Care UK Community Partnerships Limited

Kenilworth Grange Care Home

Inspection report

4 Spring Lane
Kenilworth
CV8 2HB
Tel: 01926 863320
Website: www.kenilworthgrangekenilworth.co.uk

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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 4 November 2014. It was an unannounced inspection.

Kenilworth Grange Care Home provides residential and nursing care to older people with dementia. It is registered to provide care for 60 people. The home has three floors and nursing care is provided on all floors. People who live at the home have limited mobility. At the time of our inspection there were 55 people living at Kenilworth Grange Care Home.

Kenilworth Grange Care Home is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection, there was a registered manager in post.

Summary of findings

People who lived at the home, relatives and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included robust staff recruitment, staff training and systems for protecting people against risks of abuse. Risks to people were minimised because people received their care and support from suitably qualified staff in a safe environment that met their needs.

People told us staff were respectful towards them and we saw staff were caring to people throughout our visit. We saw staff protected people's privacy and dignity when they provided care.

People told us there were enough suitably trained staff to meet their individual care needs. We saw staff spent time with people and provided assistance to people who needed it.

Staff understood they needed to respect people's choice and decisions if they had the capacity to do so. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family and appropriate health care professionals. This meant the provider was adhering to the Mental Capacity Act 2005.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been authorised under DoLS for people's freedoms and liberties to be restricted. The registered manager was aware of recent changes and was in the process of reviewing the support people received, in line with the authorisations now required.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. However, staff's knowledge about certain people did not always support the details held in people's care records. Appropriate risks associated with people's care needs had been assessed and plans were in place to minimise the potential risks to people.

There was a procedure in place for managing people's medications safely.

Systems were in place to monitor and improve the quality of service people received. The registered manager had plans in place to ensure the effectiveness of regular checks would be maintained. Staff told us they felt supported by colleagues and managers and if they had any concerns, these would be listened to and acted upon.

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.

There were systems and processes in place to identify and minimise risks related to the care people received. These included procedures to ensure there were suitable and sufficient staff, and that medication was managed safely.

Good

Is the service effective?
The service was effective.

There were effective systems in place to make sure people and relatives were involved in their care decisions. Where people did not have capacity to make certain decisions, support was sought from family members and healthcare professionals in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were provided with a choice of meals and drinks that met their dietary needs. People were referred to appropriate health care professionals to ensure people's health and wellbeing was maintained.

Good

Is the service caring?
The service was caring.

People were treated as individuals. Staff understood people's preferences and knew how people wanted to spend their time. People were supported with kindness, respect and dignity. Staff were patient and attentive to people's needs.

Good

Is the service responsive?
The service was responsive but improvement was needed.

People told us they were happy with their care and had no complaints about the service they received. There were systems in place to make sure people's care needs were managed and responded to when they changed, including regular care plan reviews with people's involvement. However staff did not always follow the information in people's care records.

Requires Improvement

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

Systems were in place that supported and encouraged people and relatives to share their views of the service they received. The registered manager used this feedback to support continuous improvements. Staff told us they felt supported by the manager and were able to raise any concerns they had.

Good

Kenilworth Grange 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 was planned to check whether the provider was 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 4 November 2014 and was unannounced. The inspection team consisted of three inspectors.

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 also reviewed all the information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes, events or incidents that happen at this service), safeguarding referrals, complaints, information from the public and whistle blowing enquires. We spoke with the local authority who confirmed they had no information of concern regarding this service.

We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who lived at Kenilworth Grange Care Home, three relatives and a social worker. We spoke with nine staff (both care and nursing staff). We also spoke with the registered manager.

We looked at four people's care records and other records related to people's care including quality assurance audits, complaints and incident and accident records.

Good

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe. One person told us, “Oh yes, very safe.”

We asked people if they thought their relations were safe. They all told us they felt their family members were safe. One relative said, “Most definitely safe here and there are some very good people here.”

We asked staff how they made sure people who lived at the home were safe and protected. Staff understood the different kinds of abuse and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. For example one staff member told us, “I would report it to the nurse in charge or the manager.” Staff were aware of, and had access to, the provider’s safeguarding policies and they had also received safeguarding training. The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

Information to help protect and keep people who used the service safe, was available. Leaflets called ‘Safeguarding Vulnerable Adults in Warwickshire’ were displayed in the communal entrance for staff, people and relatives. This leaflet contained relevant contact numbers so anyone could make referrals if they suspected or witnessed abuse. People and staff knew who to contact if they had any concerns for their or other people’s safety.

