

Ashmere Derbyshire Limited

Kidsley Grange Care Home

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 ●

Summary of findings

Overall summary

About the service: Kidsley Grange is registered for 21 beds and provides personal care and accommodation for older people and younger adults, people with a physical disability and people living with dementia. On the day of our visit 17 people were using the service.

People's experience of using this service:

People received support from staff who understood their role in protecting them from the risk of harm. Infection control procedures were in place to minimise the risk of people acquiring an infection. Risks were assessed and managed and people were supported to take their medicines in a safe way. The safety of people was enhanced, as the appropriate recruitment checks were done for new staff.

People enjoyed the meals available and they were supported to make decisions about the meals available, to ensure they met their preferences and dietary needs. Drinks were available to people throughout the day. Assessments were completed when people were unable to make specific decisions regarding their care. This ensured people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. People and their representatives were involved in their care to enable them to receive support in their preferred way. People had access to healthcare services and received coordinated support, to ensure their preferences and needs were met.

Opportunities to take part in social activities were available to enhance people's well-being. People were supported to maintain their cultural and faith needs and were treated with consideration and respect by the staff team. Information was provided in an accessible format to support people's understanding. People maintained relationships with their family and friends and were encouraged to give their views about the service. This included raising any concerns they had.

There were systems in place to monitor the quality of the service and drive improvement, this included; the refurbishment of the home, enhancing the service to commence electronic record keeping and ensuring that people received services that met their preferences and needs.

More information is in the full report below.

Rating at last inspection: Requires Improvement (report published 7 March 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we saw that improvements have been made.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Kidsley Grange Care Home

Detailed findings

Background to this inspection

The Inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors conducted the inspection over one day.

Service and service type: Kidsley Grange is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider and they provided us with feedback. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and one person's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home. We spoke with seven members of staff including the cook, the deputy manager, senior care staff, care staff and activities staff. We spent time with the registered manager and area manager during the inspection and a visiting mental health nurse who worked for the provider. We reviewed a range of

records. This included accident and incident records, three people's care records and medicine records. We also looked at three staff recruitment files.

We asked the registered manager to email audits to us, so that we could see how the provider monitored the service to drive improvements. We reviewed this information as part of the inspection process.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

At the last inspection in December 2017 the provider had failed to ensure comprehensive risk assessments were in place to minimise the risk to people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection to ensure risks to people were minimised and the provider was no longer in breach of Regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm and risk assessments were in place to guide staff, for example regarding people's mobility, skin care needs and nutrition.
- Staff had a good understanding of people's needs and preferences. We saw they responded well to support people when they experienced periods of distress or anxiety.
- Equipment was serviced as needed to ensure it was safe for use. Emergency plans were in place to ensure people were supported in the event of an emergency.
- Refurbishment was ongoing at the time of the inspection and risk assessments were in place to ensure people were kept safe.
- At the time of the inspection repairs were being undertaken to one of the boilers. This affected heating in some areas of the home and the cooking facilities at the home. The provider had ensured alternative heating and hot meals were provided by the provider's sister home. We saw that minimal disruption was in place to ensure the impact on people was minimised.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe at the home. One person said, "I do feel safe here. The staff are here if I need them and they are all very friendly." Information was displayed in the home about how to report any concerns and this included an easy read format; to ensure this information was accessible to people.
- People were supported to keep safe. One person told us how they went out on their own. We saw when they went out, staff checked with them that they had their phone, so they could contact the staff if they needed to.
- We saw the Herbert Protocol was in place for people. The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies, which encourages providers to compile useful information; that can be used in the event of a vulnerable person going missing.
- Staff had received training and knew how to recognise abuse and protect people from it.
- The registered manager understood their responsibilities to report concerns to the local authority

safeguarding team to protect people from the risk of abuse.

Staffing and recruitment.

- We saw and people, visitors and staff confirmed that sufficient staff were available to support people according to their preferences and needs. One person told us, "There is always staff around if you need them."
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely.

- People told us they were supported to take their medicine as prescribed. One person told us, "I get my medicine at the right time; I don't have to worry about that, the staff always remember."
- We saw that people received support to take their medicine at a pace that suited them and in their preferred way.
- Medicines were stored and managed safely and clear records were in place to demonstrate that people received their medicines as prescribed and in a safe way.
- Staff who administered medicine were trained to ensure they had the skills and knowledge required.

Preventing and controlling infection.

