Kendal Homes Limited

Kendal House

Inspection report

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Date of inspection visit: 9,11 and 30 December 2014
Date of publication: 20/03/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 9, 11 and 30 December 2014 and was unannounced. The last inspection of the service took place on 13 September 2013. There were no breaches of legal requirements identified on that occasion.

Kendal House is a care home for older people, some whom were living with dementia or had a learning disability. The home is registered to accommodate a maximum of 24 people. Nineteen people were living at the service at the time of our inspection. Nursing care is not provided. The service has a registered manager who was absent at the time of the inspection. The home was being managed by the deputy manager in their absence. 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.

Relatives and visiting professionals were very complimentary about the service. One professional described it as "..an example of good loving care..".

Summary of findings

The premises were well presented and safe for people to live in. The owners of the service took an active interest in ensuring standards of the premises and care were maintained. Staff were recruited appropriately, many were long serving and were well trained and knowledgeable about people's needs. The staffing levels were appropriate to meet people's needs and the staff worked well as a team. Medicines were managed safely but procedures regarding record keeping had not always been followed. Risks were identified and managed but not always regularly reviewed and some were not addressed with care plans.

Staff had a caring and reassuring approach. Relatives told us they felt involved in people's care as appropriate. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being followed. The service ensured that people's rights were protected by making sure they were represented appropriately.

People were supported to enjoy a nutritious diet that suited their needs and preferences. We recommended that the provider familiarise themselves with Health Action Plans for people with learning disabilities.

People had their needs assessed and care was planned and reviewed. However, we found some risks were overdue for review and care plans had not always been updated to address people's needs. This meant there was a potential risk that staff would not be aware of the action they needed to take to ensure people were cared for appropriately.

Social activity was emphasised and choices were respected. Complaints procedures were clear and readily available. The service had received no concerns but many compliments and 'thank you's from people.

A strong management team gave good leadership. The service had a long serving registered manager and a deputy who acted as manager in her absence. The provider was involved in the service and staff clearly understood their standards and values. The provider had systems for checking and maintaining the quality of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to records. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People, relatives and visiting professionals told us the service was safe.

The premises were well presented and safe for people to live in. Improvements had been made to ensure people's safety. Emergency and contingency arrangements were in place.

The number of staff and the way they were recruited and trained helped ensure people were protected from harm.

People's medicines were stored and managed safely, though procedures concerning record keeping has not always been followed.

Good

Is the service effective?
The service was effective.

Staff received training and had the knowledge and support they required to care for people.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were being followed.

People were supported to enjoy a good diet that suited their needs and preferences.

Good

Is the service caring?
The service was caring.

People, relatives and visiting professionals told us the service was caring.

Staff had a caring and reassuring approach to people. Relatives felt involved in people's care as appropriate.

Good

Is the service responsive?
The service was not always responsive.

People had their needs assessed and care was planned but not all reviews were up to date and some needs were not addressed by suitable care plans.

Social activity was emphasised and choices were respected. Complaints procedures were clear and readily available.

Visiting professionals told us the service was responsive.

Requires Improvement

Is the service well-led?
The service was well led.

Relatives, staff and visiting professionals told us the service was well led.

Good

Summary of findings

The service had a long serving registered manager and a deputy who acted as manager in her absence. The provider was involved in the service and staff clearly understood their standards and values.

The provider had systems for checking and maintaining the quality of the service.

Kendal 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, 11 and 30 December 2014.

The inspection team was comprised of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 looked at the notifications we had received from the provider about incidents, such as serious injuries, the service had sent us and other information we held about the serviced.

We contacted the local authority commissioners and clinical commissioning group, as well as the local Healthwatch organisation. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services.

During the inspection we spoke with seven people using the service, two relatives and four staff. We examined six people's care records, four staff recruitment and training records and other records associated with managing the service, such as health and safety checks, medicines records and various policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the visit we contacted one social care and two healthcare professionals to gather their opinions of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "We are all looked after by the staff so well here, they make sure we are ok." A relative we spoke with described the service as "very safe and not too big so staff are able to keep an eye on people".

We had received no contacts of concern regarding this service. We noted that information about people's rights was pinned on the noticeboard in the entrance hall and a copy was also included in the guide for new people coming to the home (The Service User Guide).

The provider had effective procedures for ensuring that any concerns about a person's safety were appropriately reported, including "whistleblowing" procedures. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice, risk (for example about people's safety), wrongdoing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Contact details of the local authority safeguarding team were pinned up in the staff office area. All of the staff we spoke with could clearly explain how they would recognise various signs of abuse and how they would report concerns. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. One staff member said, "You have to be very observant, some people are less confident than others so they are more vulnerable." Another staff member said, "The owners have very high standards here about this and everything."

