

Kairmoore Ltd

Osborne House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection on 8 October 2015.

The service provides care and support for up to 16 older people, some of whom may be living with dementia and chronic health conditions. On the day of our inspection, 16 people were being supported by the service.

There is a registered manager in post, who is also one of the providers of the service. 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 provider had effective systems in place and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines had been managed safely and administered in a timely manner.

Summary of findings

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. The manager and staff understood their roles and responsibilities in relation to the care of people in accordance with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff had received effective training, support and supervision that enabled them to provide appropriate care to people who used the service.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. They were supported to have sufficient food and drinks, and had access to other health and social care services when required in order to maintain their health and wellbeing.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible.

Whenever possible, people were supported to pursue their hobbies and interests outside of the home. Some people also enjoyed the various activities provided within the home.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives, and acted on the comments received to improve the quality of the service provided.

The registered manager provided leadership and managerial oversight. They effectively supported the staff to ensure that people had the right care that met their individual needs. The quality monitoring processes had been used effectively to drive improvements.

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 felt safe and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received adequate training in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed.

People had enough nutritious food and drink to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity. They were also supported in a way that maintained their independence.

People's choices had been taken into account when planning their care and they had been given information about the service.

Good



Is the service responsive?

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their representatives so that their needs were appropriately met.

The provider had an effective complaints system.

Good



Is the service well-led?

The service was well-led.

The registered manager provided stable leadership and effective support to the staff.

People who used the service, their relatives and professionals involved in people's care were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes were used effectively to drive improvements.

Good



Osborne 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 8 October 2015 and it was unannounced. It was carried out by two 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 information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with three people who used the service, two relatives, two care staff, the deputy manager who is also the activities coordinator and the registered manager, who is also one of the providers of the service.

As the majority of people had complex needs that meant that they were not able to tell us their experience of the care provided, we 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 reviewed the care records and risk assessments for six people. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for four care staff, and training for all staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed and we observed care in communal areas of the home.

Following the visit to the home, we contacted five professionals who worked closely with the service by telephone or emails and we received responses from four of them.

Is the service safe?

Our findings

People we spoke with told us that they were safe. One person said, “When I’m here, I am safe.” There were also referring to the fact that they were no longer able to look after themselves at home leading to them and their family agreeing that it was more appropriate for them to move into a care home. Another person said, “I am absolutely safe here, it’s a very nice home.” We observed that people sitting in the communal areas of the home appeared happy and relaxed.

The provider had systems in place to safeguard people, including up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace. Information about how to safeguard people had been displayed on a board near the entrance to the home to give staff and visitors guidance on what to do if they suspected that a person was at risk of harm. This also contained relevant contact details of organisations where concerns could be reported to. We noted that staff had been trained on how to safeguard people and they had good understanding of how to keep people safe. They all said that people were safe at the home and were also able to describe the procedures they would follow if they suspected that people were at risk of harm. This included reporting any concerns to the manager or the local authority safeguarding team. We saw that the provider had appropriately reported any concerns about people’s safety to relevant organisations and this had been done in a timely manner.

People’s care and support had been planned and delivered in a way that ensured their safety and welfare. The care records showed that assessments of potential risks to people’s health and wellbeing had been carried out and detailed risk assessments were in place to mitigate the identified risks. For example, there were assessments for risks associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. We saw that the risk assessments had been reviewed regularly or when people’s needs changed. A member of staff told us that they kept people safe by regularly checking on them, ensuring that risk assessments were up to date and supporting people as specified in their care plans.

The provider also ensured that the environment where care was provided was safe. For example, all the equipment

used within the home including hoists and slings, was regularly checked to make sure that it remained safe for use. The maintenance records showed that issues within the home were resolved promptly, and electrical and gas equipment were checked by trained technicians. Fire safety checks were undertaken regularly, including testing the fire equipment. Also, the service’s fire prevention processes had been assessed by the local Fire and Rescue service in March 2015 and the recommended improvements had been completed. We saw that there was a clear evacuation plan in place. A record was kept of all accidents and incidents. Where an incident had occurred, people’s care plans and risk assessments were also updated to reduce the likelihood of it happening again.

