

Acer Healthcare Operations Limited

Kents Hill Care Home

Inspection report

50 Tunbridge Grove
Kents Hill
Milton Keynes
Buckinghamshire
MK7 6JD

Tel: 01908355900

Website: www.kentshillcarehome.co.uk

Date of inspection visit:
29 August 2017
30 August 2017

Date of publication:
29 September 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 and 30 August 2017 and was unannounced.

Kents Hill Care Home is located in a residential area of Milton Keynes and is registered to provide Accommodation and personal care to people who may or may not have nursing care needs. They provide care for older people who may also be living with dementia and can accommodate up to 75 people at the service. When we visited there were 53 people living at the service.

During our last inspection in February 2017, the service was rated as requires improvement and we found there were three breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person-centred care, the need for consent and staffing. During this inspection, we found that the service had made improvements in these areas however we remained concerned as people did not always benefit from having person-centred arrangements in place for their care, treatment and support. Care plans lacked specific information about people's care and support needs and preferences. We also found that audits the service carried out did not always identify all of the improvements required, and the service did not always fully and promptly act upon audits and action plans set by external bodies. Actions set were not always completed on time, and progress had not been made in some areas since our last inspection in February 2017. We found the service to be in breach of two regulations. You can see what action we told the provider to take at the back of the full version of the report.

The service did not have a registered manager in post, but did have a manager that was going through the registration process. 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 told us they generally felt safe within the service. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Training in this area had been provided. People had risk assessments in place to enable them to be as safe and independent as possible.

Effective recruitment processes were in place and followed by the service. This meant that only people that were suitable to be working with vulnerable adults were employed. During our inspection we saw that there were sufficient numbers of staff on shift that day to meet people's care and support needs. Rotas showed that staffing was consistent.

Medicines were stored and administered safely. The people we spoke with told us that they were happy with the support they received to take their medicines. We saw that the service was taking actions where any previous errors had been made including the re-training of staff where required.

All staff went through an induction process before working within the service. Staff told us that the process

was thorough, and that along with the on-going training they received, they felt well trained and confident within their roles.

Staff received supervision from management. All the staff we spoke with said that they received supervision and felt that it was a valuable process. A new supervision system had been devised and senior staff were given teams of people to conduct supervisions with. We saw that supervisions had been recorded, and that on-going supervisions had been booked in for the coming months.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People had a choice of food and drink. We saw that consideration had been put in to make sure meals were balanced and healthy. Specialist dietary requirements were catered for as required. Food and fluid intake was being monitored and recorded for people when required.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care. We observed positive interactions between staff and people throughout our inspection.

People's privacy and dignity was maintained. People told us they felt their privacy was respected, and staff we spoke with explained the importance of maintaining people's privacy and dignity.

The service had a complaints procedure in place and people knew how to use it. We saw that any complaints made had been responded to promptly.

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.

Staff were knowledgeable about protecting people from harm and abuse

There was enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care and support plans were not always personalised to

reflected people's individual requirements.

Care was not always personalised to reflect people's likes and dislikes.

There was a complaints system in place and people were aware of this.

Is the service well-led?

The service was not always well led.

Quality monitoring systems were in place but were not always effective.

Complete and contemporaneous records for people were not always kept.

People knew the manager and were able to see them when required.

People were asked for, and gave , feedback which was acted on.

Requires Improvement 

Kents Hill 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 29 and 30 August 2017 and was unannounced.

The inspection was carried out by two inspectors 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, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service. Prior to this comprehensive inspection, we had received concerns in relation to medication administration, staffing levels and nursing care people were receiving. As a result we undertook this comprehensive inspection to look into those concerns.

We spoke with nine people who used the service, five relatives of people using the service, twelve support workers, two domestic staff and the manager. We reviewed eight people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe when being supported by the staff. One person said, "I feel safe here, I had a fall when I was upstairs, so they offered me a room downstairs which has made access to the garden a lot easier for me. I feel safer and less likely to fall again." A visitor of a person using the service said, "Yes I think the people are very safe here. Carers fulfil people's needs."

All the staff we spoke with had received training on safeguarding, including the whistle blowing procedures. They were all aware of the safeguarding procedures and confirmed they received refreshers on their training annually. One member of staff said, "I would report anything of concern to the manager, who would follow it up appropriately." Training records confirmed the training had taken place and the service had a safeguarding policy to guide staff.

Staff received suitable security checks before starting work within the service. We saw that Disclosure and Barring Service checks (DBS) had taken place and two professional references were obtained. This ensured that the service did not employ staff that were unsuitable to be working with vulnerable people. The manager told us, "The staff do not even start any of the training until their checks are completed and we are satisfied they are suitable for the role." All the staff we spoke with confirmed their checks had taken place and the staff files we looked at contained evidence of these checks.

