

Kiniths House Limited

Kiniths House

Inspection report

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West Midlands
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Tel: 01216021279

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09 August 2016

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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

Our inspection took place on 9 August 2016 and was unannounced.

The provider is registered to accommodate and deliver personal care to ten people who lived with a learning disability or an associated need. Ten people lived at the home at the time of our inspection. We started our inspection early in the morning. We did this to enable us to meet and speak with as many of the people we could in case they all went out later.

At our last inspection on 8 September 2015 the provider was not meeting all of the regulations that we assessed as we found that there was inadequate quality monitoring of the service as there was a lack of evidence to determine that regular audits and checks had been undertaken. This inspection we found that quality monitoring and checking processes had been implemented by the registered manager and provider.

The manager was registered with us and was present during our inspection as was the provider. 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.

We found improvements regarding the medicine management systems that confirmed that people had received their medicine safely and as it had been prescribed by their doctor. Staffing levels had improved to ensure that people were safe and received the care and support that they needed in the way that they preferred. People told us that they were safe living at the home. Although we found that some environmental safety issues that needed to be addressed the registered manager was working to resolve these. There were systems in place that staff knew they should follow if at any time they felt that people may be at risk of abuse.

New staff were given induction training to ensure that they had the knowledge of how to support people safely and appropriately when they started work. Staff had received all of the other training they needed to do their job safely. Staff had received training and understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) and ensured that people were not unlawfully restricted. People were offered meal choices to ensure that their preferences and dietary needs were met. People received input from a range of health care professionals to meet their healthcare needs.

People were supported by staff who were kind and friendly. Relatives were welcomed by staff who were polite and helpful. Care plans highlighted people's needs and preferences and people and their relatives were involved in reviews.

A complaints procedure was available for people to use and people told us that they would be happy to use it if they had the need. People and their relatives were encouraged to make their views known on the quality

of the service.

The provider had a leadership processes in place that people and their relatives understood. Staff were directed and supported to work in a way that ensured a good, safe quality service.

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.

Environmental safety issues that we identified were being addressed by the provider and the registered manager to prevent a potential risk of accidents and injury.

Systems and staff confirmed that people were given their medicines as they had been prescribed by their doctor.

Staffing levels gave better assurance that people would be safe and that their needs would be met.

Safe recruitment systems were followed to prevent the possibility of the employment of unsuitable staff.

Is the service effective?

Good ●

The service was effective.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) training and ensured that people were not unlawfully restricted.

People received input from a range of health care professionals to meet their healthcare needs.

Staff ensured that people were offered the meals that they liked.

Is the service caring?

Good ●

The service was caring.

People and their relatives felt that the staff were caring and helpful.

People's dignity, privacy and independence were maintained and encouraged.

Staff made visitors feel welcome and visiting times were open and flexible to meet people's needs.

Is the service responsive?

Good 

The service was responsive.

Care plans were produced with the involvement of people and their relatives and reflected people's health and care needs.

People were supported to enjoy a range of leisure time and occupational pursuits.

People and their relatives knew how to access the complaints process if they felt they had the need to.

Is the service well-led?

Good 

The service was well-led.

Quality monitoring and audit systems had been implemented to ensure that the service was safe and was run in the best interests of the people who lived at the home.

The registered manager was visible and approachable within the home and people were familiar with them and at ease in their presence.

Regular meetings were held and ensured that people and staff could raise issues and be involved in decision making regarding the service provided.

Kiniths 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 9 August 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. Experts by experience are people who have personal experience of using or caring for someone who use this type of care service.

We asked the provider to complete 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. The form was completed and returned to us within the timescale we set. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We took the information provided into account during our inspection activities.

We met and spoke with all of the people who lived at the home. We spoke with two relatives, five care staff members, a cleaning staff member, the deputy manager and the registered manager. We looked at care records for two people and their medication records, three staff recruitment, supervision and training records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at provider feedback forms that had been completed by relatives. We spent time in communal areas observing routines and the interactions between staff and the people who lived there. We observed meal times.

Is the service safe?

Our findings

A person told us, "I am safe here. I have a mat for the bath so that I do not slip". Another person said, "I feel safe. We have fire drills and I know where I have to go if there is a fire to be safe". All staff we spoke with told us that they felt that the people who lived at the home were safe. They told us that they followed the instructions in risk assessments and care plans. We saw that assessments had been undertaken regarding people's risks when walking and going out into the community. The only injury that had been sustained of late was when a person was out in the community with their family. This showed that assessments and planning to prevent accidents had worked to prevent injuries.