The provider had robust recruitment procedures in place because thorough pre-employment checks had been completed for all staff. These included requesting appropriate references for each new employee and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

Although one person told us that some of the staff they knew well had left the service in recent months adding, “It’s a shame when you have got used to them.” However, we found that the provider’s staff retention was very good as there was evidence that some of the staff had worked for them for many years. The rotas also showed that there was always sufficient numbers of staff to meet people’s needs safely and the manager and deputy manager were always available to support staff when needed. Occasionally, the provider used ‘agency staff’ so that they had enough staff to support people appropriately. The manager told us that as much as possible, they ensured that the staff supplied by the agencies had previously worked at the home so that they were familiar with their processes and importantly, they knew the people living there.

We saw that there were systems in place for ordering, recording, auditing and returning medicines no longer required to the pharmacy. Medicines had also been stored appropriately in a locked cabinet in the staff office. There was also a fridge to keep medicines that needed to be stored within a certain temperature. People we spoke with had no concerns with how their medicines were being managed and given to them. We saw that staff had been trained to administer medicines and their competence was checked prior to them administering people’s medicines

Is the service safe?

unsupported. This ensured that only trained and competent staff had administered medicines. The medicine administration records (MAR) were completed correctly with no unexplained gaps and this showed that

people had been given their medicines as prescribed. MAR and medicine stock levels were checked regularly, followed by an audit to ensure that safe medicine practices were in place.

Is the service effective?

Our findings

People told us that staff had the right skills to understand their support needs. One person said, “The staff are excellent.” A relative of another person told us that their relative’s health had improved since they had been at the home adding, “I have never been concerned with my [relative]’s care. They do a really great job.” The professionals we received feedback from were unanimous in their praise about the standard of care provided by the manager and the staff. One professional said, “I have found them to provide a good service. I have had great feedback from a resident and their family regarding the great quality of care provided to residents.”

The provider had a training programme that included an induction for all new staff and regular training for all staff. Staff said that the training they had received had been sufficient in giving them the right skills and knowledge to enable them to support people appropriately. A member of staff said, “The training is good. We refresh every year and I’ve also attended specialist training with a tissue viability nurse.” They said that this training had given them the skills they required to support people to maintain their skin integrity and we noted that no one had pressure sores. Another member of staff told us that their induction and training had been good. Staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF). A member of staff told us that they were considering acquiring further qualifications in health care. They said, “They’re supporting me to look at taking my nursing qualifications.”

There was evidence of regular supervision and appraisals in the staff records, and we saw that these meetings were used positively to evaluate each member of staff’s performance and to identify any areas in which they needed additional support. All the staff we spoke with said that they had received supervision regularly, worked well as a team and supported each other really well. One member of staff said, “I usually have one supervision meeting every three months. The manager is approachable and I could speak to her at any other time.”

People told us that they consented to their care and support and we saw evidence of this in the records we looked at. Some of the care records had a form signed by the person to indicate that they consented to being

supported by the staff and for their care information to be shared with other health or social care professionals. However for those who did not have capacity to give consent or make decisions about some aspects of their care, this was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA). The 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.

We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people made decisions about their care and support. They respected people’s choices and views and supported them in a way that respected their rights. One member of staff said that they did this by asking people’s permission before they supported them. They also said, “We always ask them if they’re happy with their care.” We also saw that when required to safeguard people, authorisations under the Deprivation of Liberty Safeguards (DoLS) had been obtained from the relevant local authorities so that any restrictive care met the legal requirements. During the inspection, an assessor from the local authority had visited the home to assess a person’s mental capacity for this purpose.

