

Kiniths House Limited

Kiniths House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Our inspection took place on 8 September 2015 and was carried out by one inspector. The provider is registered to accommodate and deliver personal care to ten people who lived with a learning disability or associated need. Ten people lived at the home at the time of our inspection. We started our inspection early in the morning so that we could meet and speak with the people who lived there and staff in case they were out of the home later.

At our last inspection on 5 July 2013 the provider was meeting all of the regulations that we assessed.

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.

We found that medicine management systems needed some improvement so that people would consistently receive their medicine safely and as it had been prescribed by their doctor.

There were systems in place to protect people from the risk of abuse. Staff confirmed the reporting processes they should follow if they had any concerns about abuse.

Summary of findings

Staffing levels at the time of our inspection meant that people may not always receive the care and support they needed.

Mental capacity assessments were not used and staff understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) varied due to a lack of training.

Processes were in place to induct new staff to ensure that they had some knowledge when they first started work. Staff received supervision sessions and had the opportunity to attend staff meetings which provided support and development.

Staff felt adequately supported on a day to day basis in their job roles and received most of the training they needed to do their job safely.

People felt that the staff were nice and kind. Relatives felt that staff showed an interest in people and showed them respect.

People received input from a range of health care professionals. However, care planning was lacking in some instances as it did not always highlight people's health care needs.

People were offered meals that they liked and felt that the meals met their needs.

A complaints procedure was available for people to use and people told us that they would be happy to use it if they had the need.

There was little quality monitoring of the service. The provider had not always ensured that they informed us of incidents that they should have to comply with the law and there was a lack of evidence to determine that regular audits and checks had been undertaken.

You can see what action we told the provider to take at the back of the report.

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 not always safe.

Systems did not confirm that people were given their medicines as they had been prescribed by their doctor.

Staffing levels did not give assurance that people's needs could always be met.

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

Requires improvement



Is the service effective?

The service was not always effective.

Mental capacity assessments were not used and staff understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) varied due to a lack of training.

People received input from a range of health care professionals and were offered meals that they liked.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives described the staff as being kind and caring.

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

Visiting times were open and flexible to meet people's needs.

Good



Is the service responsive?

The service was not always responsive.

Care plans were not always produced to reflect people's health and care needs.

People were supported to maintain contact with their family.

Requires improvement



Is the service well-led?

The service was not always well-led.

Audit systems had not been used to ensure that the service was safe and being run in the best interests of the people who used it.

People and most relatives felt that the registered manager was visible and approachable.

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

Requires improvement



Kiniths House

Detailed findings

Background to this inspection

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

This inspection took place 8 September 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We asked local authority staff about the service, they told us that they did not have any significant information to provide.

We spoke with five of the people who lived there, the relatives of three people, three staff, the registered manager and the head senior. We looked at care files for three people, medication records for six people, recruitment records for three staff, training records, complaints and safeguarding processes.

Is the service safe?

Our findings

We saw that at least ten Medicine Administration Records (MAR) had been handwritten by staff. There was no second staff signature on the records to confirm that what had been written was correct to prevent errors. One medicine was for eye drops. The handwritten MAR did not highlight in which eye the medicine should be applied to. Staff we asked did not know that this checking process was needed but told us that they could see that there was a need to ensure that medicines were given correctly.

We saw that medicines with a short expiry were not always dated when they were opened. This increased a risk of medicines being used longer than the expiry date which could make them be ineffective.

One medicine had been prescribed as a variable dose in that depending on the person's pain levels one or two tablets could be given. The MAR did not highlight how many tablets had been given so did not confirm that staff were following the doctor's instructions.

We found that there were no protocols in place to instruct staff when 'as required' medicine should be given. This meant that there was a risk that the medicine could be given when it was not required, or not given when it was required.

We saw that there were initial gaps on some MAR this demonstrated that staff were not following safe medicine administration and recording processes.

We spoke with the registered manager about the medicine issues we had identified so that they could take action to address the issues to prevent a risk to people's health. They told us that they were not aware that protocols should be in place for 'when required' medicines or that care plans should be in place for medicines prescribed for a short term. The registered manager also told us that they did not carry out medicine audits and relied on their pharmacy provider to do this.