Appropriate assessments of risk had taken place within the care planning of the people using the service. We saw that risk assessments identified people's ability, the support required, any equipment that may be used, and the risk control measures in place. On the day of our inspection we saw that the service was updating all the risk assessments within a new electronic system which would allow for further detail to be added to risk assessments and improvements to be made. All the staff we spoke with told us they felt that risks were minimised, and should anything change within a person's health or behaviour that increased risks, they could inform management who would update assessments accordingly.

Staff had access to equipment to care for people appropriately, which was maintained and kept safe for use. We observed staff using moving and handling equipment, such as hoists and wheelchairs. They took time explaining to people what they needed to do to move them safely. We observed that people at risk of pressure damage to skin due to immobility had pressure relieving equipment in use, and their care was monitored and recorded appropriately.

There were enough staff, including nursing staff, to meet the needs of people. One person told us, "I think there is enough staff." Another person said, "Yes there are enough, they come when I need them. It's a lot of agency staff members so I don't always recognise them, but they are recruiting new people." The manager acknowledged that whilst staffing numbers were appropriate for the needs of the service, this relied heavily on agency staff members. The manager told us that wherever possible, the same agency staff were used to ensure consistency, but this was not always possible. We saw that new staff had recently been recruited, and recruitment was on-going to increase the amount of permanent staff within the service. During our inspection we saw that people were responded to promptly, and the call system in place was effective at

making sure staff attended to people's needs in a timely manner.

Accident and incident recording procedures were in place and these showed the manager had been made aware of incidents and action was taken where necessary. The manager was always informed when any incident or accident took place, so that trends or themes could be identified. The forms we saw had been completed appropriately, and documented what actions had resulted and when .

We saw that fire safety equipment was regularly checked and fire drill procedures and personal evacuation plans were present and up to date. All the fire escapes we saw were free from obstruction. We found that environmental risk assessments had taken place within the service, and maintenance was carried out as and when required on areas within the building, and any equipment in use. All equipment used for care was maintained appropriately.

Before our inspection, the service notified us of several medication errors by staff members administering medication, and the actions the service had taken to reduce the likelihood of repeat errors. During our inspection, we found no errors in administration systems and saw that trained staff were accurately administering medication. We saw that training for medication administration had taken place and further training was also planned and booked in. People told us they were receiving their medication safely. One person said, "I am happy with the support I get to take my medicines." Staff completed the medication rounds wearing a 'do not disturb' apron to remind other staff not to distract them with other tasks. All the medication administration records (MAR) we looked at were accurate and medicines were safely stored in a temperature controlled environment.

Is the service effective?

Our findings

During our last inspection in February 2017, we found that members of staff did not receive appropriate support, opportunities for professional development, supervision and appraisal to enable them to carry out their roles. This was a breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection on 29 and 30 August 2017 we saw that improvements had been made within this area, and the service was no longer in breach of this regulation. The manager told us that scheduled supervision meetings had been put in place and that each member of staff working at the service had a designated supervisor. We saw that the supervision planner (matrix) was on display within the staff rest room. All the staff spoken with confirmed they received one to one supervision, appraisals, and group meetings also took place. We saw minutes of the group meetings were on display in the staff rest room, so that staff that could not attend the meetings could read what had been discussed. Some members of the night staff team said they would welcome having night staff meetings that took place during the evening, as they said they found it difficult coming into work during the day to attend meetings. This suggestion was fed back to the manager during the inspection for their consideration.

During our last inspection we also found that the service had not always act in accordance with the Mental Capacity Act 2005. The systems in place for the application of the MCA, particularly for complex decisions, was not robust. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection on 29 and 30 August 2017, we found that improvements had been made in this area and the service was no longer in breach of this regulation. The manager and all the staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us they had received training on the MCA and DoLS and were aware of the importance of working within the code of practice. We saw that appropriate actions were taken to ensure people's best interests were taken and family members were involved when appropriate.

We checked whether the service was working within the principles of the (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Authorisation was sought and gained from the appropriate authorities to lawfully deprive some people of their liberty. The records we saw confirmed this. This ensured that people were cared for safely, without exposing them to unnecessary risks.

The people we spoke with were confident that the staff were trained in how to support them and understood their basic care needs. One person said, "Yes they are pretty good, I get what I need." Another person said, "They are competent, but there are so many different staff you don't get to know them." Most of the people we spoke with told us they felt the staff were able to complete care tasks well, and were well trained, but acknowledged that high use of agency staff meant there were a lot of new faces to get to know.