We saw the provider had plans in place to direct staff to the action to take in the event of an unexpected emergency that affected the delivery of service, or put people at risk. For example, in the event of a loss of services such as a fire or damage to the building. Staff told us they knew what action to take in such an emergency situation that made sure people were kept safe.

Records demonstrated the service had identified people’s potential individual risks and put actions in place to reduce the risks and support people safely. For example, one person was PEG fed. (Percutaneous Endoscopic Gastroscopy is a way of introducing food and fluids into the stomach via a tube inserted through the stomach. This is for people who have difficulty swallowing). Care records provided up to date information for staff as to how to ensure adequate nutrition and fluids were provided and to promote oral hygiene on a regular basis.

Records showed incidents and accidents had been recorded and where appropriate, people had received the support they needed. The system in place made it difficult to establish whether there were any trends or patterns that emerged. The registered manager told us they would improve the system to make sure people were not placed at additional risks.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. Two staff told us they had to wait until their police check and reference checks were completed before they could start work. The registered manager told us they followed staff disciplinary procedures when necessary.

People told us there were enough staff to meet their needs. All of the people we spoke with told us they received the help they needed, when they needed it. For example, we asked one person if they had to wait long before they received assistance. This person told us, “They respond quickly to requests.” Most of the relatives we spoke with felt there were enough staff to look after people’s needs. None of the relatives we spoke with had raised concerns to the manager about staffing levels. One relative we spoke with said, “They always seem to be coping okay.”

Staff told us they could meet people’s individual needs. One staff member said, “We are not short staffed.” In addition to care staff, there were housekeepers and laundry staff responsible for keeping the premises clean and safe. The registered manager told us they had flexibility in the staffing levels to increase staff numbers when required. There was a system in place that made sure people received the support when they required it from staff that were suitably trained and qualified.

We looked at five medicine administration records to see whether medicines were available to administer to people at the times prescribed by their doctor. The records showed people received their medicines as prescribed. People told us care staff supported them to take their prescribed medicines when required. One person said, “I always get my medicines when I need them.”

Medicines administration records (MAR) sheets confirmed that each medicine had been administered and signed for at the appropriate time. MAR sheets had been provided by

Good

Is the service safe?

the pharmacy when the medicines were dispensed. There was a photograph of the person kept with their MAR which staff told us reduced the possibility of giving medication to the wrong person.

Staff who administered medicines told us they had completed medication training and understood the procedures for safe storage, administration and handling medicines.

We looked at how controlled drugs were managed, administered and stored. We found the controlled drugs were stored safely and that the recommended procedures for recording controlled drugs had been followed.

Good

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One person told us the staff were, "Very accommodating." We asked relatives if they felt staff had the appropriate skills and knowledge to provide care to their family members. All the relatives we spoke with felt staff had the right skills and training to provide effective care.

Staff told us they had a handover meeting at the start of their shift which updated them with people's care needs and any concerns since they were last on shift. Staff told us this supported them to provide appropriate care for people. We were told the information provided during the staff handover was important because this was where care staff were informed that people's care needs had changed. Staff were given an update about each person and a record of what had been discussed was recorded. This meant staff were always kept up to date about changes in people's care to enable them to provide the care people required.

Staff we spoke with, told us they felt confident and suitably trained to effectively support people, especially with dementia and those people whose behaviours challenged others. Staff told us they had regular training, supervision and annual appraisals. One staff member said, "I have regular supervisions and I find them useful." Staff told us they completed an induction and completed all of the training before they supported people. Training records showed all the care staff had completed their training.

We found staff understood and had knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. Staff ensured people's human and legal rights were respected. The registered manager understood the requirements of the Mental Capacity Act and made sure people who lacked mental capacity to make certain decisions were protected.

The registered manager told us they had submitted one application to the 'Supervisory Body' to consider a restriction on a person's freedoms. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had systems in place to follow procedures when required. The provider had trained their staff in understanding the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS. The registered manager had spoken with the local authority and plans were in place to review every person's needs to make sure people were effectively supported and protected.