We saw evidence in staff records that the provider had used their staff disciplinary procedures to address concerns they had about staff behaviour. They had also sent letters to staff to remind them of their duties and responsibilities.

All three visiting professionals we spoke with said the service was very safe. One professional told us the service was a "very safe place" for a client who had complex needs and risks but was relatively independent. They said, "The home allowed her independence and were there when she needed them. They went out of their way to make sure she was safe." Another professional who spoke with us said, "It is a safe home, they are very quick to call us if there are any concerns at all." Care records included tools for measuring people's general dependency needs as well as specific risk assessments, such as those for falls and pressure ulcers.

Premises records showed the building and equipment were well maintained by regular inspection of essential services and equipment. For example, the nurse call system, the fire alarm system and lifting equipment had all been inspected in recent months and showed them to be safe. Other fixed installations were certificated as safe and we saw an up to date building fire risk assessment had been carried out by an independent provider. The provider told us this had identified nine areas for improvement with an action plan to address these. The provider showed us he was working through this and eight areas of the action pan had been completed. The provider said he was taking expert advice regarding the ninth area.

We saw the premises were clean and well presented throughout. Domestic staff described the cleaning schedules they followed and confirmed they always had sufficient time and equipment to carry out their cleaning duties.

Staff told us they had clear emergency procedures and contingency arrangements in the event of a failure of essential services. We saw these were posted up on the noticeboard in the office/staff area for staff to refer to. They said there was always a manager and the providers they could call on at any time. These contact numbers were also clearly displayed for staff to use.

Two staff confirmed suitable recruitment procedures were in place and told us required checks were undertaken before they were employed. When we looked at staff records we saw staff were required to provide information concerning their employment history. Two references had been taken up by the provider, including the potential staff member's most recent employer. Background checks with the Disclosure and Barring Service (DBS) had been obtained to confirm staff suitability to work with vulnerable people. Staff confirmed they had received induction training when they were first employed. One staff member said, "I had a full induction and I was expected to shadow another staff member first for a while until I was confident. We do lots of training anyway. I love it" These arrangements helped ensure suitable staff were employed at the service.

Good

Is the service safe?

The provider told us they did not use a formula for working out how many staff were required but adjusted staffing levels to fit with the numbers, and dependency, of people using the service. We looked at staff rotas for three weeks and these confirmed that the staff cover at the time of our visit was routinely provided. Staff told us the staffing levels were good. For example, one staff member said, "It's very rare we need to use agency staff, we have such a good team here. The policy is that we cover for each other that way we keep continuity."

We saw the service had a deputy manager, a senior, one care staff and one activities organiser on duty on the days we inspected. They were supported by one domestic and the chef. Staff were available in the communal areas at all times and were regularly interacting with people and checking they were safe and comfortable. The kitchen was located just off the main lounge/dining area and that meant when care staff needed to go to the kitchen before and after meals they were never away from the areas where most people spent their time.

The provider had clear, easy to read written procedures for managing medicines. These included guidance concerning special arrangements such as, as required medicines and people self-medicating. Viewing staff files, and from our discussions with staff we confirmed staff who administered medicines had received appropriate training in this area. In the PIR the provider told us that staff also received refresher training and their competency to manage medicines was checked regularly by the dispensing pharmacy. A staff member confirmed this. They told us, "The refresher training is very thorough, we go to another service for this and we use training booklets. The pharmacist comes in to check how we do things, we are observed and we get feedback from this." In the PIR the provider told us no medicine errors had occurred in the previous twelve month period.

Although the medicines cupboard was quite small, medicines were well organised and stored safely. During the inspection we observed a senior carer administering medicines in the small dining room. Medicines were kept locked away whilst the senior carer administered them to individual people around the home. Water was offered to each person to help them take their medicine and the staff member stayed with people until they were sure the medicines had been taken. We looked through the medicine administration records (MAR) and saw these were well organised. The MARs were fully completed and up to date with no unexplained omissions, though we saw one error in recording had been corrected using a correcting liquid. The senior member of staff said this should not have happened. They said, "It should just have been crossed out and the explanation sheet used." They told us "(Name of registered manager) does a stock check twice a month, this would be picked up then and staff would be told about it." We asked about special arrangements for people's medicines and the staff member was able to describe what these were. For example, one person required some of their medicines to be given to them an hour before breakfast. They told us, "For (name of person) the night staff give this medication because it would be too close to breakfast if the day staff did this.

