

Acer Healthcare Operations Limited

Kents Hill Care Home

Inspection report

50 Tunbridge Grove
Kents Hill
Milton Keynes
Buckinghamshire
MK7 6JD

Tel: 01908355900

Website: www.kentshillcarehome.co.uk

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14 August 2018

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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

Kents Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kents Hill Care Home is located in a residential area of Milton Keynes and is registered to provide Accommodation and personal care to people who may or may not have nursing care needs. Kents Hill Care home accommodates up to 75 people across three separate units. One of the units specialises in providing care to people living with dementia. When we visited there were 46 people living at the service.

At the last inspection in August 2017, the service was rated Requires Improvement. We found breaches of regulation 9 - Person centred care, and Regulation 17 - Good governance. Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions 'responsive' and 'well led' to at least good. At this inspection on 12 and 14 August 2018 we found the service had improved to Good. We found that improvements had been made to person centred planning arrangements and auditing systems that had been implemented, and the service was no longer in breach of these regulations.

There was not a registered manager in post. The service had a manager who was going through the registration process with the Care Quality Commission. 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service had improved to good.

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service had improved to good.

People knew the manager and senior team, and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Kents Hill Care Home

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 checked 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 12 and 14 August 2018 and was unannounced .

The inspection was carried out by one inspector on 12 August, and one inspector and an expert by experience on 14 August. 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 PIR prior to our visit and took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted the Local Authority and the local clinical commissioning group (CCG) for any information they held on the service.

We spoke with 10 people who used the service, 3 relatives of people using the service, four support workers, two nurses, the chef, the quality manager, and the manager. We reviewed six people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service such as maintenance records, user feedback, and meeting minutes.

Is the service safe?

Our findings

People received safe support from the service. One person told us, "I feel 100% safe here I never worry, nobody is rude and if I was concerned I would report it to the manager straight away." A relative told us, "It's safe here I have never experienced any problems. [Name] needs full help with everything and I've never seen any bruises. I did worry as [name] doesn't communicate well but I feel happy. I would report anything I was worried about." Other people and relatives we spoke with made similar comments.

Risk assessments were detailed, individualised and up to date. They covered all the potential risks present for people and the environments they were receiving support in. The service utilised an electronic care records system. Staff told us that although it had taken some time to roll out the training required to use the system, they were now trained up and confident in using the system to access records and record the care they had given to people. We saw the system provided a clear guide as to what risks were present for each person, and a detailed assessment of that risk. For example, people at risk of malnutrition had a risk assessment and corresponding food and fluid monitoring chart. People at risk of developing pressure sores had relevant assessments around their care and the equipment to be used to keep them safe.

Staffing numbers were sufficient to meet people's needs. During our inspection we saw that people had the support they needed from care staff and nurses who were available for people promptly when called. There were enough staff on shift to make sure people were safe, this included staffing levels at the weekend. We saw that agency staff members were used to cover shifts, but the overall amount of permanent staff had increased since our last inspection. All the staff we spoke with felt that the staffing numbers had improved and were sufficient to allow them to provide people with care without rushing. The registered manager used a dependency tool to identify the accurate amount of staff required to meet people's needs. Rotas we saw confirmed that staffing was consistent and appropriate for people's needs. We saw that the call bell system was monitored and showed that people were responded to in a reasonable amount of time when they called.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

The staff supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that this was done safely. We were made aware of an incident where staff were not able to access medication for people, due to a cupboard that could not be unlocked. This resulted in several people not receiving the medication they required at the right time. We spoke with the manager about this, and found that appropriate actions were being taken in response to this incident, to ensure that it could not happen again. We found that Medicine administration records (MAR) were filled in accurately including records that were used for topical medicines and skin barrier creams.

