

ADR Care Homes Limited

Keneydon 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 ●

Summary of findings

Overall summary

Keneydon House is registered to provide accommodation and personal care for up to 21 older people, some of whom were living with dementia. It is not registered to provide nursing care.

Our last inspection took place on 16 January 2017 and as a result of our findings we asked the provider to make improvements. These included making improvements to staff members' understanding of the Mental Capacity Act 2005 (MCA), the management of medicines, record keeping and quality assurance. We received an action plan detailing how and when the required improvements would be made by.

This unannounced inspection took place on 23 August 2017. There were 12 people receiving care at that time. We found the provider had made the necessary improvements to the service.

The last registered manager left the service in February 2017. The current manager had been in post since April 2017. They were experienced at managing care services and had applied to register with the CQC. 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.

The quality of people's care was monitored and kept under review. Records were accurate and up to date. People and stakeholders were encouraged to provide feedback on the service. People were supported to manage their prescribed medicines safely.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

There were systems in place to ensure people's safety was managed effectively. Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

People received care from staff who were trained and well supported. Staff were aware of the actions to take to report any concerns. People's health and nutritional needs were effectively met and monitored.

People received care and support from staff who were kind, caring and respectful. People were treated with dignity and respect. People were involved in every day decisions about their care.

People's care and support needs were planned for and evaluated to ensure their current needs were met. There were opportunities for people access the community and engage in various activities.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

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 to manage their prescribed medicines safely.

There were systems in place to ensure people's safety was managed effectively.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Staff were aware of the actions to take to report any concerns about incidents of harm.

Is the service effective?

Good ●

The service was effective.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People received care from staff who were trained and well supported.

People's health and nutritional needs were effectively met and monitored.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful.

Staff treated people with dignity and respect.

People were involved in every day decisions about their care.

Is the service responsive?

The service was responsive.

People's care and support needs were planned for and evaluated to ensure their current needs were met.

There were opportunities for people access the community and engage in various activities.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

Good 

Is the service well-led?

The service was well-led.

The manager was experienced and staff were given sufficient support to provide people with appropriate care.

People and stakeholders were encouraged to provide feedback on the service.

The quality of people's care was monitored and kept under review. Records were accurate and up to date.

Good 

Keneydon 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."

This unannounced inspection took place on 23 August 2017. It was undertaken by one inspector, an inspection manager 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 our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 used this information to assist with planning the inspection.

We asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with seven people, some of whom were able to tell us about their experience of living at Keneydon House. We also spoke with six staff. These included the manager, two senior care workers, one care worker, a cook, who is also a care worker, and the activities co-ordinator. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes.

Following our inspection visit we reviewed the 10 comments made to www.carehomes.co.uk. We also received feedback from five visiting healthcare professionals. These included a GP, a chiropodist, an optician, a pharmacist and a specialist trainer in dementia care. We also received feedback from a person's relative and a representative from a local church who visited the service regularly. We received this information between 29 August and 5 September 2017. We also received information from the provider detailing the urgent action they took, and they actions they planned to take, to ensure the building was

maintained and safe.

Is the service safe?

Our findings

At our inspection in January 2017 we found that people were not always supported to manage their prescribed medicines safely. This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our inspection in January 2017 the provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by 28 April 2017.

Following this inspection on 23 August 2017 we found that sufficient improvements had been made. We found there were appropriate systems in place to ensure people received their medicines safely. People told us that staff supported them to take their medicines. One person told us, "The staff always wait with me while I take my tablets." We received positive comments from a pharmacist who supports the service. They told us, "[The service's] medicine management system helps them provide positive and effective care for their residents. [Staff] are also good at keeping us updated with any medication changes ... these changes are always carried out quickly."

We saw that people were safely supported to take their medicines. Staff knew people well. They knew what each of their medicines were for and the support each person needed to take their medicines. For example, a staff member explained that they placed one person's tablets into their mouth because they often dropped them if they were placed in their hand.

Staff told us they had received training that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures. Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

There were appropriate protocols to provide staff with guidance on when to administer medicines that had been prescribed to be given 'when required' (PRN). We noted there had been a significant reduction in the use of PRN sedation and that staff had looked at other ways to help people reduce their anxiety. For example, staff found that one person took comfort from holding a doll and encouraged this to help calm the person when they became anxious.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. Care plans contained a range of assessments that evaluated risks to people and these were kept under review. These included assessing whether people had any needs in relation to skin care, hydration and nutrition, and moving. The assessments gave staff clear direction as to what action to take to minimise risk. Staff followed the guidance that was in place. For example, one person told us, "I have got bed rails on both sides of my bed. [Staff] won't let me sleep in there without them which is good. I might fall out otherwise."

Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and

electricity, and equipment, such as hoists, were in place to support people's safety.

Staff considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

During our inspection people and staff told us there were enough staff to meet people's assessed needs. One person said, "The staff are always around if I need them. They help me all the time and make sure I can get around." Another person told us, "I have to ring my call bell in the night when I need the loo. [The staff] usually come quickly ... It hasn't ever caused a problem."

There were sufficient staff to deal with unexpected events and emergencies. One person told us, "I fell over in the lounge ... It was my fault, I was rushing and I slipped. [The staff] soon rushed to help me up." During our inspection a ceiling collapsed. The manager and staff responded quickly, by calling a local builder and cleaning up the mess to ensure the area was safe.

The manager told us they used a tool to assess people's needs and work out how many staff were needed to provide care. During our inspection visit we saw that there were sufficient staff members available in all areas of the service and that there were enough staff available to meet people's needs.

Staff confirmed that the required checks were carried out before they started working with people. These included written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were suitable to work with people who used the service.

People receiving the service said they felt safe. One person told us, "I don't worry. I know there is always [staff members] about keeping an eye out for me." Another person said, "I am in the best place as I am safe here."

Staff told us they had received training to safeguard people from harm. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "I would speak to [the manager]. There is a safeguarding folder in the office [with telephone numbers in it]. I'm confident [the manager] would action concerns."

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in January 2017 we found that people's rights to make decisions were not always respected and staff did not have a good understanding of the MCA and DoLS. This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our inspection in January 2017 the provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by 28 April 2017.

During this inspection on 23 August 2017 we found that sufficient improvements had been made and the service was working within the principles of the MCA. People were supported by staff who had been trained and had a satisfactory understanding of the MCA and DoLS, although this knowledge needed to be embedded. Both staff and the manager explained to us how they supported people with decision making. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well or the person's legal representative. Legal representatives told us the manager had requested to see their authorisation to act on people's behalf. When needed, DoLS applications had been submitted to the local authority. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

People praised the staff who worked at the service and that their care needs were met. One person said, "The staff look after me really well. They would do anything for me." A relative described staff as, "Very professional." and said they understood and met their family member's needs.

Prior to our inspection the manager told us, 'We mentor [staff] whilst they develop their skills and confidence to carry out their role and responsibilities effectively... We back up training with competence assessments and formal supervision sessions.' We found this to be the case. New staff told us they 'shadowed' a more experienced staff member until they were confident, and deemed competent, to provide care unsupervised. Staff said they received training in a variety of topics relevant to their work, including health and safety, safeguarding people from harm, and dementia awareness. One staff member said, "I did

13 or 14 courses. It covered everything I needed." Another staff member told us, "I have done so much training. I've done extra training in dementia and I am a dementia champion." They told us about a project they worked on with one person where they produced a 'memory box' for them. They told us this enabled them to get to know the person better and understand what was important to them. They said this helped them to care more effectively for the person. They told us they hoped to expand this project to include other people at the service. Staff confirmed they were given the opportunity to obtain qualifications in health and social care. One staff member told us, "I've got NVQ [level] 2 and am now doing [level] 3 [in health and social care]."

People benefitted from being cared for by staff who were well supported by senior staff and the manager. Staff members told us they felt well supported by the manager. One member of staff told us, "I feel supported. I know [the manager] is there. I'm not concerned about knocking on her door. If [the manager] was not there I would go to senior." Another staff member said, "[The staff are] all so friendly here. You feel part of a team." A third staff member said, "I absolutely feel supported by everyone, especially [the registered manager]. She reassures me a lot." Records showed that staff received formal supervision both individually and in groups and the manager had started to appraise staff member's work.

People were supported to have enough to eat and drink. People were complimentary about the food and said there was a plentiful supply. One person said, "I like the food. I am never hungry." Another person told us, "I always get enough to eat and drink. The food is very good." In addition to main meals, we saw that a range of drinks and snacks were available. Staff offered people assistance with their meals and drinks when they needed this. We saw that staff gave each person the time they needed to eat their meal and did not rush them.

People's individual dietary needs were assessed and catered for. The catering staff had information so they could prepare suitable meals for people's particular needs. This included people who had difficulty swallowing and who required a soft diet. Fortified foods, such as high protein milk shakes and mousses, were available for people at risk of weight loss.

People had access to health care professionals and were supported to manage and maintain their health. One person told us, "The doctor comes if you need him. The chiropodist comes every five or weeks and an optician comes." Another person said, "[Staff] will get the doctor for you if they think you are not well."

We saw that staff referred people to a variety of healthcare professionals as the need arose. These included GPs, community nurses, speech and language therapists, chiropodists and opticians.