- The control and prevention of infection was managed. A programme of refurbishment and redecoration was ongoing. This included replacing flooring that had a malodour.
- Cleaning schedules were in place to maintain housekeeping standards.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves, aprons to prevent the spread of healthcare related infections.
- The home had been rated five stars by the food standards agency in April 2018. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

Learning lessons when things go wrong.

- Accidents and incidents were reviewed and actions taken as needed. The provider's systems enabled the registered manager to look for any patterns or trends; to enable them to take action as needed.
- When a person's support needs changed, the registered manager enlisted the support of specialist team to assess and support the person; to enhance their well-being and mental health.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed to ensure they could be met.
- Assessments included sufficient detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- New staff were supported with an induction and training programme and worked with experienced staff until their competency was assessed and they were able to work alone.
- Staff received training for their role and were provided with supervision on a regular basis by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet.

- People enjoyed the choices of food available to them. One person told us, "The food here is very nice, there is always more than one choice." Another person told us, "The food here is fabulous."
- On the day of the inspection the main meal was served in the evening, as the cooker was not in use at lunch time. We saw the lunch time meal consisted of a variety of sandwiches and cakes, with crisps and other snacks. Tables were laid with cloths, sandwiches and cakes were attractively presented on three-tiered serving plates. We saw people were encouraged to help themselves and supported as needed.
- Different diets had been catered for and people's nutritional needs were monitored. When concerns had been raised, health care professionals had been consulted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People had access to health professionals such as doctors, chiropodists, district nurses and community mental health teams.
- We saw that referrals had been made to a range of health and social care professionals when required to support people's changing health care needs.

- People told us they were supported to see a doctor if needed. One person told us, "If you're not well they get the doctor out."

Adapting service, design, decoration to meet people's needs.

- The home was undergoing refurbishment at the time of the inspection and assistive technology was in place and used to support people as needed. For example, call bells and sensor mats.
- The design of the building enabled access for people that used wheelchairs and people could walk around with or without staff support as needed.
- People were able to speak with their visitors in private if they wished to.
- Equipment such as hoists were available for people to move safely when needed.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- When people did not have the capacity to consent to some decisions, we saw capacity assessments were in place for each decision. These linked to the areas within the care plan to support how the person's care needs should be met.
- One person was under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- We saw people were treated with kindness and consideration by the staff team. One person told us, "All of the staff are so lovely. We have such a laugh together and it's just really friendly here." Another person said, everyone is so nice. They are friendly and they do anything you want." A relative told us, "We are always made to feel so welcome; it's such a lovely atmosphere here."
- People's life history was recorded in a document called 'About me'. This supported staff in getting to know people. Discussions with staff showed us that they knew people well which helped them to build positive relationships with people.
- Staff understood people's communication methods. We saw staff could communicate effectively. When people had difficulty expressing themselves, we saw the staff communicated with them through body language, touch and eye contact.
- Information regarding people's method of communication was recorded in their care plans. This included details about people's vision, hearing and any aids they used. One relative told us, "[Name] had their hearing and hearing aids checked yesterday."

Supporting people to express their views and be involved in making decisions about their care.

- People were enabled to make choices about the care they received. One person told us, "It's very relaxed here, just like being at home really. You can get up when you want, if you want a lie in that's no problem. I don't go to bed early and that isn't a problem at all." Another person said, "I do decide how I spend my day. If I am going out I will always let the staff know."
- Some people were less able to express their choices and we observed staff supporting them with decisions. They spent time explaining options or showed people objects to assist them.
- One person liked to sit in a particular area of the home throughout the day and all of the staff respected this person's wishes. They had a good understanding of the anxiety this person experienced and were clear on how to support them in their preferred way.

Respecting and promoting people's privacy, dignity and independence.

- Staff respected people's privacy. One relative said, "[Name] likes their own space and the staff respect that. They check on [Name] to make sure they are alright but they understand and respect their wishes."
- We saw that visitors were welcomed by the staff team and people could spend time with their visitors in private if they wished to.

- Staff were courteous and caring towards people. We saw that people's dignity was promoted when they were supported to use the bathroom; this was done discreetly and with consideration to the person.
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported to participate in social and recreational activities. Three activities coordinators were available to provide a programme of activities over seven days a week. We spoke with the activities coordinator on duty who was able to demonstrate they had a very good understanding of people's preferences. The activities provided were person centred and included everyone at the home, including those people who preferred to stay in their room. This was corroborated by the relative of a person that preferred to stay in their room. They told us, "[Name] gets a one to one with staff which they love. They like going out as well; they just don't want to participate in group activities; despite staff trying to promote this."
- On the day of the inspection we saw a variety of activities being undertaken such as a group karaoke with several staff joining in, including housekeeping and kitchen staff. We saw people singing along and enjoying the camaraderie. We observed one to one activities taking place. For example, the activities coordinator supported a person to bathe a baby doll. This was done in a gentle and caring way. The person was supported to do this at their own pace and we saw lovely interaction between the person and the activities coordinator with hand holding and singing. The activity was very meaningful to the person and enhanced their well-being.
- People were also supported to access the community. The activities coordinator told us, "People just want normality. We make a big deal of birthdays. We have organised a surprise party for [Name] at the pub and everyone is going. We have organised a Buddy Holly tribute as a surprise. We also have bistro evenings which are really enjoyed."
- People were supported to practice their faith and maintain their beliefs. Some people chose to go to 'tea and toast' at the local church. Another person attended meetings in the community for their chosen faith. We saw staff had a good understanding of people's faith and understood the importance of supporting them to maintain this.
- Staff knew people well and care plans were in place that were personalised, detailed and regularly updated.
- The provider complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was provided in an accessible format to support people's memory and assist them in finding their way around the home. This included visual cues in the dining area with pictures of food and drink. Memory boxes were in place outside bedroom doors. These had personal effects in, such as photographs of the person and their family and helped them to recognise their bedrooms. Front door laminates were in place on people's bedroom door; to provide a visual door aid for people living with dementia. Large print scrabble was available for a person with visual impairment.

Improving care quality in response to complaints or concerns.

- People were confident that they would be listened to if they raised any concerns. One person said, "I would tell the manager or any of the staff and they would sort it out for me." Another person said, "I don't have any complaints but I know if I did it would get sorted." A relative told us, "If there is anything, however small the manager sorts it out."
- There was information in the entrance of the home to explain to people how to raise concerns; this was provided in an easy read format to ensure it was accessible to people.
- The provider had a procedure in place to manage complaints. No formal complaints had been received in the last 12 months.

End of life care and support

- People had plans in place for the end of their life. Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care.
- There was no-one receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

At the last inspection in December 2017 systems had been audited but issues had not been speedily followed up in order to provide a safe service. At this inspection we saw improvements had been made.

- Audits were in place to monitor the service and drive improvement, where improvements were identified actions were put in place to address these.
- Staff felt supported in their role and told us the registered manager promoted a high standard of care.
- The provider employed a range of staff to promote continuous learning, such as a mental health nurse to support staff in assessing people's capacity and a dementia service manager to enhance staff's knowledge and understanding in supporting people living with dementia. Staff had participated in training on the Dementia bus. This provided staff with an experience of what living with dementia might be like, by creating a simulated environment.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The previous rating was displayed in line with our requirements.
- People's care was regularly reviewed to ensure it met their individual needs and preferences.
- Staff were clear on who they would report any concerns to and told us they would feel safe in doing this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff were supported and able to develop in their role. Staff confirmed they received regular supervisions and support from line managers to assist them.
- Staff spoke positively about the culture of the home, and described how much everyone cared about the people they supported and wanted to ensure they had good lives. One member of staff told us, "We are determined to be like a home like no other. If people have always wanted to do something we will do what we can to make it happen."
- All staff understood their roles and responsibilities and there were clear lines of delegation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The views of people and their representatives were sought and feedback received was responded to. For example, people had requested more interaction with children and this had been organised and provided by a local school and nursery. The children visited people on a regular basis and took part in crafts or baking and often put on a show for the people at the home.
- Relatives who had attended a residents and relatives meeting told us, "It was great, there was lots of interaction with residents. They were asked for their views on everything, meals, trips out, activities in the home. It was so lovely to see people being consulted and involved. We were very impressed."
- Staff had received training regarding different faiths and information was available to inform them about different religions, to ensure staff had an awareness of these and enable them to support people's faith needs.
- Staff had regular team meetings and told us they felt comfortable expressing their views and felt involved in the development of the service. We saw that all delegations of staff worked together to promote a high quality of care to people, ensuring their preferences and needs were fully considered.
- The home was in the process of transitioning to electronic care plans and the staff would be issued with a hand-held device to record all interactions in. This was to promote a more effective way of obtaining information and recalling it when needed.
- The home had a good working relationship with outside professionals such as the local district nursing team who provided advice and support regarding skin care and pressure relieving equipment for people; along with support when a person was receiving end of life care. Referrals were made to the relevant professionals regarding people's nutrition, mobility and general health care needs.