People we spoke with were happy that their medicines were looked after by staff. One person said, "I would rather the staff look after my medicines as I may forget where I had put them or forget to take them". Staff told us that they had received training before they were allowed to administer medicine and felt confident to manage people's medicines. Records we saw highlighted that local district

nurses had given staff training and deemed them to be competent and safe in giving a medicine that needed to be given in a special way. Staff told us that they had received this training and felt competent to manage people's medicines. We indirectly observed a staff member giving people their medicine. We saw that they explained to people that they were giving them their medicine and why. We observed that if they left the medicine trolley they ensured that it was locked to prevent unauthorised access.

All of the people we spoke with told us that they had not experienced behaviour or other from staff or anyone else that they were worried about. One person said, "Nothing bad all nice". Another person told us, "I have never had anyone doing things I don't like". A relative said, "No concerns".

Another relative highlighted that they had heard a staff member being 'sharp' with a person. However, they did not know the person or staff members name and could not remember the date of the incident. As we did not have any firm details we were not able to follow this through. All staff we spoke with told us that they had received training (and we saw training certificates on their files) in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. However, although the registered manager had reported some incidents of concern to the local authority safeguarding board they had not reported all incidents to us as is required by law.

A person told us, "The staff look after my money. I am glad as I know it is safe". We looked at the processes in place to safeguard the money of the people who lived there. We checked money against records and found that it was correct. However, the way that money was managed did not always give assurance that it was being appropriately safeguarded. Once a month people had a takeaway meal. We found that the total bill was divided between how many people had a meal. It was not a precise cost of each person's meal. This could mean that a person who had a cheaper meal still paid the same amount of money as people who maybe had a more expensive meal effectively subsidising other people's meals.

People told us that there were enough staff. A person said, "There are always staff when I need them". A relative told us, "There are always staff about when we visit". The registered manager told us that they had increased care staffing levels during the morning from two to three staff.

Is the service safe?

However, on the day of our inspection only two care staff were on duty. The registered manager told us this was because that week they were short of night staff due to holidays and the third day care staff member was covering nights. They also told us that they had not covered this staff member. Staff we spoke with told us that they felt that there should be three staff during the day. They told us at times they struggled to meet people's needs and ensure that they were safe. Records we looked at and staff and the registered manager confirmed that one person displayed behaviours that placed others at risk of physical harm. We saw that one person required assistance due to their limited mobility and other people required supervision to keep them safe. These factors highlighted that people's needs could not be consistently met if there were only two staff on duty. The registered manager told us that they did not use any formal process to determine the precise staffing levels required. They told us that they based staffing levels on the money paid by funding authorities. This did not demonstrate that there were always enough staff to meet people's needs. The registered manager told us that they were advertising for more staff to improve the situation.

Staff we spoke with gave us a good account of what they would do in emergency situations such as finding a person who used the service was injured or unconscious. A staff member told us that they would assess the situation, reassure the person, call for help from other staff and/ or emergency services and then make a record of the event. This demonstrated that the staff member knew of the provider's emergency procedures and would follow them to ensure that people got the required attention they needed.

The provider had processes in place to ensure that suitable staff were employed. Staff we spoke with told us that checks had been undertaken for them before they were allowed to start work. A staff member told us, "All the checks that needed to be done were carried out before I started to work". We saw that references had been obtained and a Disclosure and Barring Service (DBS) check had been undertaken for each staff member before they started work. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns.

Is the service effective?

Our findings

People we spoke with were happy with the service provided. A person said, “I think the staff look after me well. If I did not think so I would tell them”. Another person told us, “I think it is very good here”. A relative said, “I am happy and he [Their family member] is happy. He is well looked after”. Another relative told us that improvement was needed mainly regarding communication between them and the staff.

A staff member we spoke with said, “I had induction when I started. I went through policies and procedures, worked with experienced staff and had an introduction to people”. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place and the provider had introduced the new Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. Staff we spoke with told us that they felt supported on a day to day basis. Staff told us and records that we looked at confirmed that staff received regular supervision sessions where their performance and training needs were discussed. A staff member said, “We are supported by the manager and deputy”.