The provider maintained an up to date record of accidents and incidents which described in detail the date, time, circumstances, findings and outcome of these.

Good

Is the service effective?

Our findings

People and visiting professionals told us the service was effective. One person said, "I am well looked after, the food is good and I can watch TV in my room ." Another person told us, "The food is the best you can get." One visiting professional described the home; "Fantastic, in a word. By far and away one of the best homes in the area. They are on top of things they know when to contact us and can manage things very well". And "They are very effective in the way they manage patients."

Staff told us they received plenty of good quality training and support. One staff member said, "All the training is very good." Another staff member said, "We get all the updates to training we need and we get opportunities to do special training as well. I have just done some dementia awareness training." A third staff member said, "I have been encouraged to progress in my career." The four staff records we looked at showed staff received mandatory training in; for example, health and safety, first aid and moving and handling, as part of their induction. We were given a training spreadsheet which showed these topics were updated regularly. We also saw that 18 staff had received training in dementia awareness, eight staff had been trained in understanding challenging behaviour, seven staff had taken training in nutrition and health and 13 staff in end of life care. Sixteen staff held a national qualification in care. This meant staff were supported to safely meet people's needs.

Staff told us they regularly received one to one supervisions. These are meetings with their line managers where they can discuss their work, their learning and development needs. The four staff records confirmed these were structured and recorded meetings, followed by an annual appraisal which reported on each staff member's performance and achievements for the year.

Staff records showed the provider had ensured staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw in one person's record that they had been assessed as not having capacity to make a decision regarding dental treatment. The records showed that the decision had been made in their best interests by involving the dentist and another representative of the person, in accordance with MCA. We also saw in another person's care record that the service had appropriately applied for a DoLS and the letters of application and decision were on file. The provider told us that other applications were in progress in line with recent changes in the law concerning DoLS.

People over 18 who have capacity can appoint other people to make decisions about their health, welfare, money and property if, in the future, they lose the ability to do so themselves. These are called lasting powers of attorney (LPA). In the PIR the provider told us 13 people had LPA arrangements in place and three people had made advanced decisions concerning their future care. People over 18 who have capacity can make an advance decision (previously often called 'advanced directives' or 'living wills') about the medical treatment they receive later in life. These take effect if and when they lose the capacity to make the decision at the relevant time. We saw the records and documents concerning these arrangements were in place to inform the staff. This helped to ensure people's rights were protected.

We saw staff consulted with people, knocked on bedroom doors before entering and asked people before meals if they "would like to come through for something to eat."

The food we sampled was hot and tasty and meals were served promptly. We saw tables were set out in three locations in the home all of which were set nicely with condiments, napkins and placemats. The atmosphere in the room was relaxed and pleasant and people were able to choose their seats. The staff made sure everyone was aware that the meal was being served. We saw food was available at any time. For example, one person came late for breakfast. They spoke with the cook about what they preferred and this was especially prepared for them. Only one choice of main course was included in the menus but we saw an alternative was especially prepared for two people who did not want the meal offered. Staff told us people did not need their fluid and food intake to be monitored though they had done so in the past to ensure people who were more at risk of malnutrition received enough to eat and drink.

The provider told us that a handover period was built into the shift pattern in the middle of the day and we saw handover records were used during the process. This included a full update to staff on the well-being of each person, reminding staff about forthcoming appointments,

Good

Is the service effective?

or feedback to staff following these, and an update on significant events. We saw that the deputy manager in charge asked staff about people's well-being, over the course of the day, and staff did so with each other.

The care records we examined showed people were supported to gain access to community based health services such as GPs, nurses, chiropodists, dentists and dietitians.

Handrails were fitted along long corridors, grab rails and raised seats were installed in toilets and bathrooms. In the PIR the provider had told us about improvements to the ground floor toilet that were planned for the future. We saw these had been completed at the time of our visit.

Good

Is the service caring?

Our findings

People told us the staff were all very caring and they liked living at the service. For example, one person told us, "You won't find a better home, the staff are lovely." Another person said, "You can't fault the staff." All three visiting professionals were very complimentary about how caring the service was. Their comments included; "They are very caring, second to none and relatives comment about this to us also". "They went the extra mile for my client, it was this that helped them eventually to become as independent as they are now" and "Very caring, an example of good loving care". A relative told us, "They are very encouraging here of social contact and very caring. The home has a nice homely atmosphere, small and homely, not overwhelming. We are involved in reviews, they are talked through with us and we can see the files if we want to." We saw a box of over 20 complimentary letters and cards sent in to the service by relatives. This confirmed that the high regard visitors and professionals we spoke with had for the home, was shared by others.