People told us that the food was good and they enjoyed it. One person said, “The food is very good and I never leave anything.” However, they added that they would like more salads. Another person said, “I always enjoy the food here.” We observed the lunchtime meal and noted that apart from three people, the majority had chosen to eat in the dining room. There was a choice of food and drinks. For example, as well as water, three flavours of diluted drinks were available for people to choose from. The six-week menu showed that there were suitable options on offer for people to choose from. Also, an alternative vegetarian option was prepared when requested by people. People with specific dietary requirements had also been supported to eat well. We saw that an alternative dessert had been prepared for people living with diabetes so that their blood sugar levels remained within healthy limits. Staff regularly monitored people’s weight to ensure that

Is the service effective?

this remained within acceptable ranges and appropriate action had been taken to monitor this closely if people were assessed as being at risk of not eating enough. The service was commended for how they managed people's nutritional needs as part of the 'Food First' assessments. The dietitian who reviewed the service in August 2015 wrote in their assessment record that 'they were a proactive home that put people first'. Another dietitian who had recently reviewed the service told us that they found that the standard of the Malnutrition Universal Screening Tool (MUST) and care plans was 'excellent'.

People were supported to access other health and social care services, such as GPs, dentists, dieticians, opticians and chiropodists so that they received the care necessary for them to maintain their health and wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. For example, a person who had recently had a fall had been assessed by the 'falls prevention team' to determine how the risk could be better managed in the future.

Is the service caring?

Our findings

People told us that staff were kind and caring when supporting them with their care. One person said, “This is a lovely home, they are all friendly and caring. I couldn’t have wished for anything nicer.” Their relative told us that they had looked at other services, but they knew that this was the right one when they first visited. They also commented that being a small service meant that they got to know everyone really well adding, “It is like a big extended family.” Another person said, “The staff are all lovely people.” The person’s relative said that they were pleased that their relative was at the home because it was ‘a very nice home’. They were familiar with the home as they had previously visited a friend who lived there. Staff told us that they were caring towards people they supported. A member of staff said, “I really enjoy looking after the residents and making them happy.” Another member of staff said that they provided compassionate care to people living at the home and this was reciprocated adding, “It’s like a second family here, everybody gets on well.”

During the inspection, we mainly observed respectful interactions between staff and people who used the service. However, one member of staff appeared to be commanding and abrupt when supporting a person to move. We discussed this with the manager who said that the member of staff was known to be caring and they had never been concerned about how they interacted with people. They also said that the member of staff spoke loudly and this could be mistakenly interpreted as being abrupt and impatient. Although a number of people were not always able to engage in conversations, we observed that staff and others made an effort to interact with them as much as possible. One person told us that they had not been able to make friends because some of the people couldn’t speak, but was able to occupy their time doing other activities they enjoyed.

People were treated well and they were actively involved in making decisions about how they were supported. Their choices had been taken into account in planning their care and had been respected by staff. People said that they felt listened to, their views were acted on and were supported to maintain their independence as much as possible. People also maintained relationships with their family members and friends because they were able to visit them whenever they wanted. A relative we spoke with confirmed this when they said, “You are always welcomed and offered a cup of tea when you visit.” They also said that they felt at ease when they had not visited because they knew that their relative was well cared for. They added, “I know they will take care of everything [relative] needs.”

Staff supported people in a way that maintained their privacy and protected their dignity. We observed that a person who needed support with their personal care was prompted in a respectful way to go to their bedroom with a member of staff. We noted that staff also understood how to maintain confidentiality by not discussing people’s care outside of work or with agencies that were not directly involved in their care.

People had been given information in a format they could understand to enable them to make informed choices and decisions. We noted that when people started using the service, they had been given a range of information about the service. Records indicated that some people were able to understand this information, but other people’s relatives or social workers acted as their advocates to ensure that they received the care they needed. Also if required, people could be supported to contact independent advocacy services so that they had the advice they needed.

Is the service responsive?

Our findings

We found the environment was somewhat bland with no interesting pictures or items for people to look at, particularly those living with dementia. In some areas of the home, there was heavily patterned carpets that might not be suitable for people living with dementia. The manager said that they would review current guidance on environmental adaptations for people living with dementia and would incorporate these in their refurbishment plans.