We found that some improvement was needed regarding environmental safety. We saw that some areas in the garden were uneven and a potential trip hazard, that there was a stack of unsecured bricks and there were two canisters which were labelled 'flammable'. Although sturdy we saw that the bannister rail up the stairs was very polished which may make it slippery and prevent people from being steadied. We saw that there was some clutter in the lounge including a roll of paper which again were a potential trip hazard. We discussed these issues with the registered manager who told us that they would address them quickly. Since our inspection the registered manager sent us some photographs that showed that the garden had been made safer.

One person said, "Nothing like that" [abuse]. Another person told us, "No one has done bad things". A relative said, "I know that there has been abuse in some homes but there is no abuse at this home". Another relative also told us that there was no abuse at the home. Staff told us and certificates confirmed that staff had received training on how to safeguard people from abuse. Staff we spoke with knew how to recognise the signs of abuse and how to report their concerns. A staff member said, "If I was worried I would tell you, [the Care Quality Commission] and social services".

A person said, "I look after some of my money but staff look after most of it to keep it safe". We looked at the processes in place to safeguard the money of the people who lived there. We checked money against records and found that it was correct.

People and staff told us that staffing levels had increased since our last inspection of 8 September 2015. A person said, "It is much better now with more staff". Another person told us, "Since we have more staff we go out more". Staff we spoke with all told us that the increased staffing levels were better. One staff member said, "We have more time to spend with people and if they ask to go out we can take them". We observed that there were enough staff to support people during the day. The registered manager told us that they had increased staffing levels during the morning from two to three staff and we saw that there were three staff on duty. The registered manager also told us there were usually three staff provided in the afternoons, two staff at night and a cleaning staff member four days a week. They said that this was an adequate number to keep people safe and to meet their needs and this was confirmed by staff.

The provider ensured that only suitable staff were employed. Staff we spoke with told us that checks had been undertaken for them before they could work at the home. A staff member said, "My checks were all

done. I could not start work until then" We saw that references had been obtained and a Disclosure and Barring Service (DBS) check had been undertaken for each staff member before they started work. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns.

The completed Provider Information Return (PIR) sent to us highlighted that, "We ensure that we monitor, audit and review the medication administration, to ensure that we are providing a safe service. We have improved our medication administration practices dramatically since our last inspection to ensure that the service we provide is safe". A person said, "The staff always give me my tablets right". We found that medicine systems had improved since our last inspection and confirmed that medicines had been given to people as it had been prescribed. Records highlighted and the registered manager confirmed that the pharmacist who provided people's medicines had undertaken a recent audit and only one minor issue was identified. We found that regular audits of medicines were undertaken by the staff and registered manager.

We found that protocols had been implemented to instruct staff when 'as required' medicine should be given. This meant that the medicine would be given when it was required, and not given when it was not required.

People we spoke with verbally consented to their medicines being looked after by staff. A person told us, "I don't want to look after my tablets". Staff told us that they had received training before they were allowed to administer medicine and felt confident to manage people's medicines. Records we saw highlighted that local district nurses had given staff training and deemed them to be competent and safe in giving a medicine that needed to be given in a special way. We indirectly observed a staff member giving people their medicine. We saw staff explained to people that they were giving them their medicine and we saw that people willingly took their medicine.

Is the service effective?

Our findings

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

At our last inspection on 8 September 2015 although staff had some understanding of the principles of MCA and DoLS their knowledge was limited. Staff training records that we looked at did not confirm that all staff had received MCA or DoLS training and we found that there was a lack of MCA assessments for people to highlight to staff people's needs. Since that inspection all staff had received MCA and DoLS training. The registered manager told us, "The training was good and we all [the staff team] learnt a lot. As a result of this I have made six applications to the local authority for DoLS assessments". Staff we spoke with confirmed that they had received The MCA and DoLS training and that their knowledge base had improved. They knew that they should not restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices. We observed that people were not restricted and that their consent was actively sought by staff before assisting or supporting them. A person told us, "I can do what I want whenever I want to". We also saw that assessments were used to determine people's capacity and to support them to make everyday decisions. This showed that appropriate actions had been taken to ensure that no person would be unlawfully restricted.

People we spoke with and their relatives told us that they were satisfied with the service provided. People said, "I really think it is good here. I would hate to have to leave", "I am looked after and have a good life", "I am happy". Relatives told us, "They [their family member] are well looked after I am happy" and, "I know that they [person's name] are happy and content". Staff we spoke with also told us that the service provided to people was good. A staff member said, "It is much better here than the last place I worked. People are well supported, go out a lot and have a good quality of life".

Staff told us about the induction training that they had received. A staff member said, "I was well supported and had a good induction when I started. I was given time to get to know people, look at care plans so I knew people's needs and worked alongside staff who had worked here for a long time". Staff records that we saw confirmed the induction processes. The registered manager told us that new staff employed had already achieved a recognised vocational qualification in adult social care in their previous employment and staff training certificates that we looked at confirmed this. The registered manager told us that they had the Care Certificate induction standards available if they needed to use them for new staff in the future. The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member said, "I feel supported working here". Other staff we spoke with also told us that they felt

supported on a day to day basis. Staff told us and records that we looked at confirmed that staff received supervision sessions on an almost monthly basis to give them feedback on their performance and identify any training needs.

A relative said, "The staff are trained and know how they should look after people". A person told us, "The staff have training they had some last month. They look after me properly". Other people we spoke with also told us that the staff knew how to look after them well and keep them safe. Staff we spoke with all told us that had received the training that they needed. A staff member said, "Over the last few months I've done about 12 training courses. Its on-going no-one can say we do not have the training we need now". Another staff member said, "We have had so much training in the last year. I know what to do and feel confident to do my job". Staff training records that we looked at confirmed this. We saw that the registered manager maintained records to demonstrate the training that staff had received and when refresher training was next due. This showed that the provider was committed to staff training to ensure that staff would meet people's needs and keep them safe.

A person told us, "When I need to the staff go with me to the doctor". Another person said, "I have my feet done". Other people we spoke with told us that they had dental check-ups and eye tests. Staff and relatives confirmed what people had told us and records showed the healthcare appointments that people had attended. Records that we looked at also highlighted that people had received an annual healthcare review by their doctor and had been offered an annual influenza injection to help prevent ill health.

The aim of a hospital passport is to assist people to provide hospital staff with important information about them and their health. We saw that 'hospital passport' documents were in place that included the information hospital staff would need to provide appropriate, safe, care and support.

A person said, "Every week we all [the people who lived at the home] have a meeting to decide what we want to eat the next week. It is good as we can all have what we want". Care plans that we looked at highlighted people's food and drink preferences and staff we spoke with were aware of these. People told us that they enjoyed the variety of food and mealtimes. We saw that people were offered hot and cold drinks regularly throughout the day to prevent dehydration. Records were maintained to confirm what people had eaten that enabled monitoring of their food and drink intake. We saw that meal times were relaxed and pleasant.

Care plans highlighted any allergies that people had and confirmed their risks associated with eating and drinking. Staff we spoke with was aware of people's dietary requirements. Records confirmed that where there was a concern staff had referred people to the dietician and speech and language health care professionals.

Is the service caring?

Our findings

A person said, "I like the staff very much they are kind". Another person told us, "The staff are very nice". Relatives told us that staff were, "Helpful", and, "Caring". Staff we spoke with told us their colleagues were kind and caring. We saw that staff were compassionate to people, listened to what they said and took an interest in them.

A person told us, "This is my home and my family". We found that there was a warm, caring and inclusive atmosphere and that this was promoted by the staff. We identified by observing and speaking with people that the people who lived at the home knew each other well and supported each other. At meal times we saw that people asked each other to pass the milk and sugar and chatted to each other as would happen in a family home. People told us happily about the pets [there were two chickens and a cat] that lived at the home and how much they liked them. We saw staff sitting with people chatting about the day's events and asking people how their families were. During those times we saw that people looked relaxed, happy and were smiling. Minutes of meetings held for the people who lived at the home highlighted that one person at times was loud. Staff had explained that the person was loud when they were not happy. People had responded to this by saying they would give the person attention to make them feel happy. People told us what a lovely time they had at a christening the weekend before. This was the christening of a staff members baby that they had invited people to attend. Another staff member was getting married in the near future and had invited people to their wedding. This showed that the ethos of the service was considerate, inclusive and compassionate.

A person who used the service told us, "The staff speak politely". A relative said, "The staff are polite". Staff we spoke with told us how they promoted privacy and dignity in everyday practice which included, keeping doors and curtains closed when supporting people with personal care and they treated people sensitively. People told us that they could spend time alone in their bedrooms reading or watching the television to have some private space when they wanted to.

A person said, "I do everything for myself". Another person told us, "I peg the washing out and go in the kitchen and make us all a drink. It is called independence". Staff we spoke with all told us that they only supported people to do things that they could not do. A staff member said, "We maintain and promote people's skills and independence".

A person said, "I always wear what I want to". Another person said, "I choose my clothes". Staff knew that people liked to dress in their preferred way. A staff member told us, "Everyone wears what they want to wear". Staff and relatives told us that the staff took their family members shopping when they needed new clothes so they could select what they wanted. We saw that people wore clothes that were appropriate for the weather and their age and reflected their individual taste and styles.

A person said, "I know what's in my care plan I understand it and think it is alright. Shall I show you?" Other people told us that they were involved in care planning and decisions and this was confirmed by relatives we spoke with. A relative told us, "We [the family] are asked about things if they [person's name] are unable

to say what they want and need".

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that two people at the present time had the input of an advocate.

The completed Provider Information Return (PIR) sent to us highlighted that, "We encourage regular contact with family members, and we do not restrict any family contact." A person said, "I am going to see my family later. I see them lots of times every week. The staff support me to do this". Other people also told us that they enjoyed their family visiting them or them visiting their family home. All relatives told us that they could visit at any time and how glad they were about this. Relatives confirmed that they could visit at any time and were made to feel welcome when they did.

Is the service responsive?

Our findings

A person told us, "The staff know everything about me to look after me". Another person told us, "I think that the staff know me". A relative said, "The staff know them [person's name] well, their needs and behaviours and support them to a good standard".

The completed Provider Information Return (PIR) sent to us highlighted that, "We are supporting our residents with the regular update and review of their personalised care plans". A person said, "The staff ask me how I want support". Records that we looked at highlighted information about people's likes and dislikes. All staff we spoke with gave us a good account of people's likes and dislikes regarding their care and were aware of how people preferred to be supported. Staff we spoke with knew people's needs. People told us that they had access to care plans. A person said, "My care plan is in the cupboard. I see it and staff talk to me about it". We found that care plans detailed people's medical conditions and other important facts. One person had episodes of behaviour that challenged the service and there were instructions for staff to follow to inform them of what they should do regarding the behaviour. This highlighted that the provider had equipped staff with the information they may need to meet people's needs.

People and staff told us that activity provision had improved since our last inspection. A person said, "We all go out a lot. Some of us [the people who lived at the home] go out every day". Another person told us, "I like going out and go out all the time". A staff member said, "Now we have more staff people go out into the community more frequently and they enjoy that". Other people we spoke with told us that they participated in a number of leisure time pursuits that they enjoyed. We found that some people attended college on a regular basis, a drama group and went to clubs and discos regularly. People also told us that they had been supported by staff to go on holiday and how much fun they had. People could engage in in-house activities. We saw a person drawing and told us that they enjoyed doing that. One person told us that they enjoyed helping to grow vegetables and they did that. The registered manager explained that the provider had an allotment allocated to the service that people visited, tended and enjoyed. Three people told us that they enjoyed visiting the local church on a weekly basis. This showed that the provider ensured that people supported people to engage in a range of activities to meet their leisure time and religious needs.

People who used the service and their relatives told us that they were aware of the complaints process. A person said, "I would speak to the staff if I had a complaint". Another person told us, "If I had a complaint I would go to the manager". We saw that a pictorial poster was on display signposting people to who they should speak with if they were not happy. We saw that a complaints procedure was in place that was in a format that made it easy to read. A relative told us, "If I had a complaint I would speak with the staff or the manager". We were aware that some complaints had been made. The registered manager had worked with the local authority to address these in an appropriate way. The registered manager told us that other than these they had not received any other complaints.

Is the service well-led?

Our findings

At our last inspection on 8 September 2015 we found that there was inadequate quality monitoring of the service. The provider and registered manager had taken this situation seriously and had taken appropriate action to improve. We found that quality monitoring and checking processes had been implemented and were carried out by the registered manager and provider.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager. A person said, "The manager is very nice. I talk to him". Relatives we spoke with knew the registered manager. A relative said, "The manager is good approachable". The registered manager made themselves available and was visible within the service we saw them speak and interact with people. We observed that people smiled and chatted with the registered manager and looked relaxed and comfortable when doing so. Our conversations with the registered manager confirmed that they knew the people who lived there well.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified us of all of the issues that they needed to. We asked the provider to complete 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. The PIR was completed and returned to us within the timescale we asked. This showed that the provider was meeting legal requirements set.

People, relatives and staff all told us that the service provided was good. A person said, "It is good here. Everything is good". Relatives we spoke with also told us that they felt the service provided was good and well-run. Staff we spoke with also told us the service was good and that it had improved in a number of ways which included staffing levels which had enhanced people's quality of life.

Staff also told us that they felt that service was well organised, and that they were clear about what was expected from them. A staff member told us, "I am, well I think we all are [the staff team], supported and guided well to ensure that we work properly. We looked at minutes of staff meeting minutes that confirmed that the meetings were held regularly. The relatives we spoke with felt that the staff was well-led by the registered manager and worked to a good standard. A relative told us "The staff do what they should". Another relative said, "I do not have any concerns about the care and support that staff provide or the way they work".

People told us that regular meetings were held. A person told us, "There are meetings every week they are good". Staff we spoke with confirmed that they had meetings with people to determine their views and to ensure that meals and other aspects of the home were to their satisfaction. The provider used feedback forms for people, their relatives and staff to make their views known about the service. We saw that these were used regularly and that the feedback was positive.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or

witnessed bad practice. A staff member said, "Whistle blowing is about not being scared to report concerns". I would report anything that I was concerned about. We saw that policies and procedures regarding whistle blowing were in place and these are what staff told us they would follow if there was a need to.