Healthcare professionals told us staff were knowledgeable about people, provided them with relevant information and followed appointments up when necessary. One healthcare professional said, "[Staff] are usually well informed when they take me to see [people]." Another told us, "[The manager] is very good at knowing which [people] need glasses and very good at chasing us up if [people] have not got their [spectacles] fast enough."

Is the service caring?

Our findings

Throughout our inspection we found that people were treated with dignity and respect and people told us that this was always the case. One person said, "[The staff] are very kind to me." People said that staff always knocked on their doors and waited before entering. They told us that staff always ensured that doors and curtains were closed before delivering personal care. We saw that people were supported to wear clothes protectors at meal times and that these were removed once the meal was finished.

Staff told us they enjoyed working at the service. One staff member said, "I don't like my job, I love it. It's the friendly caring staff. They go above and beyond. They have time for people." Staff were attentive and mindful of people's comfort. A healthcare professional told us, "I have noticed that the carers have always been very attentive to the residents. I am very impressed with the obvious individual attention that the residents receive." We observed staff ensure people were comfortable. For example, we saw staff adjust and readjust a person's position, providing cushions and pillows until the person confirmed they were comfortable.

Staff reassured people and took time to reduce people's distress and anxiety. A healthcare professional told us, "The staff are caring." We noted one person held a doll for long periods. It was clear from the way they stroked the doll and referred to it that they got comfort from this. We saw one person become upset because they could not get their shoes on. A staff member knelt down and stroked the person's arm and quietly spoke with them until they were calmer. They then assisted the person to put on appropriate footwear.

Staff supported people's religious and spiritual needs. A visitor from a church commented, "The care is very good. There is loving concern for the [people]. [Staff] are aware of their physical and spiritual welfare."

People told us they were consulted about their care and every day decisions. One person said, "I can get up or go to bed when I want. They would never make me get up if I didn't want to." Staff clearly knew people well and had developed good relationships with them. One person told us, "I have a laugh with the staff." This was evident throughout our inspection with staff chatting and laughing with people. We saw staff interacted with people while providing care so the person knew what was happening. For example, we saw two staff helping a person to transfer between chairs. The staff members spoke with the person throughout. They asked the person to "hold on there," and "bend your knees [person's name]." They praised and encouraged the person saying, "Well done... that's it, legs up on there, that's it, perfect. We'll take you to the bathroom now." Records showed that people's care plans had been discussed with them and where appropriate, their relatives.

Staff told us they would be happy with their family members receiving care from this service. One staff member said this was because, "We make sure [people] are given best care. There's not a [staff member] I wouldn't trust here." A healthcare professional agreed. They said, "It's one of those nice homely homes."

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One relative told us, "I have found the staff at the home very professional and attentive to my [family member's] condition."

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. This assessment included people's life history, preferences, allergies, friends and their hobbies and interests. This assessment formed the basis of people's care plans and helped ensure that the care that was provided would effectively and consistently meet people's needs. For example, there were clear instructions as to the support each person needed to ensure their personal hygiene needs were met. This included what each person could do for themselves and clear directions on the support staff should provide. Staff told us people's care plans had recently been reviewed and were all up to date.

Staff talked knowledgably about the people they supported and had a good understanding of their individual personalities and preferences.

People confirmed that staff supported them to maintain relationships that were important to them. One person said, "My family can visit whenever they want. There are no restrictions on times."

We saw there had been significant improvements in the opportunities for people to access the local community. One person told us, "I went to the museum last week. It was lovely and I really enjoyed it." Another person said, "I went into town the other day. They took me in the wheelchair and I did some shopping. That was nice." Other people told us how much they had enjoyed trips to the pub, a darts match and a local festival.

The manager had appointed a new activities co-ordinator. This had led to a significant increase in the opportunities for people to engage in activities and stimulation. One person told us, "I like to take part in the activities when I can. There is more going on now." Another person said, "[The activities co-ordinator] is very good. She gets us moving about." A third person told us, "I enjoyed playing the musical instruments. It was good fun."

The activities co-ordinator told us they had spent time getting to know people so they could offer meaningful activities. They told us, "One lady enjoyed doing housework. I say 'Can you do me a favour and fold this laundry for me?' It's about knowing who likes to do what and trying to find ways to incorporate what people want to do."

Throughout the day there were various activities taking place. People and staff told us this was usual. We concluded from the laughter, comments and interactions that people enjoyed these activities very much.

We particularly noticed one person, who we had observed during our inspection in January 2017 when they had spent the day slumped in their chair, and had very little interaction with anyone else. During this inspection in August 2017, we saw the person taking part in exercises and singing along with the entertainer.

