people were treated with dignity and respect was important to them. One member of staff explained how they treated people as if they were their relative and this was really important to them. We saw staff had a good awareness of people's likes and dislikes. For example we saw one member of staff chatting with one person about their love of gardening; we saw the person really enjoyed the lively discussion. We spoke with this person and they told us how they helped staff in the garden when the weather was good.

People we spoke with said their relatives could visit when they wanted to, and they were always welcomed.

We saw people really enjoyed having their relatives involved with mealtimes. Relatives we spoke with said they were welcome any time. One relative said they came regularly and enjoyed supporting their family member during the day. Another relative told us how they had built relationships with staff and the unit manager and how important that was to them for their wellbeing.

Good

Is the service responsive?

Our findings

People we spoke with said they could ask for support when they needed it. One person told us, "I just have to ask and they will help as soon as they can." Another person said, "On the whole I can go to bed and get up when I want." We saw staff supporting people as they needed it. People said they felt involved in how support was provided. Relatives we spoke with told us they were included in their family members care. However two relatives we spoke with were unsure about details of their family members care planning. The unit manager explained that they were reviewing how to engage people's relatives consistently with care planning.

Staff we spoke with knew about people's likes and dislikes and how they wished to be supported. We saw staff were aware of people's needs. For example we saw two people living at the home become frustrated with each other's company, a member of staff quickly intervened and diffused the situation in a calm and relaxed manor, deploying their knowledge of each person to distract them effectively.

One relative we spoke with explained how staff had supported their family member to settle into their new environment when they first arrived at the home. They said their family member had been anxious about some aspects of being at the home, they had discussed this with the unit manager and they had shared with staff. The relative confirmed that their family member was reassured and this had been consistently evident.

People we spoke with said they could choose what they wanted to do. One person said, "I can go out if I want but I have to ask for the code to do so." We saw on the first day of our visit people attending the hair dressers. People said they enjoying having their hair done and feeling pampered. One person said, "I enjoy having my hair done, I look forward to it, it makes me feel good." We saw people were welcome to wander in and out of the office attached to the main lounge; there was a good rapport between the staff and people living at the service. Staff were patient with people and welcomed them into the office to chat or just sit there with them whilst they completed paperwork.

We saw organised events were advertised around the home, for example, trips out and visiting entertainers. One person we spoke with said, "We only go out for meals." Another person told us, "I used to go out for walks, but now I am unable to go on my own." We spoke with the activities co-ordinator and they explained how they offered people as much variety as possible and planned activities according to people's interests. For example, they described how one person had been a keen gardener and they always tried to involve them in what they could with the garden. They explained that most of the people living at the home needed one to one support when participating with past times, for example walking outside which meant that people could not always go out whenever they wished. The activities co-ordinator told us about how they had assistance from students through the local college which improved the options available for people. However, we saw there was not a co-ordinated approach from all staff to engage people with interesting things to do and a lack of activity equipment to support staff. We did see organised activities during our inspection, which some people chose to be involved in. Relatives told us their family members went out on planned trips occasionally. The activities co-ordinator told us they spent time with people in their own

rooms. For example, reminiscing about the past. One relative said their family member enjoyed their one to one time with the activities co-ordinator.

People and their relatives said there were regular meetings to discuss what was happening at the home. The unit manager had advertised these meetings for people living at the home and their relatives, however few attended regularly. One person told us, ""There are meetings often and ideas are acted upon as far as I know." The unit manager explained that they were looking at different ways to engage with people living at the home and their families. For example, moving the time of the meeting to later in the day, to make it easier for relatives to attend. The unit manager was trialling questionnaires to gain feedback from people. We saw that the activities co-ordinator spent time with people asking them what improvements they would like to see at the home. The unit manager was reviewing how to gain effective feedback.

People said they would speak to staff or the unit manager about any concerns. One person said, "I have no concerns or complaints; I know who to go to if I did. I would go to any member of staff." Relatives told us they knew how to raise a concern with the unit manager or staff. One relative said, "I have not had to complain but I know how to, I would approach the manager." We saw there were complaints procedures available for people and their relatives. There were no recorded complaints for the last year for us to review. However, people and their relatives said they felt listened to by the unit manager and were happy to discuss any concerns with any of the staff team at the home.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection who was also the registered manager across the providers four other homes on the same site. The provider was currently in the process of registering managers to ensure that each home had a named registered manager in post. As part of this inspection we spoke with a representative from the provider and the registered manager to see how the five homes were currently managed.

The provider had a clear management structure in place with the registered manager post being supported by additional unit managers. Unit manager from all homes on the site felt able to tell the registered manager their views and opinions at any time or at weekly management meetings. These were used to discuss what was working well and where improvements were needed. For example, staff training in understanding capacity assessments and recruitment of permanent staff.

Monthly checks had been completed by the registered manager across the provider's five homes which included looking at the environment, medicines checks and reviewed people's care plan information. The provider also reviewed the checks and talked through any changes or improvements with the registered manager. All unit managers told us the registered manager visited the homes often and spent chatting with people and staff.

The registered manager told us they were supported by the provider in updating their knowledge and continued to identify further professional training opportunities. The registered manager understood the responsibilities of their registration with us. We asked that all allegations of abuse were notified to us however, other significant events had been sent to us, such accidents and deaths that had occurred at the home.

The provider had questionnaires available in each of the five homes which people, relatives or other visitors to the home could complete to comment of their experiences. The provider and registered manager said there had been a low response and planned to send out questionnaire direct to relatives with a view to increasing the feedback.

People we spoke with knew the unit manager. One person said, "This place has improved recently since the new manager has been in post, we have seen changes". Relatives told us they were confident with the unit manager and staff at the home. One relative said, "The manager is very approachable." The unit manager had good knowledge of people living at the home. They were able to describe people's needs and how they liked to be supported. We saw through their interactions with people living at the home they knew people well.

Staff said the unit manager was always available when they needed to speak to them. Staff also told us they could raise any concerns with the unit manager and they would listen and take action where possible. For example, one member of staff told us when they discussed a concern about one person living at the home. The unit manager had listened and actioned their concern which had improved the person's well-being.

Staff told us the unit manager always appreciated what they did and took time to thank them.

Staff told us there were staff meetings and regular one to one time with the unit manager. This ensured that all staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said the meetings were useful and they were supported. They were aware of the whistle blowing policy, which gave guidance about who they could report concerns to outside of the management team at the home. Staff said they would be confident to use it if they needed to.

Staff we spoke with were not always clear on their roles and responsibilities. For example, we saw checks were not completed to ensure people had their prescribed creams applied. We spoke with the unit manager and they explained who should have been responsible for checking with staff to ensure the records were completed and people had their skin cream applied. However we spoke with staff on duty and they were not aware of whose responsibility it was to check. We discussed with the unit manager and they said they would ensure this was clarified with the relevant staff.

The unit manager explained about improvements that were being made to the environment to support people with dementia. For example, there was an area with older style furnishings and sectioned off to resemble an older style living room. They were also in the process of developing a sensory room to benefit people's well-being which the unit manager had developed with staff.