We noted that staff offered emotional support to people and took time to talk through any worries people had, with patience. For example, we saw one staff member talk something through with a person, put their mind at ease and we observed the person relax and appear calm. At mealtimes staff were quick to notice if people were not enjoying their food and to arrange for substituted meals if that was required. We saw families and visitors were welcomed and refreshments were offered. When we asked to see a person who was in their room staff supported the person by introducing them to us, explaining who we were and gave the choice to the person of where we spoke with them so they were comfortable and at ease.

The provider had a policy on advocacy which described the circumstances where people may require the support of an independent advocate (IMCA) and how this would be arranged. The provider confirmed that no IMCAs were involved at the service. IMCAs safeguard the interests of people who lack capacity to make important decisions if they have nobody except paid staff to advise, support or represent them.

We observed good humoured, friendly and warm relationships between staff and people. Staff asked people how they had enjoyed the morning activity and how they felt that day. The staff joined in with impromptu singing along to music with a small group of people. We saw a lot of laughter and smiles between staff and people in the communal areas. Two groups of people told us they liked sitting together and chatting with each other.

During our observation we saw from one person's non-verbal communication that, although not participating directly, they were very engaged with the music quiz. Staff were attentive to people's needs and made sure people received appropriate care during the activity. For example, one staff member repeatedly checked with a person whether or not they wanted a biscuit that had been left for them rather than removing it in their absence.

People looked well cared for. For example, we noted how well dressed and well groomed people were. We saw people's dignity was emphasised by the provider in letters sent to staff about laundering people's clothes. Staff used people's preferred names when addressing them and although people did not require assistance with eating staff were at hand to ensure they had what they needed. For example, one person had used a napkin to wipe up a small spillage and a staff member immediately replaced it.

In the PIR the deputy manager told us they were always around the home in the communal areas so they could see how people were feeling. We saw this was the case at our visits. They also said the office area of the lounge doubled as a staff rest area so staff were always alert to people's needs and they felt it helped people feel cared for.

Requires Improvement

Is the service responsive?

Our findings

Although the majority of care records were detailed and up to date we found three individual assessments and care plans were not updated as changes occurred. For example, we noted one person's falls risk assessment had not been reviewed since 1 January 2013 and there was no care plan in place for prevention of falls. The accident records showed this person had experienced a series of unwitnessed falls in 2014. Falls histories were not kept in individual records. This meant that staff would have to refer to the central accident record and would not have a quick overview of falls for this person. For another person we saw references to their behaviour that may challenge the service but no care plan was in place to guide staff how to address this. A third person had lost weight but there was no care plan in place specifically for this. The temporary manager told us these things were always referred to the person's GP for guidance and advice and the GPs we spoke with confirmed this. These omissions and lack of recording meant that staff might not be aware of the actions they needed to take to meet people's needs. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

We saw in people's care records that the provider had introduced care assessments that focused on people as individuals, which took into account people's life history, experiences and preferences. These were entitled 'This is Me' documents and were produced by the Alzheimers Society. In the records we looked at we saw only one file had a completed 'This is Me' document. In practice we saw the staff worked well as a team and understood people. They were able to talk with us confidently about people as individuals and described their likes, dislikes, preferences and history. For one person who had a learning disability, care plans had not been devised in an easy read format. For example, health action plans designed to ensure health matters were addressed and easier to understand for people with a learning disability, had not been used. The care record gave no guidance to staff about the person's disability and how this affected them. This meant staff may not have all the information they required to support the person appropriately.

We recommend that the service considers the Department of Health guidance on the use of 'Health Action Plans'.

All three visiting professionals we spoke with were complimentary about how responsive the service was. They made the following comments, "They are very responsive and very quick to contact us if a person deteriorates, or for any concerns at all." "They were brilliant with a very complex client. We worked together and the staff worked together and were so supportive to make sure she received the correct level of support, right for her. They understood her and did so well to meet her needs; she would not be where she is today if the approach of Kendal House had not been so tailored to her needs. They acted outside the box. It was true person centred care, they cared for her as a person" A relative said, "People have a choice about where they spend their time here and what they do because staff notice where people are and are observant."

We saw that people had pre admission and admission assessments and care plans to guide staff. Individual daily records were maintained by the staff which described the care provided and each person's wellbeing was monitored. These records were detailed, as were the handover notes used by staff at each shift change over.