People's needs had been assessed, and appropriate care plans were in place so that they received the care and support they required. The care plans showed that people's preferences, wishes and choices had been taken into account when planning their care and that they had been involved in this process. The provider also placed a particular emphasis on respecting people as individuals and providing personalised care. A person's relative told us that they had been involved in planning their relative's care and knew what was written in their care plans. They also said, "I can see [relative]'s care plans anytime and they let me know if there are any changes." In another person's care records, there was evidence that they and their relative had been involved in discussions about their care. The relative had also said that they only wanted to be involved in reviewing the care plans if there were changes to the person's care and this had been respected by the staff. Each person had an allocated keyworker who reviewed their care plans monthly or when their needs changed and there was evidence that this was being done regularly.

The service had an activities coordinator so that people were supported to pursue their hobbies and interests, and appropriate activities could be provided within the home.

When we spoke with them about this role, they told us about some of the activities they planned for people including skittles, art, reminiscing. They also said that they often took people for outings to have coffee or just for a drive. One person told us that they normally took part in activities provided within the home and enjoyed all of them. They also said that they did some knitting to occupy their time, but commented that they were no longer as good as they were when they were younger. The person told us that they enjoyed being in the garden during the warmer times of the year adding, "There's a lovely, big and accessible garden here. I sometimes also like to relax in the conservatory." We noted that it was mainly quiet in the lounge during the morning with no activities provided, but people became more interactive as the day progressed. We observed some people chatting with each other and a person reading a book. In the afternoon, staff offered people some books and magazines to read. A member of staff also chatted with some of the people in the lounge. The manager told us that people normally went out on a one to one basis, mainly at weekends. Once monthly, an entertainer visited the home to facilitate people's participation in music and acting. We were told people usually sang along and danced during these sessions.

The provider had a complaints policy and a system to manage complaints. The information about how to raise a complaint was displayed on a notice board by the entrance to the home and people we spoke with told us that they were aware of it. Although no complaints had been recorded in the 12 months prior to the inspection, people said that they were confident that any concerns they might raise would be investigated appropriately. They also said that they were happy with how their care was provided and felt no need to complain at present.

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a deputy manager. People and their relatives knew who the manager was and they were very complimentary about the support she had given them. A person's relative said, "She's lovely. She takes an interest in people and their families." Staff told us that the registered manager provided stable leadership, guidance and the support they needed to provide consistently good care to people who used the service. A professional we received feedback from said, "I have found [registered manager] to be very helpful, informative and understanding."

Staff felt valued and that their role was important in ensuring that people were provided with the care they wanted. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. Staff said that these discussions ensured that they had up to date information so that they provided care that was in line with current guidance. Staff also said that they felt empowered to contribute towards the development of the service and any suggestions they made were respected and considered.

The provider encouraged people, their relatives, and health and social care professionals to provide feedback about the quality of the service. We saw that they sent out annual surveys so that they had the information they needed to make continuous improvements. The results of the most recent survey showed that most people had rated the

service as 'excellent'. Other compliments from people and their relatives supported the view that on the whole, staff were very good at providing care that met people's individual needs. This was also the view of the four professionals who gave us feedback. One professional's comments showed that this was a learning organisation that was willing to develop. They said, "They fully engage with training and are receptive to any advice or feedback that is given to them." Where people had raised specific concerns, we saw that the provider had responded appropriately by making the required improvements. For example, some of the people had said that there was not enough choice of food and more options were offered as a result. This demonstrated that the provider was being responsive to the needs of people who used the service. Meetings were also held regularly with people who used the service to give them further opportunities to provide feedback and contribute to the development of the service.

The manager completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records, health and safety of the environment, medicines management processes and food hygiene. They also completed an annual quality review and they were currently in the process of reviewing their audit systems so that they were in line with the new regulations under the Care Act 2014. We found robust record keeping had been maintained in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored.