

Ranc Care Homes Limited

Kesson House Care Home

Inspection report

Council Avenue
Northfleet
Gravesend
Kent
DA11 9HN

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out an unannounced inspection on 22 September 2016. At our last inspection on 1 December 2014 all standards inspected were met.

Kesson House provides care for up to 38 people who may be living with dementia and there were 30 people using the service on the day of the inspection. The home is situated in Gravesend, Kent.

There was a registered manager in place at the time of the inspection. 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 administering and recording of medicines were not always carried out safely and according to the homes policies and procedures. There were issues identified with recording temperatures in the clinical room, discrepancies with signing and the use of handwritten medicine administration records (MARS) as well as following guidance in relation to 'when required' medicines, known as PRN.

Incidents and accidents were appropriately recorded. However they were not always monitored appropriately in order to identify and minimise risks.

There were risk assessments on each of the care records we looked at. These assessments were specific to the individual, for example, where a person had diabetes, the risk was assessed in relation to diet and nutrition and the risks relating to high and low blood.

There were regular checks and audits taking place to monitor the quality of the service.

There were systems in place to safeguard people and staff had a good understanding of the different types of abuse and the signs they would look out for. There were appropriate arrangements in place for responding to emergencies and evacuating the building.

Recruitment practices ensured staff were appropriately checked prior to employment to ensure they were suitable to work with the people using the service. There were sufficient staff available and deployed to meet people's needs.

Staff received training and support to help them carry out their work role and demonstrated good knowledge on the subjects they were asked about, including promoting independence, choice, dignity, engagement and person centred care.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to describe people's rights and the process to be followed if they were identified as

needing to be assessed under DoLS.

People were supported to eat, drink and maintain a balanced diet. There were up to date menus displayed in the dining room. People told us they enjoyed the food and that they were involved in choosing the menus.

People were supported to keep well and had access to the health care services they needed.

Staff received training on equality and diversity and the service had policies and procedures in place for staff to refer to. Aspects of people's unique needs relating to this were included in peoples care plans, including race, sexual orientation and beliefs.

A copy of the complaints leaflet was on display on the notice board at the service. Staff knew how to support people appropriately to make a complaint.

There were mechanisms in place to ensure people and their relatives had regular feedback. This included regular residents meetings, resident surveys and regular discussions with management.

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 not always safe. There were not always suitable arrangements in place for the safe recording and administering of medicines, in line with the provider's medicines policy.

Accidents and incidents were not always monitored appropriately to identify and minimise risks.

Staff knew how to report concerns or allegations of abuse to ensure appropriate procedures were used to keep people safe.

Individual risk assessments were prepared for people and measures put in place to minimise the risks of harm.

There were sufficient staff on duty throughout the day and night to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective. Staff received induction training and mandatory training to ensure they had the appropriate skills and knowledge to support people effectively.

People had access to a GP and were assisted to receive on-going healthcare support.

People were supported to eat drink and maintain a balanced diet. There were up to date menus displayed in the dining room and people were involved in choosing the menus.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Good 

Is the service caring?

The service was caring. Staff understood people's individual needs and supported people in a dignified way.

Information from assessments about people's beliefs, preferences and history were included in care plans to ensure equality and diversity was upheld.

Good 

There were advance care plans on some people's records. This included instructions by the person as to how and where they wished to be treated at the end of their life.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their needs.

People's voices were heard through a number of ways including meetings between staff and people using the service. Feedback was considered and acted upon.

Information regarding how to make complaints was available to people using the service and their relatives. Policies and procedures were in place to ensure complaints were addressed effectively.

Is the service well-led?

Good ●

The service was well-led. The service promoted a positive culture and the home was well-run.

There was a clear management structure in place and people who used the service and staff were fully aware of roles and responsibilities of managers and the lines of accountability.

Audits and checks were being carried out.

Kesson House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 22 September 2016 and was unannounced. The inspection team included one inspector, a specialist advisor with expertise in dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.' We also reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

During the inspection we spoke with six people who used the service and three relatives. We spoke with six members of staff including the registered manager and area manager. We also spoke with two health professionals from the rapid response team and two district nurses.

We reviewed five care records, four staff records as well as policies and procedures relating to the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

Is the service safe?

Our findings

People told us they felt safe and relatives we spoke with said they thought that the home provided a safe service. Some of the comments from people when asked about whether staff knew how to keep them safe and identify potential risks, included, "Yes, in general they do," "Yes, and I feel safe because it is a safe place to be."

Medicines that needed to be kept cool were stored appropriately in a locked refrigerator in this area. However, according to their policy and procedures, the temperature in the clinical room and the refrigerator should have been checked and recorded twice daily. We saw that on nine occasions over the past two months recordings had been missed.

We saw three discrepancies in relation to the signing of Medicine Administration Records (MAR). One person was prescribed medicines daily, however, the MAR sheet was not signed from the 18 to 21 September 2016. Another person was prescribed medicines to be given twice a day, but it had only been signed confirming it had been given once a day. A third person did not receive their iron supplement for over a four day period as there was none available. The registered manager confirmed that this had been ordered but there was a delay in obtaining a prescription from the local GP. We also saw an overstock of insulin in the fridge.

Although Keeson House's own policy states that creams, ointments and lotions once opened should have an opening date and the expiry date marked on the container. However, we found this practice was not always being followed and there may have been a risk of expired medicines being administered.

This was also identified by the organisations own internal audit and the audit carried out by the external pharmacist on the 16 August 2016. However, this had not been rectified and there was not action plan in place to ensure it was being addressed.

The medicines policy and procedure states that 'Hand-written medication administration records should only be used in exceptional circumstances and created by a member of staff with the appropriate medicines administration training for the setting. The hand-written record must be checked and verified by a second member of staff with the same training before first use.' We found occasions where handwritten records were used and this procedure was not being followed. This was also identified by the organisations own internal audit and the audit carried out by the external pharmacist on the 16 August 2016. However, this had not been rectified and there was no action plan in place to ensure it was being addressed.

The organisations own policy regarding the use of 'when required', known as PRN medicines, stated that, the exact time the medication was given and the amount given should be recorded on the MAR. We found on occasions, when PRN medicines had been administered that this information was not being recorded. It also stated that if PRN medicines were given on a regular basis, a referral for a review of medicines should be considered but this had not happened in one case that we looked at.

We discussed the shortfalls regarding medicines recording and administration with the registered manager

who confirmed that immediate steps would be taken to ensure the concerns we highlighted were addressed. We received an action plan the following day after the inspection which indicated that all of the issues identified had been raised with the relevant staff and steps put in place to prevent a reoccurrence.

We saw that incidents and accidents were appropriately recorded. However, there was one particular person where they had been reports that they were found on the floor eight times over a two month period. The person also had epilepsy. Although the person received appropriate medical support, the home could not demonstrate that the incidents were due to an accident or a post-epileptic seizure, as this was not recorded by staff. The registered manager informed us that she was taking immediate action to produce and implement a seizure chart to use for the recording of seizures. This was sent to us immediately after the inspection and included dates, times, how long the seizure lasted and what was the outcome. A number of other accidents and incidents were recorded and reports were produced, but there was no evidence that actions were being taken from the reports.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were risk assessments on each of the care records we looked at. These assessments were specific to the individual, for example, where a person had diabetes, the risk was assessed in relation to diet and nutrition and the risks relating to high and low blood sugars. This was clearly documented. We saw on each care record a risk assessment relating to the prevention of abuse. This outlined any areas where a person may need assistance, for example in the area of finance or when a person visited the local community. On one care record we saw the outcome for someone as, "I like to feel safe and secure and make my own decisions and choices."

We saw that people had a Personal Emergency Evacuation Plan (PEEP) on their record. Their PEEP identified the level of support they needed to evacuate the building safely in the event of an emergency.

Staff told us and training records confirmed that staff had received training in safeguarding adults. They were able to describe the process for identifying and reporting concerns and were able to give example of the different types of abuse that may occur. One care worker said, "If I was worried about any safeguarding issues, I would talk to the senior and make sure it got resolved." Another said, "I would report it straight away but I've never come across anything here." When asked about the whistleblowing procedures, staff spoke about going to senior management or contacting the local authority, police or the Care Quality Commission (CQC).

The registered manager understood her responsibilities for reporting safeguarding concerns and told us they would report any issues to the local authority safeguarding team and undertake preliminary enquiries. They were also clear that the local authority were the lead agency for coordinating safeguarding enquires and that they should also notify the CQC.

The registered manager confirmed that there was an agreed ratio for staff to the number of people they were supporting. They also confirmed that depending on people's level of need, staffing could be increased to ensure people were supported safely. People and relatives told us and from our observations, we saw there were adequate staff on duty during the day and they did not appear rushed. One care worker told us, "We have enough staff and if anyone is sick they can get bank staff or call someone who can work there day off. We are a good team here and someone is always prepared to help out."