We saw people looked clean, well groomed and well dressed. We looked at the records the staff were required to keep each day concerning people's personal care. These covered all aspects of personal care and showed that people received assistance, as they required it, in order to ensure their personal hygiene was maintained.

We spoke with the activities co-ordinator who told us about lots of ideas for events. There were notices on the ground floor notice board outlying the planned activities for the week and Christmas celebrations. We saw the activities co-ordinator had resources such as board games, interactive CD music quizzes that could be used to stimulate and motivate people. We observed she interacted well with people during our inspection. We saw a music quiz activity, a baking session and an entertainer attend the service. Staff joined in with singing along and dancing with people to the entertainer's music. This gave the home a Christmas party atmosphere.

One person told us they were thinking about going to the local Playhouse Theatre with other people to watch a seasonal show and that in the summer they had helped to

Requires Improvement

Is the service responsive?

plant the pots in the gardens. People told us they were able to go shopping when they wanted to and one person confirmed, "I can go shopping for clothes, someone will take me, or they go and get what I want for me." People were encouraged to read newspapers and books and we saw one person with the daily paper. The activities co-ordinator told us she had arranged with the local library for the service to be issued with a special 'Kendal House Library Ticket' for borrowing books and trips to the library were arranged on regular occasions.

We saw staff offered people choices. For example, on one occasion a person refused their medicines and this was respected. Later we saw the senior carer check with the person again, as to whether they wanted their medicines, and on this occasion the person said they wanted to take them. We observed the activities co-ordinator interacting well with people and offering people choice whether or not to take part in the morning group activity.

People moved freely around the service as and when they wanted to and chose where they sat and where they spent their time. Some people chose to spend most of their time in the communal areas and other people came to the dining rooms at mealtime and then went back to their own rooms. Other people moved around from room to room, joining groups and then leaving to go elsewhere.

We saw the cook spent time with people, he knew their names had a good rapport and was popular with people. We saw the chef had records of people's preferences and needs and that he kept a record of any food provided to people that differed from the menus. This meant that he could see which meals people were refusing, alter menus accordingly and meet people's individual preferences.

The provider had a clear written complaints procedure. We saw a copy of this posted up in the hallway and central corridor. The service users' guide directed people to the location of the procedures and included the contact details of other bodies, such as the Care Quality Commission and the Local Council. In the PIR the provider told us they had received no complaints in the previous12 months. We saw in the complaints and compliments records that no complaints were recorded.

Good

Is the service well-led?

Our findings

The visiting professionals we spoke with all told us the service was well led. Their comments included, “This home is very well led, (name of registered manager) and all the senior staff are really very good”, “It’s very clearly a well led home, second to none” and “one of the best homes in the area I would place a relative there myself.”

In the PIR the provider told us the registered manager and deputy manager worked with staff each day and co-ordinated care. Our observations confirmed this. During our inspection the deputy manager spent her time communicating with people and staff and following up by telephone with GPs and other professionals.

The home had a strong management team made up of two providers, a registered manager, who had worked at the home over 20 years and who was on long term leave at the time of this inspection, and a deputy manager. The deputy manager was running the home. The providers of the service work Monday to Friday and were on duty in the home at the time of the inspection. Staff were respectful and comfortable in the presence of the providers.

The information we held about the service showed its staff turnover rate was better than expected in comparison to similar services. All the staff we spoke with told us they ‘loved’ their work. Most of the staff we met had been at the home for several years. One of the staff told us “I love working here, and the management are very approachable.” Another staff member said, “We know the owners (providers) and they have very high standards about everything, from the food to the care. They make that clear from the start, so does the manager (registered manager) and (name of deputy).” We noted that the providers had written to all staff concerning laundry procedures not being followed on one occasion. Regular staff meetings were held and we saw the minutes of these.

We saw the providers took direct responsibility for the safety of the building and had audits and action plans for improvements. For example we were shown a plan of improvements to the building that had been identified and most of these had been addressed. Repairs to the exterior of the building and a bathroom upgrade had been carried out. We were told the registered manager carried out medication audits and we saw the records of these, including those undertaken by the deputy manager in the registered manager’s absence.

The providers had a process for gathering the views of people, their representatives and professionals. We saw surveys that had been sent out and returned. The providers had summarised the findings for his own reference and in part these had been used to develop the improvement plan. We saw copies of the providers’ newsletters which they told us were sent out to families and professionals to keep them informed of plans and events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: People who used the service were not fully protected against the risks associated with unsafe or inappropriate care and treatment as accurate records were not always maintained concerning people's care. Regulation 20 (1) (a).