People were well protected by the prevention and control of infection. The staff provided care to people in a

clean and tidy environment. During our inspection we saw that cleaners were on shift who were cleaning people's rooms, bathrooms, and communal areas. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes. We saw that pre-assessments of people's needs were created by management before people moved in to the service to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All staff went through an induction training package when starting employment, and continued training took place to refresh knowledge and keep up to date with standards. One staff member said, "My induction was good, I was able to complete basic training and shadow other staff until I was confident." Another staff member said, "I would like to see more face to face training, rather than computer based." The manager told us that new training sessions had been booked in across the coming months. Staff received regular supervision from their managers, and were happy they could speak with management whenever they required.

People were supported to maintain a balanced diet. We saw that people were able to access food as and when they wanted. Food and fluid records were kept for people who required their intake to be monitored. People were mixed in their views about the food and choices but recognised that changes were planned. One person said, "I think they are trying to improve the food as its nothing special. Always enough drinks." Another person said, "At teatime it's unimaginative and all very boring, I would like more variety." We spoke with the manager about this who showed us that people's views on food were being sought and changes in the menu planning were being implemented.

We observed the lunchtime period and saw that choices of cold drinks were available and regularly refilled. Everyone was offered wine and many seemed to welcome this. The dining room was quiet and a relaxed environment for social engagement between people, there was pleasant chatting between people and the carers engaged in this. People received the supported they required to eat their lunch.

People had access to all the healthcare requirements they needed. Prior to our inspection, we were made aware of some problems the service had with communication with the local G.P surgery that people were registered to. This involved some delays in people receiving access to a doctor and the prescriptions they required. The manager told us that this communication had recently improved greatly, with more regular visits from the G.P, and a dedicated phone line to contact doctors when people required appointments or prescriptions. One person told us, "They send for the Dr if I'm poorly. I also go out to see the optician with my daughter". We saw that detailed information around people's health was recorded within their files. This included assessments for people who were at risk of pressure sores and skin damage.

People were able to personalise their rooms and furnish them as they wished. We looked around many different people's rooms and saw that they were all personalised with photographs, pictures and furniture that belonged to people. Communal areas were homely and welcoming which encouraged people to use them, and various outdoor areas including a seating area was available for people to use in good weather.

Some areas of the service had been decorated to a higher standard than others. The manager informed us that an ongoing redecoration and refurbishment plan was in action, with areas due to be updated shortly.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS appropriately and as required. People told us that staff sought their consent before carrying out any care.

Is the service caring?

Our findings

People told us that staff treated them with respect, and were kind and caring. One person said, "Staff are good; they treat me with respect and never make me feel inferior. It's the next best thing to living at home" Another person said, "I found it difficult to settle at first but I'm ok now. The staff really care and I feel I am in good hands". Relatives we spoke with made similar positive comments. One relative said, "The staff do their best and she is well cared for." Another relative said, "It's a great environment and I see that the staff do really care about people". Throughout our inspection we observed staff interacting with people in a warm and friendly manner, and gave people the time they required to communicate.

People and family members felt involved in the care provided. One person told us, "I feel that I have freedom to live my life as I want, I discuss issues with my daughter and she expects things to be good for me." Another person said, "The staff are approachable and I can discuss anything with them. They are under pressure but I still feel I can have a say". We saw that people were offered choice in all aspects of their care including food, activities and care tasks. The staff members we spoke with all spoke of the importance of involving people in their own care and offering as much choice as possible.

People confirmed that the staff respected their privacy and dignity when providing care. During our inspection we saw that staff were considerate when entering people's rooms, they knocked on doors before entering, and were aware of protecting people's dignity when personal care was required. One person told us, "My door is open but they still call out to me and don't just come in." Another person said, "They are respectful to me and if I forget things they are ok with that. I need full care and don't get embarrassed". Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately. The management staff within the service made sure that no personal information was on display within the service, or accessible to people who were not authorised to see it.

Is the service responsive?

Our findings

At our last inspection in August 2017, we found that people had care plans in place however; these did not always evidence how people had been involved in the production of the plans, and lacked specific information about people's care, support, needs, preferences and personal history. At this inspection we found that improvements had been made in this area. Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff generally knew them well and understood their needs. Care plans we saw had detailed information about people's likes and dislikes, and documented people's personal history and family relationships. This enabled staff to better understand the experiences of each person and their social and emotional support requirements. Cultural and religious information was included when relevant for each person. People's care was reviewed and changes were made when necessary. The service had a 'resident of the day' scheme where one person's records and care planning was reviewed in depth every day.

