Kettonby Care Limited

Kettonby 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

This unannounced inspection took place on 9 December 2016. This residential care service is registered to provide accommodation and personal care support for up to four people with learning disabilities. At the time of the inspection there were four people living at the home.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People's were protected from identified risks by staff that followed clear guidelines set in people's care plans to mitigate the known risks. People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person and people were actively involved in decisions about their care and support needs.

There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and had access to healthcare services when they were needed.

People received care from compassionate and supportive staff which promoted positive relationships with each other. Staff understood the needs of the people they supported and used their knowledge of people's lives to engage them in meaningful conversations. People were supported to make their own choices and when they needed additional support the staff arranged for an advocate to become involved.

Care plans were written in a person centred manner and focussed on giving people choices and opportunities to receive their care how they liked it. People received support to be fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. People and their relatives were able to raise complaints and they were investigated and resolved promptly.

People and staff were confident in the management of the home and felt listened to. People and their

relatives were able to provide feedback and this was acted on and improvements were made. The service had audits and quality monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at the home.

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 felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided.

People's privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Kettonby 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 inspection took place on 9 December 2016. The inspection was unannounced and was undertaken by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

Most of the people living at Kettonby House were unable to verbally express their views; however; during our inspection we spoke with three people who lived at the home, one relative, four care staff, a senior care staff and the registered manager.

We spent some time observing care to help us understand the experience of people who lived in the home. We reviewed the care records and of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service, staff training, staff rotas, meeting minutes and records of complaints.

Good

Is the service safe?

Our findings

People felt safe where they lived. It was clear through observations that people were safe, comfortable and relaxed in their own home. Relatives told us that they believed their family members were safe and looked after well. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of harm including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. One care staff said "I would be confident to report anything; our job is to protect people and keep them safe." Staff had received training on protecting people from harm and the records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had increased or decreased their risk assessment reflected their changing needs and changes in mobility equipment. One relative said "[My relative] had a fall recently and the manager explained how they looked at everything to see if there was anything they could do in the future to prevent another fall; they were very thorough and that was reassuring." People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk because of lack of road safety awareness, care plans linked to the risk assessments set out how to the support them.

We saw that the provider regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was enough staff to keep people safe and to meet their needs. All people living at the home had one to one support during waking hours; this was increased to two staff to one person when supporting some people in the community. We observed care staff throughout the day of inspection and noted that care staff were always available to support people using the service. We saw that staff were also mindful that where people needed their own personal space they stayed with in the vicinity to prevent people feeling they were constantly being monitored. Staff felt that there were enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager told us that they spent some of their time around the home to help support people whenever they could. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice and all staff had undertaken competency assessments.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. One member of staff told us "I had a good induction where we go through emergency procedures for the home, policies and procedures, care plans and what standards are expected of us." The induction was comprehensive and included key topics on Autism, person centred care and de-escalation techniques. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed annually. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of on-line and classroom based training. One care staff said "I have done training PECS (Picture Exchange Communication System) and it is great to know that I am helping someone to communicate." One relative told us "[My relative's] keyworker is undertaking specialist communication and will cascade this training to the rest of the staff team; I have no doubt about the team's commitment to keep learning and growing." Training was also available from the Community Team for People with Learning Disabilities (CTPLD) for individual needs specific to learning disabilities. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that received regular supervision and an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision and I feel listened to, although I know I don't have to wait until supervision if there are any concerns I want to talk about."

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 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).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted from the local authority. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they

were unable, procedures were in place to make decisions that were made in their best interests.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. We observed people were relaxed at shared mealtimes and had made choices about their menu using picture cards. One person indicated they were happy as they showed us a 'thumbs up' when talking about meals and menus.

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. Care plans contained detailed instructions about people's individual dietary needs, nutritional assessments and people's preferences.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care could be delivered effectively. Information about health professionals and health procedures were in provided in a pictorial format to assist people with understanding the processes. Care records showed that people had access to community nurses and GP's and were referred to specialist services when required. People received a full annual health check-up and had health action plans in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People indicated they were happy with the care and support they received. We observed that people were relaxed around the staff that were supporting them and it was clear that care staff and people using the service had formed positive relationships. One relative said "All the staff are caring towards [my relative] and all the other residents in the home."

People were treated with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care. Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing. One relative told us "As a family we feel staff genuinely care for [my relative] and have become very fond of them." The relative described an occasion when staff were telling the family about the achievement relative had accomplished and said the staff were "very emotional and proud."

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured. One person showed us their bedroom and it was decorated to their own choice with pictures on the wall and photographs of family members and other items that had meaning to them. Staff used their knowledge of people's past lives and family to support them to have their bedroom how they wanted so that it reflected their interests.

People were encouraged to express their views and to make their own choices. Easy read formats were available for choices of activities, meal options and life choice options and we saw that these were used on a regular basis by all of the staff when they were supporting people with making choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example from a male or female member of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

We observed the service had a culture which focused on providing people with care which was personalised to each individual. Staff were motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; closing curtains when undertaking personal care and checking that people were comfortable with receiving care.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring

information in the person's care plan was current and up to date and they spent time with them individually. We viewed a 'thank you' card that a person's keyworker had written on behalf of the person, thanking grandparents for a card and updating them on activities and trips that the person had been involved with.

There was information on advocacy services which was available for people and their relatives to view. Some people currently living at the home had used an independent advocate. Staff were well-informed about the advocacy services, what they could offer people and how to make a referral.

Visitors, such as relatives and people's friends, were encouraged to visit the home and staff made them feel welcome. The senior care staff told us that people's families could visit when they wanted and they use the lounge area or meet in people's own rooms. One relative told us how they visited unannounced and how welcoming the staff were towards them.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them. We saw that during the admissions process the registered manager visited people in their homes or other care setting and gathered as much information and knowledge about people as possible. The registered manager encouraged people's relatives, advocates and care professionals to be involved in their assessment to better understand people's abilities, preferences and strengths. This ensured as smooth transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger and what interested them was detailed in their care plans. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

People had 'how to help me in hospital' communication passports which detailed what was important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and how they liked to receive their care. This information enabled care staff and any other health professionals to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. We saw that care plans reflected people's changing needs including alterations in medication.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People were involved with arts and crafts, sensory room sessions, baking and 'beauty sessions', clubs and disco's and regular trips. It was clear from people's care records that people were regularly involved in community activities and the care staff used their knowledge of people to offer activities to suit each person.

Staff were responsive to people's needs; they spent time with people and responded quickly if people needed any support. Staff were always on hand to communicate with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able understand people's needs from their body language and from their own communication style.

When people were admitted to the home they and their representatives were provided with the information they needed about how to make a complaint. One relative said "I wasn't too happy about something when

[my relative] first moved in; it wasn't a complaint but I was able to discuss my concerns and they put it right straight away." There were arrangements in place to record complaints that had been raised and the actions that had been taken to resolve the issues of concern. In the last 12 months we saw that there had been no complaints made about the service.

Good

Is the service well-led?

Our findings

The manager had created an open and inclusive culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and that the manager would listen and take action. One member of staff told us "[The manager] is really good, very approachable and easy to talk to and the residents always come first."

Communication between people, their families and staff was encouraged in an open way. The registered manager and care staff put great importance in maintaining people's relationships with their families and ensured they were kept informed. One relative said "There have been some management changes recently and we were informed straight away of the changes." The relative went on to tell us that it was a smooth transition and they didn't feel the care had been affected while the transition process was taking place.

The ethos within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. One member of staff told us "I love working here; I make a difference to people's lives and I am really well supported." Staff were focussed on the outcomes for each person; they spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals.

People using the service were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Meetings took place on a regular basis. The meetings were facilitated by the use of communication to suit each person's needs; people used ipad's, picture cards and easy read information to have as much input as possible about the running of the service.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and they worked well together and shared information. Staff clearly enjoyed their work and told us that they received regular support from their manager. Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager worked alongside staff to observe their practice and monitor their attitudes, values and behaviour.

The home had a programme of quality assurance in place to ensure people received good quality care. Questionnaires were in the process of being sent to relatives and health professionals to gain their views on how the service could improve. The service completed health and safety audits and medication audits which were followed up by actions for any issues that had been identified. Staff completed monthly monitoring of care plans to ensure they were up to date and reflected people's current needs.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.