Care Worldwide (Wednesbury) Limited

Kelvedon House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

Kelvedon House is registered to provide accommodation for 52 people who require nursing or personal care. People who live there may have a dementia type illness or a learning disability. At the time of our inspection 48 people were using the service. The service is delivered across three units, Park View, Jobs Way which is predominantly occupied by people who are experiencing a dementia type illness and the LD Unit which supports people who have a learning disability.

Our inspection was unannounced and took place on the 26 and 27 May 2015. At our last inspection in July 2014 the provider was not meeting the regulations which related to supporting workers. Evidence that we gathered during this, our most recent inspection, showed that improvements had been made.

The manager was registered with us as is required by law. 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.

People and/or their relatives told us they felt confident that the service provided to them was safe and protected them from harm. Staff we spoke with were clear about

Summary of findings

the how they could access and how to utilise the providers whistle blowing policy. The registered manager was able to demonstrate learning and changes to practice from incidents and accidents that had occurred within the service.

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that were able to raise any concern they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. However, care plans for people with Deprivations of Liberty Safeguards (DoLS) authorisations did not provide enough guidance as to how the person could be supported without restricting them unnecessarily.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. The lunchtime experience was overall relaxed and positive for most people. People were supported to access a range of health and social care professionals to ensure their health needs were met.

Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Information regarding how to access local advocacy services was clearly displayed. Staff were aware of how and when to access independent advice and support for people.

People and their relatives were involved in the planning of care and staff delivered care in line with peoples preferences and wishes. Staff supported people to access support for their spiritual or cultural needs.

Information and updates about the service was made available to people and their relatives, in meetings and with the use of a number of notice boards. The complaints procedure was made available in a variety of formats to maximise people's knowledge and understanding of how to make a complaint.

People, relatives and professionals spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were not always effective. The registered manager showed us new documentation that was currently being implemented to improve and to develop more consistency in care records.

Quality assurance audits that were undertaken regularly by the provider. The registered manager had identified some of the issues we found during our inspection with records and the environment; but these had not been rectified in a timely or effective manner. The registered manager demonstrated to us that she had reported the environmental issue for several months to the provider. This meant the provider was aware but had not taken action.

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.

Suitable amount of staff were on duty with the skills, experience and training in order to meet people's needs.

Medicines were stored, handled and administered correctly.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Good

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

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

Records for people who had a DoLS authorisation did not demonstrate how their care was planned to ensure staff adhered to the requirements of the authorisation.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

The mealtime experience of people was not consistently organised across the service.

Requires Improvement

Is the service caring?
The service was caring.

We observed staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people and their relatives, using a variety of formats.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

People and their relatives were actively involved in planning care.

Activities offered within the service were focussed on people's interests and abilities.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Good

Summary of findings

Is the service well-led?

The service was not always well-led.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

The manager and providers own quality assurance systems had identified some of the issues we found during our inspection, but had failed to deal with them in a timely manner.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.

Requires Improvement 

Kelvedon 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 26 and 27 May 2015 and was unannounced. The inspection was carried out by two inspectors.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We also used the Short Observational Framework for Inspection (SOFI) during the lunchtime period on Park View. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service, two relatives, four staff members, the cook, the activities coordinator, the deputy manager and the registered manager. Not all the people using the service were able to communicate with us so we spent time observing them when interacting with staff to determine their experience of the service. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to five people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, five medication records and a variety of quality assurance audits.

Good

Is the service safe?

Our findings

People who were able and/or their relatives we spoke with told us that they felt the service was safe. One person told us, "Now I am settled in I do feel safe". A relative said, "I feel happy knowing she is safe here; the staff know how to look after her".

Staff were clear about their responsibilities for reporting any concerns and described the procedures to follow if they witnessed or received any allegations of abuse. They were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to. Staff had received training in how to protect people from such abuse or harm. One staff member said, "I know how to protect people from abuse and have had to fill out forms after an incident in the past to send to the local safeguarding people".

People told us they were encouraged to raise any concerns or any worries they had. One person said, "There is always someone around to talk to if you are worried". A relative said, "If you have any concerns the manager will always talk to you and try to sort it out". People and their relatives told us that staff were approachable and listened to and acted on any concerns they had.

People or their relatives told us they had been involved in establishing and assessing any risks to them and have their say in how they were managed. Assessments had been completed in respect of any potential risks to people's health and support needs both within the accommodation and/or in community. We saw that they referred to the individual's level of ability and provided guidance about how to reduce potential risk of harm or injury when people were being supported with a range of activities. For example, through our observations we were able to see how staff supported people who were nutritionally at risk of malnutrition to eat and drink sufficient amounts to reduce these risks. Records we reviewed showed inconsistencies in the updating of some risks when people's needs had changed; for example, when falls had occurred. However staff we spoke with were clear about the current risks and related support needs in relation to the people using the service.

We saw that learning from incidents was shared to reduce risks to people and enable improvements in the future. For example, following one recent incident alarms had been fitted to a number of bedroom doors to alert staff when people entered other people's rooms inadvertently. People and their relatives had been consulted with by the provider to agree these measures. Records of incidents were appropriately recorded with learning or changes to practice seen documented following incidents or accidents. Staff told us that learning or changes to practice following incidents were cascaded to them at shift handovers or staff meetings.

We found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they were allowed to start work. We checked four staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). 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 concern.

We saw that there were sufficient numbers of staff available to assist people. We observed people being responded to in a timely manner, including those using call bells for assistance. One person said pointing to their call button," They [staff] always come when I need them". A second person told us, "There is always someone around to help me". One relative said, "Staff are always around and happy to help". We saw that people's level of dependency was assessed on admission and reviewed as their needs changed; the registered manager told us that they reviewed staffing levels regularly and planned rotas in line with peoples identified dependency levels. A staff member stated, "There is always enough staff on duty to do what people want or need".

Disciplinary procedures within the service were reviewed. The provider had taken appropriate action by internally investigating any allegations, cooperating with external agencies and dealing with the staff involved in line with their own policy, when incidents had arose.

The service had safe systems for managing medicines. People who were able and relatives we spoke with told us they were happy with how the service managed medicines. One person said, "I get my medicines at the right times". A relative told us, "They [staff] seem to give them as they should; I have no concerns". We saw that the registered manager undertook medication competency checks annually or more often when concerns arose about an individual's performance. We found that medicine

Good

Is the service safe?

administration records were completed fully without any unexplained gaps and confirmed that people had received their medicines as prescribed by their doctor. Medicines were stored in accordance with the manufacturer's guidelines and supporting information for staff to refer to was comprehensive to support the safe and consistent administration of medicines. We found effective arrangements in place to check medicine stock levels. The registered manager and the provider undertook regular medicines audits.

Requires Improvement

Is the service effective?

Our findings

Our previous inspection of July 2014 identified that there were breaches with the law concerning training that was required for staff. We found that about a third of the staff team needed to complete training updates for manual handling, mental capacity and deprivation of liberty safeguards. At this, our most recent inspection we saw that action had been taken and that staff had and continued to receive the training they needed.

We spoke with staff about how they were supported to develop their skills to meet people's needs effectively. Staff told us they were provided with a variety of training which they felt had equipped them to perform their role effectively. One staff member said, "I have had all my updates recently". Staff working on the dementia care units told us they had received specific training to meet the needs of people with the illness.

Staff we spoke with knew people well and were able to discuss their needs with us in detail and describe how they met them. One person said, "Staff are ever so good here; I think they know what they are doing". A relative told us, "I can't fault the carers and how well they take care of my wife".

New employees were provided with an induction which included basic training, familiarising themselves with the providers policies and procedures and shadowing a more senior member of staff before undertaking all aspects of their role fully. A staff member told us, "All new staff are given an induction". Staff we spoke with were complimentary about the induction they had received. In addition to the standard training on offer, staff were enrolled onto the training linked to the Qualification and Credit Framework (QCF) upon completion of their induction. This is a vocational qualification in health and social care, which aims to further staff knowledge and skills.

Staff received regular supervision and an annual appraisal. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss elements of good practice. A staff member told us, "My supervision is done by the unit manager every few weeks; I also have an appraisal to discuss any training I need". Staff we spoke with told us that the supervision they received was of value to them. Staff meetings were well attended; records showed they had been used to gather staff feedback and further embed best practice and learning.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. If restrictions on people's freedom and liberty are identified, these need to be assessed by an appropriately trained professional; this relies upon the provider submitting applications for consideration to a 'Supervisory Body'. We saw that the provider had appropriately identified and referred people using the service for consideration by the supervisory body, in this case the local authority for authorisation of DoLS.

We reviewed the records for one person who had a DoLS authorisation but no specific care plan had been developed that contained information pertinent to the authorisation. Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in some care settings who lack capacity and may need to be deprived of their liberty in their own best interests to protect them from harm and/or injury. Staff we spoke with knew how to support the person in line with the authorisation, for example, when the person was refusing personal care. We spoke to the registered manager regarding this and they said they would rectify this and ensure a plan was developed accordingly.

Staff told us that they had undertaken training and were able to discuss with us the relevance of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). A relative told us, "Staff always talk through everything they are helping my wife with, to make sure she is happy". We observed that people's consent was sought by staff before assisting or supporting them. Records showed that people's mental capacity and best interests had been considered as part of people's initial and ongoing assessment.

On the LD Unit people were supported to purchase and prepare the food they liked as part of their daily living activities. Staff told us that people on the LD unit met with staff each week to plan their menus and make shopping lists. We observed that at lunch time staff were responsive to people and arranged the dining room, including turning

Is the service effective?

down loud music ready for people to enjoy their meal in a suitably relaxing environment. We observed staff assisting people to eat at a slow steady pace, chatting with them and also encouraging them to take fluids.

On Park View Unit and Jobs Way Unit meals were prepared for people by the kitchen staff. We observed lunch being served on Park View and Jobs Way. Two choices of main meal and two desserts were on offer. One person told us, "The food is very good; they [staff] do insist on asking you if you want more; you are always given plenty". Another person told us, "I can have my meals in my room or come out for them; they [staff] let me decide". A relative told us, "The food is alright; it's a decent meal". Another relative told us, "The food is really good here; I often eat here". People were encouraged to help plan menus at meetings. A staff member told us, "Meetings are organised for people to discuss food choices". We observed staff taking a sample of the meals on offer, on plates to each person to help them decide which meal they would like to eat; they also described what each meal contained. We saw staff offering people alternatives from the menu and extra portions. People who were able and/or relatives told us they were consulted about their likes and dislikes. Meals were nutritionally balanced with people's specific dietary and cultural needs catered for. The chef told us that changes to people's nutritional needs were communicated to them by staff, which they kept records of for reference. Staff we spoke with knew which people were nutritionally at risk. We observed staff encouraging and revisiting people who were less motivated to eat and drink adequately.

We observed that the dining experience on Jobs Way Unit was less organised or relaxed as that of our experience on Jobs Way. For example, we saw one person waiting to be assisted with their meal when others around them had finished. This same person was also not provided with a suitable clothes protector but was instead supplied with a blue plastic apron. We spoke with the registered manager about our observations. She advised us that much work had been done to improve the dining experience in recent months and she was surprised by our comments. She said she would address these concerns with the staff concerned straight away.

The provider supported people to access the healthcare they needed to promote good health and well-being. People who were able, their relatives and staff confirmed that health needs were identified and met appropriately. One person told us, "They [staff] are good when you don't feel well". We observed staff responding to someone who was not feeling well; they provided them with comforting words and discussed practical options about how they may be able to support them and alleviate their discomfort. A relative said, "Staff give my wife the help she needs when she is unwell; they are very good like that". People and /or their relative told us they had routine health checks with the dentist and optician. Records showed people were supported to access a range of visits from healthcare professionals including more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

People we were able to speak with and their relatives described how caring and kind staff were. One person told us, “You won’t find better staff than these; they really do look after us”. Another said, “Staff are very friendly and kind; all of them”. We observed staff interactions with people and saw they had a relaxed and friendly approach towards them. A relative said, “I find the girls all lovely, they are all really helpful”. Another relative told us, “Can’t fault the carers, they are very good”.

During our visit we spent time in the communal areas and saw that people were well supported and staff responded to them in a way that met their individual needs. Staff we spoke with knew people very well and this was demonstrated through the interactions we observed. Practical action was taken by staff to relieve people’s distress and discomfort, for example we saw staff comforting one person who was anxious by using specific distraction techniques that the person clearly responded to.

Relatives told us they were consulted and involved in their relatives care. One relative said, “Staff keep me informed about my wife’s care”. Consideration was given to ways in which people could be actively involved in expressing their views about their care, for example resident meetings took place to share information and listen to people’s views. We saw that people had been given the necessary information about their care in such a way that optimised their ability to understand; such as pictorial, verbal, non-verbal or written formats. We observed staff interactions with people and these were done in a way that supported people to understand and make decisions.

People were encouraged by staff to remain as independent as possible, particularly in relation to the activities of daily living. A person told us, “The staff get me to do as much for myself as possible”. We observed people moving around freely whilst staff remained evident to ensure their safety and to assist them as necessary. One staff member told us, “I make sure I treat people how I would want to be treated. I talk people through everything I want to do or am doing”. People’s dignity and privacy was respected when staff were assisting them for example, we observed staff adjusting peoples clothing to maintain their dignity. We saw that a number of staff had signed up to the Dignity in Care Initiative which provided them with a toolkit of resources and educational materials. The initiative encourages people to challenge and influence others, promote the issue of dignity as a basic human right and to stand up and challenge disrespectful behaviour. Staff and the managers told us their involvement in the initiative had had a positive effect upon staff challenging each other in respect of a range of issues related to how they support people. However we saw that staff observing care that was provided at lunchtime to one person did not challenge their colleague at that time, about the level of dignity they were allowing the person.

Information about a number of local advocacy services including their contact details were clearly displayed in the building. Staff we spoke with knew how to access advocacy services for people.

Good

Is the service responsive?

Our findings

People who were able and their relatives told us they felt involved in and able to express their views about their care and support needs. One relative told us, "I have been involved in deciding what care and help is needed". Another told us, "I have been shown the paperwork with all the information on that the staff follow".

Assessments had been completed to identify people's support needs. Staff described behaviour that challenged that one person exhibited regularly when they became 'agitated'. They described what might be done to help and support this person at such times. However, when looking at this person's care plan there were no details of what was known about any triggers or potential causes of their agitation or what options there were for staff for helping them manage it. This meant that people who were familiar with the person knew how to support the person through familiarity, however if the staff member was new or an agency worker they may not have all the documented information they needed available to them. We reviewed a number of care plans and found they lacked some detail and would benefit from being updated. Staff we spoke with demonstrated that they knew peoples current needs. Care records we reviewed in relation to people who lived on the LD Unit were more comprehensive in content and had been reviewed and updated in a timelier manner.

People who were able and their relatives told us they felt staff communicated with them effectively. One relative described how they regularly had open communication with the staff. For example, they told us they were encouraged to provide guidance to staff about how best to approach their relative, particularly when they had first starting using the service. We saw that the provider used noticeboards in the reception area and communal corridors for updating people or their relatives about events and results from surveys that people or their relatives had completed.

People and their relatives had been asked about any cultural and spiritual needs they may wish to pursue as part of their initial assessment. Records showed aspects of peoples lifestyle choices had been explored with them or their relatives. We saw that people were supported to maintain their religious observances and were provided with food that met their cultural needs.

People's rooms had been personalised and displayed items that were of sentimental value or of interest to them. Activities were on offer throughout the week, both planned and ad hoc. A person told us, "My family can visit whenever they want; the staff do encourage me to take part in things, but never force me to if I don't fancy it". Another told us, "I play dominoes and help do some jobs around the place". One relative told us, "They do try to do various activities with her [my relative]; it's difficult for her to concentrate for long". Another relative stated, "She was out all day yesterday; they have shows put on and singers, birthday parties and go out regularly on the bus". At the time of our inspection the service had one dedicated activities coordinator and a full time designated mini bus driver. Staff were also responsible for undertaking individual activities with people. One staff member told us, "People on the LD Unit have activity plans in place and they say throughout the day what they want to do; we go to town, shopping, the park or do in house activities; there is always enough going on here". Another staff member told us, "Could be more to do; we do as much as we can". People who were able or their relatives we spoke with said they were happy with the level of activity on offer. We observed staff occupying people and attempting to get them involved in activities during our inspection; a number of people had also gone to the local park with staff support.

People and their relatives told us they were aware of how to make a complaint. Staff we spoke with gave a clear account of what they would do if someone complained to them. This included trying to deal with the complaint initially and/or reporting it. We saw that the provider had taken account of complaints, acknowledged, investigated and responded to them in a timely manner. Information about how to make a complaint about the service was in an accessible area in a variety of formats, for example we saw pictorial versions; these would maximise people's ability to understand how to make a complaint. No one we spoke with had had cause to make a formal complaint. Responses we saw showed that the provider encouraged the complainant to contact them again if they were dissatisfied with the response they received.

Requires Improvement

Is the service well-led?

Our findings

People who were able and/or their relatives told us they were happy with the service provided to them. One person said, "I like it here; I couldn't find a place where I would be better treated". A relative told us, "They do the very best they can here".

People, staff and their relatives spoke positively about the leadership of the service. One person told us, "I think the manager is good". Another said, "The place is run very well". A relative said, "The manager does a good job with the place". The registered manager demonstrated a good level of knowledge about the people who used the service and their support needs. One staff member told us, "I actually love working here". Another told us, "I wouldn't do anything different if I was in charge".

The registered manager understood their legal responsibilities for notifying us of deaths, incidents and injuries that occurred at the home or affected people who use the service. We reviewed the notifications received from the service prior to our inspection and we found incidents had been appropriately reported in a timely manner. Staff we spoke with understood the leadership structure and lines of accountability within the service; they were clear about the arrangements for whom to contact out of hours or in an emergency. Emergency on call contact numbers were clearly displayed around the home.

The registered manager told us the provider was very supportive of them and approachable in relation to any ideas they had about how to develop the service. We saw that some areas of carpet in the corridor and dining room on the LD unit were in need of repair/replacement and could potentially be a trip hazard for people; although no accidents had occurred as a result. The registered manager told us this had been raised with the provider on a monthly basis for some months now; we saw that the issue was included on the services action plan, awaiting completion. The registered manager agreed to raise this issue again as a matter of urgency.

The provider used a variety of methods in order to listen to and gain feedback from people who used or were involved with the service. Meetings for people were regularly held; subjects discussed included activity and menu planning. We saw that people who were able and their relatives had completed surveys on an annual basis. The results from these had been collated and clearly displayed; including any actions to improve as a result of comments made. A relative told us, "I did the survey and saw the results were there for us to look at". This demonstrated that the provider actively sought people's views about the service, shared the results and how they intended to act upon these.

Staff meetings were held regularly, with a good level of attendance. In these meetings information of importance about the service was cascaded and staff told us they were given an opportunity to provide their feedback. Staff we spoke to told us that the management of the service was supportive them. One staff member said, "There is always someone senior around to speak to". Another said, "We get the support we need".

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow. The registered manager gave us working examples of how she had protected whistle blowers working within the service and how they had conducted investigations in an objective manner. Staff were able to give a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the office. A staff member said, "I know how to and would whistle blow if I had to".

The registered and deputy manager told us that they periodically performed "spot checks" including night and weekend visits. Staff we spoke with confirmed that the managers came in unexpectedly at different times of the day or night. The managers conducted daily 'walk abouts' around the units to assess the quality and safety of the service being delivered. They were in the process of developing documentation to formalise this process.

The regional manager visited the service each month and undertook a number of quality assurance audits of the service; we saw that when issues or omissions were identified these were noted and added to the services action plan for improvement. The registered manager also undertook a number of audits each month. However, although the quality assurance systems had identified some of the issues we saw in people's care records and with the carpet in the LD unit, the provider had failed to take the necessary action in a timely manner to rectify these issues. We saw that on the whole any areas

Requires Improvement

Is the service well-led?

highlighted as requiring attention were reported and action was taken to rectify any issues. Systems were in place to ensure the safety of equipment and premises, for example regular fire alarm tests.