We saw evidence that appropriate recruitment checks took place before staff started work. This included

obtaining two references, proof of eligibility to work in the UK and evidence of an enhanced Disclosure and Barring Service certificate (DBS).

Is the service effective?

Our findings

People and their relatives told us they thought the service was good and staff had the knowledge and skills to support them effectively. One person said when asked the question, "Yes different people have different ways but they are very good." Another person said, "Yes they're on the ball." A relative said, "They have shown care, concern, and empathy with residents, family members and those that want to be involved."

Staff had the knowledge and skills to enable them to support people effectively. Staff told us they received training and support to help them carry out their work role. This was confirmed in the training record and staff matrix we saw. All staff were required to complete an induction programme which was in line with the new care certificate. The service had recently introduced a work book to enable staff to work towards the competencies included in the programme. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

Training was up to date and there were systems in place to flag up when refresher training was due. Mandatory training included safeguarding adults, Mental Capacity Act, moving and handling, dementia, challenging behaviour, medication awareness, fire safety, food and nutrition. There were a number of other courses planned including supervision and appraisal and epilepsy. Staff told us they felt there was a reasonable amount of training that equipped them to carry out their role. They also told us that they felt able to approach the senior staff or the registered manager if they had a training or development need.

We saw evidence of supervision and annual appraisals taking place. However, although supervisions were not always consistent on the staff files we saw, staff team meetings were taking place monthly and notes were made available to staff after each one. Staff told us they felt able to raise issues at any time and did not need to wait for formal supervision with the registered manager or senior staff. One staff member said about supervision, "I find it very supportive; we discuss residents and lots of other things." The registered manager told us that planning supervisions with staff had been difficult over the summer months due to staff taking annual leave but that she was on track to ensuring it was brought up to date as we saw on two of the staff files that we looked at.

Care records contained signed consent forms for consent to care and treatment. They were signed by people themselves or an authorised representative. People and their relatives told us they were always asked consent by staff before they provided support. One relative said of staff, "They are very respectful, for example when providing mouth care; they are very considerate and understanding. Asking for consent and co-operation as well as observing protocols, doing exactly what they are meant to; from cleaning staff, chef, seniors, they have been exemplary."

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 lacked 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were familiar with the Mental Capacity Act 2005, and the need to obtain consent from those who used the service. One staff member told us that it was important to give people choice, they said, "Everyone's different, some have dementia and we use picture charts to find out what they would like."

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to describe people's rights and the process to be followed if they were identified as needing to be assessed under DoLS. At the time of the inspection, there were three DoLS authorisations in place and 13 applications had been submitted. Staff kept this under constant review.

People were supported to keep well and had access to the health care services they needed, including a GP. Advice from other healthcare professionals was incorporated into care plans to ensure that people received appropriate care and treatment. For example, records confirmed people had seen an optician, chiropodist, community dentist and district nurse where appropriate. Other specialists were consulted for specific health issues, for example the district nurses and specialist from the local rapid response team were assigned to people receiving end of life care.

People were supported to eat drink and maintain a balanced diet. There were up to date menus displayed in the dining room. People told us they enjoyed the food and they were involved in choosing the menus. We heard from relatives that the chef was very interactive with people in the home and gave us an example of how he had visited a person each day when they were unwell to see what they would like for their meals and often brought it personally to their room. Other people said about the food, "It's very good and we choose our meals." Another said, "Yes the food is lovely and if you don't like what's on they'll change it."

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person said when asked about the care and support provided, "They are very good especially when giving personal care." Another said, "Yes they are caring and they show it through little things like when they support you to do activities."

Positive, caring relationships had been developed with people, based on compassion and kindness. It was clear that the registered manager was motivated and committed to providing person centred care that made a positive difference to people's lives. This commitment was shared by the staff team. Staff took time to engage with people and demonstrated kindness and compassion. We saw staff taking time to engage in conversation with people and it was clear that they knew people well and understood what they liked to talk about as well as their needs and preferences. One particular comment from a relative stated, "The staff have been thoughtful, caring and responsive to [relative] needs and have liaised with external agencies when needed."

People and their relatives told us they were involved in making decisions about their care and support as well as developing and reviewing their care plan. One person said when asked, "I did have input and I got what I wanted."

Staff understood the importance of promoting independence and this was reinforced in people's care plans. Plans outlined clearly what level of support was required by a person and how it should be delivered. Staff gave us examples of how they respected people's dignity by making sure they were covered during personal care activities.

We saw there were advance care plans on some people's records. This included instructions by the person as to how and where they wished to be treated at the end of their life. The registered manager told us they were introducing advance care plans for all residents and said this was something that was always discussed now when people come to live at the home. A care worker spoke about the importance of keeping people comfortable at their end of their life as well as how important it was to work with family and professional to ensure the best possible care. A relative said about end of life care, "How they have handled [relatives] care has been exemplary and this has helped to make the situation more bearable for the family, to a level that it has given us peace of mind."

We saw that staff received training on equality and diversity and the service had policies and procedures in place for staff to refer to. Aspects of people's unique needs relating to this were included in people's care plans, including race, sexual orientation and beliefs. Staff told us this was an important part of supporting people and ensuring their needs were met.

Is the service responsive?

Our findings

People and their relatives told us they thought the service provided was responsive and met people's needs. Two relatives that were visiting on the day of the inspection spoke very highly of the support being offered to their loved one at a particularly difficult time. They told us that the staff were very responsive and flexible and always made sure their relative was comfortable. They said they were listened to and there was always open communication with the registered manager and staff.

Records contained within care plans included people's unique information as well as choices and preferences and how they wished to be supported. This information was used by care workers to ensure people were supported according to their needs. We saw that the home was in the process of changing the care plan model used previously and attempts were being made to make them more person centred. Each care record also contained an 'at a glance care plan' that provided a summary of the main care plan and included areas such as personal care, mobility, continence and activities. This 'at a glance' care plan was also used in emergency situations if a person needed to attend hospital as it would provide staff with the information required for daily living.

A monthly activity plan was displayed on the notice board in the home and a copy was left in people's rooms at the beginning of the month. There were a number of activities taking place during our inspection. For example, we saw people playing board games and staff were assisting them with remembering whose turn it was and generally reminding them about the rules of the game. There was lots of interaction, laughter and smiles coming from the group and they all appeared to be enjoying themselves. A daily newspaper produced by the home was used for reminiscence called 'The Daily Star' and this had been distributed to people. It contained information on what had happened fifty years ago to the day and included pictures and stories as well as a crossword and a puzzle. People told us they liked reading about past events and it often brought back happy memories for them. Other activities included visits from the hairdresser, pampering days and one to one time for individual people to spend as they wished.

People told us they were listened to and there were opportunities for their voices to be heard. Records showed that meetings were organised for people and their relatives on a regular basis. These were held on a monthly basis and we saw from the minutes that topics discussed included, activities, ideas for Christmas, menus and gardening. We saw that feedback and suggestions were acted upon.

A copy of the complaints leaflet was on display on the notice board at the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the registered manager as usually any concerns could be addressed by them promptly. People and their relatives told us they knew how to make a complaint if the need arose. One person said when asked about who they would complain to, "I will not complain because people do what they need to do." Another said, "It depends on what I'm complaining about but probably the manager." The complaint records showed that there had been five complaints in the past year and these had been recorded, investigated and the outcome was given to the complainant. We saw that any learning from complaints had been taken into account and used to make improvements to the service provided for people.

Is the service well-led?

Our findings

People, their families and friends told us that they thought there was a positive culture at the home and it was well run. One person said, "Everything is good and I think the manager is as she should be." Relatives we spoke with told us they thought the registered manager and the staff were excellent. They described a culture that was transparent and flexible to the needs of people and their relatives.

Staff were well supported through supervision and they met as a staff team each month which they said was useful. They told us that registered manager and the deputy manager were always approachable and supportive and had an open door policy. One staff member said, "If you have a problem she's brilliant. You can discuss anything with her." Another said, "I like her, I get on with her and respect her, she's a good boss."

There was a clear management structure in place and people, who used the service, relatives and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability. We saw how the senior care workers and deputy provided a good and effective link between management and the care workers.

People and their relatives told us they had regular feedback about the service from management and they also received a service user's guide with information about the home as well as who to contact regarding different aspects of their care and support. They also had an opportunity to ensure their voices were heard through regular residents meetings.

Regular audits and checks were undertaken by the management team. These included the checking of care records, medicine management and the analysis of accidents and incidents. However, we saw that issues identified in recent external and internal medicine and accident and incident audits were not addressed and there was no action plan in place to ensure practices were improved. This meant that the shortfalls identified from these audits had not been addressed to ensure staff did not make the same errors.

A resident's survey was conducted in June 2016 and the feedback was largely positive. We saw that some of the issues raised had been discussed and addressed in staff and residents meetings in order for improvements to be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service was not always ensuring the proper and safe management of medicines. Accidents and incidents were not always monitored appropriately to identify and minimise risks.</p>