People were supported to engage in meaningful activity. The service employed activity coordinators although they were not present on the day of our inspection. People told us they enjoyed the activities that were on offer. The service had its own minibus which enabled people to take part in a variety of outings. One person said, "I take part in the games, play bowls and bingo. I like it when there are things to do especially going out in the minibus". Another person said, "There is a list of activities in my room, the canal trip was fantastic. We often go out in the minibus. I also have a kindle and a newspaper each week". A relative of a person told us, "There's a great environment to do activities inside and out".

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, we saw that a person who did not speak English as their first language, was given information in both pictorial and their native language formats to ensure they understood the options available to them.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. We saw that the complaints record had logged several complaints from people and relatives which had all been responded to formally as per the complaints policy. For example, we saw that a complaint had been made about the food. We saw that actions were underway to make improvements in this area.

People were supported appropriately with the care they required when at the end of their life. One relative told us, "As a family we have been involved in decisions about 'Do Not Attempt Resuscitation' (DNAR) and are clear about the end of life care. We all agreed. They know to call me as soon as there are any changes." We saw a written compliment from a relative of a person which said, 'Thank you for the respect, affection and care you gave [name] during their stay. This was especially helpful towards the end.' We saw that care

planning in place for people on end of life care supported their decision making, and involved family members when required.

Is the service well-led?

Our findings

At our last inspection in August 2017, we found that audits the management carried out did not always identify the improvements required, and the management did not always fully and promptly act upon audits and action plans set by external bodies. This resulted in a breach of regulation. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation. Quality assurance systems were in place to monitor all aspects of the service and were effective. We spoke with the quality manager who showed us that they completed regular audits within all areas of the service and fed-back any areas of improvement to the manager. The manager also carried out detailed audits across all areas of the service including care files, staff files, medication records and the general environment. We saw that when issues were found, actions were set to make prompt improvements. For example, training sessions were booked in when any training needs were identified, and care planning was updated when audits found records that required updating.

The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority and safeguarding teams. The service had been working closely with monitoring teams from the local authority and the Clinical Commissioning Group (CCG) over several months. This involved action planning for improvements that were required by the local authority and the CCG who fund some people's care within the home. As part of our planning for the inspection, we had spoken with these agencies about the ongoing monitoring and improvements within the service. We received positive feedback from them that improvements had been made and care that people were receiving was of a good standard.

The service did not have a registered manager in place but did have a manager that was going through the registration process. 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 manager was aware of the requirement to send information to CQC such as safeguarding alerts and serious incidents, and did so accordingly.

The manager had a clear vision and was committed to delivering person centred care that respected people's diversity, personal and cultural needs. People knew who the manager was and saw them regularly. Staff we spoke with acknowledged there had been several changes in management over the past couple of years, which had at times been difficult. One staff member said, "I have been here for a while, so have seen various managers come and go. The manager we have now is very good. It feels like a stable home now." Another staff member said, "The manager is a very visible presence in the home, she doesn't just sit in the office. We have a very good team here now." We saw that the manager within the service was very knowledgeable about the people using the service and the strengths of the staff team. The manager was able to tell us about the areas of the service which had been identified for improvement, and the actions that had been carried out.

The service had a positive and open culture that encouraged people using the service, relatives and staff to

influence the development of the service. We saw that meetings were held which encouraged people and their relatives to come and discuss any matter that they wished to discuss. For example, the food options had been discussed by people, and then actions were undertaken by management to address this. The service was in the process of creating a feedback questionnaire to be sent out to people and their relatives to gather their feedback.

The latest CQC inspection report rating was not on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. We spoke with the manager about this who told us it had been removed by accident. They immediately printed and displayed the rating of the service as required.