Their whole demeanour was much improved. They were animated, smiling and laughing. Staff commented that people had benefitted positively from the increased opportunities for stimulation. They praised the activities co-ordinator and made comments such as, "The activities co-ordinator has made a massive difference [to people]." A healthcare professional agreed with this view. They told us, "I have seen a number of [people] improve in their general well-being and really enjoy the stimulation that [the activities co-ordinator] provides."

We saw there was a range of interesting things in the lounges to look at and stimulate conversations. For example, sensory boxes, a box that contained 'seaside memories' and sealed bottles of rice to shake and discover small objects inside. Throughout the day we saw staff interacting with people about things that interested each person. For example, we heard one staff member discussing a singer of whom a person was particularly fond. A staff member told us, "Activities are not separate. They're a way of life and part of your life."

People said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the manager or another member of staff would listen to them and address any issues they raised. One person commented, "I have no worries. I would speak to any of the staff if I needed anything." Staff had a good working understanding of how to refer complaints to senior managers for them to address.

There had been one complaint since the manager took up post. We saw this had been investigated and appropriate action had been taken to address the concern.

Is the service well-led?

Our findings

At our inspection in January 2017 we found that records and audits were not always up to date or accurate. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our inspection in January 2017 the provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by 28 April 2017.

Following this inspection on 23 August 2017, we found that sufficient improvements had been made and that records and audits were up to date and accurate. People's care records reflected their needs and aspirations and the care they received. We saw that the manager's audits reflected the service provided and identified any areas of concern or improvement. For example, we saw an audit identified that over three months, a person had lost weight. This resulted in the person being referred to a healthcare professional for assessment. This shows that audits were effective. However, we found action was not always taken as quickly as necessary when concerns were identified. The manager had contacted builders to examine various areas of the home including ceilings that bowed and or had cracks in them. Whilst awaiting their reports, and during our inspection, one of these ceilings collapsed. The manager acted appropriately and immediately contacted a builder to make the area safe and check the other ceilings. Following our inspection the provider sent us an action plan telling us how and when other maintenance work would be addressed.

During our last inspection we identified that systems were not in place to ensure sufficient food was regularly delivered to the service. This meant staff made additional purchases and were often not reimbursed. People and staff all told us this had improved and that plenty of food was now regularly delivered. One person said, "[The food] is much better now we don't run out of things." A staff member said, "It's a lot, lot, better with the food. The kitchen staff can now make lovely desserts. [The manager] stopped us bringing food in. [The manager] sorts it all out."

The last registered manager left the service in February 2017. The current manager had been in post since April 2017. They were experienced at managing care services and had applied to register with the CQC. They were aware of their legal responsibilities and displayed the service's previous CQC inspection rating in the service as well as on their web site.

People knew who the manager was and said they spoke with her regularly. One person told us, "I see the manager every day. She is always about." People told us they were happy with the service they received. One person said, "I am happy here. I don't think I could better it." The relative also made a positive comment. They said, "The new manager seems to have put in many more procedures ... and seems more proactive than the previous manager was."

Healthcare professionals made positive comments about the changes the manager had made at the service. One healthcare professional particularly commented on the positive impact the recruitment of the

activities co-ordinator had on people's well-being. Other healthcare professionals referred to the improved communication and the manager's enthusiasm to ensure staff were well trained. One healthcare professional said, "There have been improvements throughout the [service] in the last four months with... the new manager."

Staff in particular praised the leadership provided by the new manager. One staff member told us, "Staff turnover is not so high. Staff are staying because the home is being run correctly." Another staff member said, "This is the third manager since I've been here. [The current manager] is very good. I've learnt from [the current manager]. It's lovely under new management. Families are involved now and I've done so much training and the activities co-ordinator has made a massive difference [to people]."

The manager was supported by a staff team that included senior care workers, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

Staff told us they felt supported by the manager. They confirmed they received supervision where they were able to discuss any issues and talk about additional training and development needs. Staff told us that staff meetings had also taken place. They said they could openly discuss any concerns or raise suggestions they may have at these meetings and more informally. The manager said these meetings were also used as a forum to ensure staff understood what was expected of them.

The manager sought feedback from people, staff and visitors. They told us they spoke with people daily and gained feedback from them informally. One person said, "I would speak to (the manager) if I needed anything." A staff member told us, "I can make a difference [at this service]. [The manager] listens."

The manager told us of her plans to continually improve the service. One staff member told us of the additional training they had received to be a dementia champion. They said this had helped them take a lead role in promoting best practice in that area. The manager told us of her intention to appoint champions in other areas to ensure people received good care.