People told us that in their view the staff were adequately trained and experienced. A person said, “The staff know what they should do for me”. Staff we spoke with told us that in general they had received the training that they needed. A staff member said, “I have done most of the mandatory training I need. I feel able and competent”. Staff training records that we looked at confirmed this. The registered manager told us that they were in the process of accessing refresher training.

People told us that staff involved them in day to day decisions about their care. One person said, “The staff ask me before they do anything”. Relatives we spoke with told us that where more formal decisions about support were needed they were involved in meetings and discussions.

We found by speaking with staff that their knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) varied. DoLS are part of the MCA they aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Training records that we looked at did not confirm that all staff had received MCA or DoLS training. Although staff had some

understanding of these topics generally their knowledge was limited. We found that there was a lack of MCA assessments for people to highlight to staff people's mental capacity. This could prevent staff from supporting people appropriately. However, when we asked staff they knew that they should not restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices. The registered manager was more aware of MCA and DoLS and knew of the processes they should follow if there were MCA or DoLS issues. The registered manager assured us that they would secure training for staff.

A person told us, “If I am ill the staff would talk to me and get the doctor”. Another person said, “I have my eyes tested and go to the dentist”. All staff we spoke with told us that when there was a need they would support people to make doctor appointments and or access other healthcare professionals. This was confirmed by the relatives that we spoke with. Staff told us that when they identified that a person was in need of assessment and or/treatment from healthcare professionals they would discuss this with the person and/or their relative for them to take action or they would make the arrangement on their behalf. Records that we looked at also confirmed that people had an annual healthcare review by their doctor to help prevent ill health.

We saw that ‘hospital passport’ documents were in place. The aim of a hospital passport is to assist people to provide hospital staff with important information about them and their health. We saw that information was lacking that included people's date of birth and diagnosis which meant that the purpose of the document had not been fulfilled. We spoke with the registered manager who told us that they were not aware that this information had not been recorded.

A person said, “I am always given choices about what I want to eat”. Another person said, “The food is lovely”. A person said, “I like to get up later I do and have my breakfast when I get up”. Staff we spoke with told us that meal times were flexible to meet people's individual needs and wishes.

We saw that care plans mostly highlighted people's risks with eating and drinking and what people liked to eat and did not like. However, one person's records highlighted that their doctor had suggested that they should reduce their weight. Staff we spoke with knew about this but there was no specific care plan in place. Staff we spoke with knew of

Is the service effective?

people's dietary needs and risks and which people required support with eating and drinking. Records confirmed that where there was a concern staff had referred people to dietary and speech and language health care professionals.

A person said, "All day we are given drinks". We saw that people were offered hot and cold drinks regularly throughout the day to prevent dehydration. We saw that records were made of what people had to eat to monitor

that they had consumed sufficient to prevent malnutrition. We saw that care plans encouraged people to eat a healthy diet to prevent health risks. We indirectly observed the breakfast and midday mealtimes and found that meal times were relaxed and pleasant. Staff were available to give support and people were chatting and sounded happy. At lunchtime people had different meals some had sandwiches, others had hot options which included curry.

Is the service caring?

Our findings

All of the people we spoke with were positive about the staff. A person described the staff as being, 'Nice'. Another person said, "The staff lovely and kind and listen to me". A relative said, "I think the staff are all kind and friendly". Staff we spoke with all told us they liked their work. A staff member said, "I think that all of us staff here are caring". Our observations showed that staff listened to people, took an interest in them and were friendly towards them.

A person who used the service told us, "The staff are polite". A relative said, "I see that the staff are polite". Staff we spoke with all gave a good account of how they promoted privacy and dignity in everyday practice which included, ensuring that doors and curtains were closed and people were covered when undertaking personal care and support. People told us that they could spend time alone in their bedrooms reading or watching the television to have some private space when they wanted to. A person said, "I stay in my room sometimes when I want to be alone".

People and their relatives told us that they were involved in care planning and decision making this was confirmed by the registered manager. One person said, "I feel I am involved and the staff listen to me". A relative told us, "The staff do ask us our views if they [Their family member] cannot decide on things them self".

The registered manager told us and we saw records to confirm that if people were unable to make decisions a social worker or another external professional would be secured to assist them. We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that one person had the input of an advocate.

A staff member told us, "We should not discuss anything about the people who live here outside of work, to other people, or to other relatives". Staff we spoke with told us that they had read the provider's confidentiality policy. Staff we spoke with told us that they knew that they should

not discuss people's circumstances with anyone else unless there was a need to protect their health and welfare (such as social workers or the person's GP). We saw that people's care files were kept secure so that unauthorised people could not access the confidential information.

Staff encouraged and enabled people to be independent. A person said, "I like to do things for myself. I do cleaning and sometimes take my laundry downstairs". Staff we spoke with all told us that they only supported people to do things that they could not do. A staff member said, "We encourage people to retain their independence skills where possible".

People told us that they selected their own clothes to wear each day. A person said, "I always wear the clothes I want to wear". Another person said, "I choose my clothes everyday". Staff knew that people liked to dress in their preferred way. A staff member told us, "Everyone wears what they want to wear. We also support people to go shopping when they need new clothes". We saw that people wore clothes that were appropriate for the weather and their age and reflected their individual taste and styles.

People confirmed that staff communicated with them in a way that they understood. A person said, "I always understand what the staff say". Our observations during our inspection demonstrated good communication between staff and the people who lived there. We observed that staff and people understood what the other was communicating. A person said, "Staff talk to me and I understand". We saw that staff stood by people and faced them when speaking. We also saw that staff repeated things if they thought that the person had not understood what they had said.

People we spoke with told us how much they enjoyed seeing their family. One person told us, "I see my family every week and look forward to it". Another person said, "I see my family a lot they can visit when they want to". All relatives told us that they could visit whenever they wanted to. A relative told us, "The staff make me feel welcome when I visit".

Is the service responsive?

Our findings

A person told us, “I feel that the staff know me and my needs well”. Another person told us, “The staff know me very well”. A relative said, “The staff know them well [Their family member] and they are well cared for”.

A person said, “The staff talk to me about how I like things done”. Records that we looked at highlighted information about people’s likes and dislikes. All staff we spoke with gave us a good account of people’s likes and dislikes regarding their care and were aware of how people preferred to be supported. Staff we spoke with knew people’s needs. People told us that they had access to care plans. A person said, “That is my file you are looking at. I recognise it”. However, we found that care plans were lacking regarding people’s medical conditions. One person had episodes of behaviour that challenged the service but there were no instructions for staff to follow to inform them of what they should do regarding the behaviour. Another person had an on-going medical condition that would need careful monitoring but there was no care plan in place regarding this. A staff member told us, “When I first started I was shocked as I did not know about the condition. I was not told”. For other people basic information including their date of birth and diagnosis was not included in their care plans. This highlighted that the provider had not equipped staff with all of the information they required to meet people’s needs.

We heard the registered manager talking to people about allocating keyworkers. The registered manager asked people which staff they felt would be more suitable to be their keyworker. People gave the registered manager their view who told them that they would allocate the staff member to them. A person said, “Come and look at my bedroom. It has been redone. I chose the colour, it is my favourite”. People had been very much involved in the redecoration of their bedrooms to personalise them according to their personal taste and preferences. They had chosen the colours and those who needed them, new furnishings, and this made them happy.

A person told us, “I do a lot of things in the home and outside”. Another person said, “Oh we do lots of things”. Other people we spoke with confirmed that they were offered a range of leisure time pursuits. We found that some people attended college on a regular basis and enjoyed this. A person said, “I go to drama twice a week and really enjoy that”. People told us that they enjoyed going to an evening club on a regular basis, shopping and going out for meals. People also told us that they had really enjoyed a trip to the coast that they had been on the week before our inspection. We observed some people undertaking some household tasks which including wiping tables and table mats after meals. A person told us, “I enjoy doing this it makes me feel useful”. We saw that there were some chickens living in the garden. A person told us, “They are new. We look after them and we all like them”. Another person was pointing and to the chickens and smiling. People clearly liked the chickens and gained some benefit from them by looking at them and looking after them. However, staff told us and records highlighted that some people with more complex needs did not go out of the home as often as other people. We discussed this with the registered manager who told us that they were aware that improvement was needed and that they would contact the local authority regarding greater funding and support to ensure that those people’s recreation needs would be met.