Staff told us how they gained consent from people they provided care to. For example, one staff member said: "You can't force anyone. If they don't want it, that's okay, we give time and you can always go back and try again. "Another staff member said, "If people don't have capacity, we encourage people to make small decisions for themselves." This demonstrated staff recognised the importance of ensuring people agreed to any care before they carried it out.

Care records showed individual dietary needs were taken into account and acted upon. For example, some people who had difficulties swallowing had been seen by the speech and language therapy team. Their input helped determine whether people needed specific changes to their diets such as thickeners in their drinks, soft or pureed foods.

The cook told us they had a system in place to ensure they and the catering staff knew people's specific dietary needs and personal preferences. This system was updated by staff when new people came to live at the home. The cook said, "Everyone has a catering requirement form so I know what they need." This form recorded any special dietary, cultural requirements and whether people had allergies and preferences. We saw the home had been awarded a 'Heartbeat Award' from the local council and Warwickshire NHS in March 2014 for providing healthy food choices and maintaining good hygiene standards.

People told us they enjoyed the food and drinks and were given a choice of options. Comments people made were, "They usually ask the day before but if you did request anything else then you get it", and, "The food is very good and I have a choice." A relative told us, "The food is brilliant. They have some wonderful food. You can't praise that enough." Staff told us if people did not want any choices on the menu, alternatives would be provided. People we spoke with confirmed this.

We saw people who were at risk of malnutrition and dehydration were monitored on a regular basis. Staff were aware of people's individual needs and completed food and fluid charts, as well as, weighing people regularly to make sure their health and wellbeing was supported.

Good

Is the service effective?

Records showed people had received care and treatment from other health care professionals such as their GP, speech and language therapists and dieticians. Appropriate referrals had been made in a timely way.

Good

Is the service caring?

Our findings

People told us they thought staff were caring and kind. One person told us, “Staff are helpful and give a good quality of life.” Another person said, “I like them. They (staff) are good to me.” A relative told us, “The staff have a caring attitude and they seem well cared for here.” The registered manager said, “We have staff here that are good at looking after people.”

Staff supported people at their preferred pace and staff spent time helping people to move around the home who had limited mobility. People received care from staff who knew and understood their personal background, likes, dislikes and personal needs. People received support from staff who consistently provided choice. For example, people were given choice about where they wanted to sit, what they wanted to wear, what they wanted to do and when they went to bed.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were friendly but respectful, and people appeared relaxed.

During lunchtime we observed interactions between people and staff to see if mealtimes were a pleasant and enjoyable experience for people. We found people received the support they needed, however not all staff were engaged with people. This was supported by comments we received. For example, we spoke with one person who said, “There are only three or four us at mealtimes who can speak.” We also spoke with a relative who told us about a person who required assistance with eating. This relative said, “They (staff) don’t talk to him.” This was supported by our observations during lunch time. We raised these concerns with the registered manager. They agreed to speak with all staff to make sure people were involved so the lunch time experience became more of a sociable occasion.

All of the people we spoke with said their privacy, dignity and independence were respected by staff. People told us staff respected their privacy and dignity when staff supported them. One person said, “They (staff) treat me with respect and I feel comfortable. They (staff) are good.” We saw staff knocked on people’s doors and waited for people to respond before they entered people’s rooms. We saw and heard staff address people by their preferred names. Staff had a good understanding and knowledge of the importance of respecting people’s privacy and dignity. This included making sure all doors and windows were closed and people were covered up as much as possible when supported with personal care. One staff member said, “I always explain what I am doing and I let them do what they can.”

People told us their friends and family members could visit whenever they wanted. Relatives also confirmed this. One relative said, “You are free to come and go. They are very good that way.”

Requires Improvement

Is the service responsive?

Our findings

People told us they were involved in their care decisions. One person said, "They have a chat with you every so often. If I want something done I tell them I want it done." A relative told us, "They come round every six months and go through the care plan." Relatives spoken with told us they were always kept informed about any changes that affected their family members. One relative said, "The care here is excellent. My [person's] behaviour changes so we had a care review two weeks ago and I was involved. We went through everything, medicines and end of life wishes. I am happy." This relative also said, "After the review, [person's] medication was reviewed and changed."