People who used the service and their relatives told us that they were aware of the complaints process. A person said, “If I was not happy I would tell the staff”. Another person told us, “If I had a complaint about anything I would go to the manager. He would look in to it”. We saw that a complaints procedure was in place that was in a format that made it easy to read. A relative told us, “If I had any concerns I would speak with the manager”. The registered manager told us that they had not received any complaints.

Is the service well-led?

Our findings

Staff we spoke with told us that although, overall it was a good service, some improvements were needed which included staffing levels. A relative told us that they felt that improvements in leadership were needed in terms of communication. We found that improvements were needed in terms of the quality monitoring of the service to ensure that people would be safe and cared for in the way they wanted to be.

Although the provider had informed the local safeguarding authority, they had not notified us about all safeguarding issues that had occurred. It is a legal requirement that the provider informs us of safeguarding issues that happen.

There was a lack of evidence to show that regular audits and checks had been undertaken. The registered manager confirmed that they had not undertaken audits to determine if the service was being well-led and that staff were working as they should. The registered manager also confirmed that although the provider visited regularly, they had not undertaken any formal quality checks to ensure that the service was being run as it should. We found issues that should have been identified and addressed through management and provider quality monitoring, observation and speaking with people but this had not been done. These included, unsafe medicine administration and recording processes, a lack of care planning for specific medical conditions, a lack of management of behaviour that could challenge the service and the lack of mental capacity assessments and training for staff. This demonstrated that people could not be assured that the service provided was robustly monitored to ensure that their needs would be met and that they would be safe.

This is a breach of Regulation 17 (1)(2)(a)(b)(c) HSCA 2008 (Regulated Activities) Regulations 2014.

People we spoke with felt that the service was well led. A person said, "It is good here." Another person told us, "I think it is a good place well run". A relative said, "I think it is a good service". Another said, "I am very pleased".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager. A person told us, "The manager is very good. I like him. He is very approachable". Another person said, "The manager is very nice. I can speak to him and he listens". Two relatives we spoke with were

happy with the registered manager. A relative said, "I would have no problems approaching the manager if I needed to". However, one relative told us that they felt that communication could be better between them and the registered manager. The registered manager made themselves available and was visible within the service we saw them speak and interact with people. We observed that people smiled and chatted with the registered manager and looked relaxed and comfortable when doing so. Our conversations with the registered manager confirmed that they knew the people who lived there well. We found that the atmosphere of the home was warm and friendly.

People told us that they felt safe and were not at the risk of injury. A person said, "I am unsteady on my feet but staff help me". A relative told us, "He [Their family member is safe there]". The registered manager told us that they did not undertake regular analysis of falls and incidents without this it could be difficult to determine patterns and trends to prevent potential accidents and incidents.

People told us that they had meetings with staff and that they felt listened to. A person said, "We have meetings and can talk about food and outings. We asked to go to the seaside and we went last week". Staff we spoke with confirmed that they had meetings with people to determine their views and to ensure that meals and other aspects of the home were to their satisfaction.

Staff told us that they felt supported by the provider. A staff member told us, "I have been very well supported. Much better than where I worked before. We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that they felt that service was generally well organised, and that they were clear about what was expected from them. Most relatives we spoke with felt that the staff were well led and worked to a good standard. A relative told us "The staff attitude is fine. I have no problems". Another relative said, "I do not have any concerns about the care that staff provide".

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "Whistle blowing is about reporting any bad practice without any fear". If I saw anything I was concerned about I would report it to the manager. We have policies and procedures regarding whistle blowing". We saw that a whistle blowing procedure was in place for staff to follow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1)(2)(a)(b)(c) HSCA 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective system in place to regularly assess, monitor and improve the safety and quality of service that people received. Contemporaneous records were not maintained in respect of each service user.</p>