Care plans informed staff about what people liked and how people wanted their care delivered that was personal to them. People's individual likes and dislikes were also recorded. We looked at four care plans in detail and found inconsistencies with the care records and staffs knowledge. Two care plans contained up to date information for staff who were knowledgeable about people's needs and knew how to support them.

However, two care plans contained inconsistent information to what staff told us. For example, one care record showed a person was cared for in bed and was at high risk of developing pressure areas. Care records showed this person should be repositioned in bed every three to four hours using suitable equipment. Staff told us this person could not be repositioned and they had not used any moving and handling equipment.

Another care record showed inconsistencies when a person required two separate creams to be applied. Records showed creams had not been applied as directed on the person's medicines administration record. Staff provided us with inconsistent information about this person's condition. Staff we spoke with were not sure which creams were required to be applied on a daily basis. A lack of an accurate care record has the potential to place people at risk of receiving inappropriate and inconsistent care, not responsive to their needs. The registered manager assured us they would improve the care plan records so staff had accurate and up to date information.

The home provided a weekly programme of hobbies and interests for people. During our visit people took part in a quiz. There was limited involvement with people on a one to one basis. Relatives we spoke with confirmed this. One relative told us they felt activities could be improved and had raised their concerns. A staff member we spoke with also voiced the same concerns. They told us, "I think the activities should be more widespread. It always seems to be the same people going to the activities." We spoke with a staff member who organised these events. They told us they were involving people in deciding what they wanted, but they had recognised further improvements were required. The registered manager was aware of this issue and assured us people's views would be taken into account and acted upon in future.

People told us they would not hesitate to raise any concerns they had. One person told us, "I would talk to the manager, I see her quite often." Another said, "If I wasn't happy about something I would speak to the boss."

Information displayed within the home informed people and their visitors about the process for making a complaint. We looked at the complaints received in 2014. We saw complaints were recorded and responded to. Responses to the complaints provided information about the action taken to investigate the concerns, the outcome of the investigation and the actions taken to address any issues identified. This meant people could be confident any complaints would be dealt with and responded to in line with the complaints policy.

Good

Is the service well-led?

Our findings

People told us they found the registered manager and staff approachable and understanding when issues had been raised. For example, one relative told us, "Whenever [person] has moaned about anything they have responded very quickly." Another told us, "I don't go to her (registered manager) very often unless there is something drastically wrong but you can go to her any time." We saw any comments people made had been responded to in the appropriate way.

There were systems in place to hear about the quality of the service and people's suggestions or ideas to improve this and benefit people who lived at the home. For example, suggestion cards were located in the communal hallway and 'resident' and relatives meetings were held on a quarterly basis. A relative told us they had attended these meetings and were able to share their views and express opinions. The registered manager held a surgery for people and their relatives every alternate Wednesday evening so that people could voice any concerns they had. We saw a satisfaction survey had been recently undertaken and the results of this survey were displayed in the communal areas of the home. The registered manager had not had time to put action plans in place, but assured us improvements would be made where required.

We asked staff about the support and leadership within the home and if they felt able to raise concerns they had. Staff told us they had regular work supervision meetings to discuss their performance and training needs, an annual appraisal and team meetings. Staff told us the service supported whistleblowing and staff felt confident to voice any concerns they had about the service.

There were systems in place to monitor the quality of the service. We looked at examples of audits that monitored the quality of service people received. For example health and safety, fire safety, water quality checks, equipment safety and the environment. These audits were completed to make sure people received their care and support in a way that continued to protect them from potential risk.

The registered manager worked in partnership with other professionals to ensure people received appropriate care and support. For example, Kenilworth Grange was one of three homes selected by Warwickshire NHS for 'discharge to access' beds. This scheme helped people receive support when they left hospital and to assess their future needs before they returned to their own home. A social worker involved with this service told us the care was, "Very good." The social worker told us they had spoken with people at the home who said, "They [people] liked it so much they don't want to leave". The registered manager also worked in partnership with the local authority contracts team and the district nurse team.

We saw people's care records and staff personal records were stored securely. This meant people could be assured that their personal information remained confidential.

The registered manager submitted the requested Provider Information Return as requested prior to our visit. The information in the return informed us about how the service operated and how they provided the required standards of care. This information supported what we found. The manager was registered with us and understood their responsibility for submitting notifications to the CQC.