People told us they felt this was improving and were aware of the on-going recruitment of new permanent staff in to the service. During our inspection we observed that staff interacted well with people and had the skills and knowledge to complete people's basic care needs effectively.

Induction training was provided for all staff. New staff told us they had completed training on the Care Certificate standards and that their skills, knowledge and behaviours were assessed during their induction period. One member of staff said, "The training is really very good, it's something the manager seems very hot on."

The provider arranged for staff to complete timely refresher training. One member of staff said, "If we don't complete the training we are taken off the staff rota until it's done." The manager confirmed that deadlines were given to staff to complete e-learning refresher training, this meant that staff kept their knowledge and skills up to date. We saw that opportunities were available for all staff to enrol on external training, such as meeting the needs of people with dysphasia (swallowing problems) and supporting people with speech and communication difficulties. We also saw that dates were planned for all staff to receive practical fire training, to ensure they knew how to use equipment such as fire extinguishers and fire blankets if needed. Staff told us they were all going to be embarking on training on how to use the computerised care plan systems that were due to be introduced. However, some staff said they felt a little apprehensive about this. One member of staff said, "It would be nice to get use to the system before we work live on it."

People told us that staff sought their consent before carrying out any care tasks. One person said, "Yes they always ask first." The staff asked people for their consent before carrying out any care and respected people's choices. We heard staff address people by their preferred name and saw that they respected people's wishes.

People told us they were asked to choose what they wanted from the menu a day in advance. We saw that people were able to receive a balanced diet from the food on offer. During our inspection we spent time with people over lunch time in the dining room. We saw the heated food trolley was brought into the dining room and staff plated up meals from the trolley and took the plated meals over to them. We observed staff offered people assistance and encouragement to eat and drink. We saw that people at risk of malnutrition were referred to the GP and dietician and where required, food supplements were prescribed. People also had their food and fluids closely monitored by staff and any concerns brought to the attention of the relevant healthcare professional .

People told us they had access to see their GP and other healthcare professionals, such as the district nurse, optician, dentist and chiropodist whenever they needed. We saw that medical appointments were recorded within people's files and all medical information was updated regularly .

Is the service caring?

Our findings

People told us that staff acted in a kind and caring way towards them. One person said, "Care is very good here, I am very happy most of the carers are excellent." Another person said, "The fact is I never feel alone here, always somebody in passing comes and ask if I need anything, that is why I like my door open." During our inspection we saw staff interact with people in a kind and supportive way.

The staff we spoke with felt they were able to develop good relationships with people they cared for. One member of staff said, "I love my job, I can't ever see myself doing anything other than care work. It's a pleasure to help people and make their lives better." The staff we spoke with had a positive attitude and approach towards people, and felt that they were able to provide people with the care and support they needed.

People had care plans in place that explained the care tasks that were required and how staff should support them. We saw that the updates within care plans were regular and on-going, and changes were made wherever necessary. The service was in the process of moving over to an electronic system which would allow for more detail to be added to care plans. The staff we spoke with were aware that once trained, it would allow for care plans to be expanded upon and understood their role in making sure care plans reflected people's needs and preferences.

People told us they felt involved in their own care and support, and when necessary, had relatives involved with their support also. A relative told us, "We are involved in the care planning. We have copies of care plans." One person said, "Yes I feel involved with my care, they check it out with me." During our inspection we observed staff speak with people and ask questions about what they would like to do and how they would like things done.

People's privacy and dignity was respected by the staff. One person told us, "Oh yes I definitely feel like my privacy is respected. I would complain if that wasn't right." Another person said, "The staff respect me." We saw during our inspection that staff knocked on people's doors before entering and made other staff aware when someone was receiving personal care so they knew not to enter.

People were able to have visitors when they wanted. One relative of a person said, "We come in every day to assist with care, this is our choice." A person told us, "My family do visit me as and when they can, they are welcome here." We saw that people had family and friends visit them freely within the service, and people could spend time with their guests within their room or within communal areas in the service. All the staff on shift were welcoming of visitors and made the atmosphere friendly and warm.

Is the service responsive?

Our findings

The service was not always responsive. During our last inspection in February 2017, we found there was a breach of Regulation 9 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014. People did not always benefit from having person-centred arrangements in place for their care, treatment and support. People had care plans in place however; these did not always evidence how people had been involved in the production of the plans, and lacked specific information about people's care and support needs and preferences. During this inspection on 29 and 30 August 2017, we found that the service was still in breach of this regulation, although some improvements had been made.

We looked at one person's care plan and it only contained information relating to care tasks. There was no information about the person's life history, personality, likes, dislikes and preferences. The service had some old personal preference plans and 'About me' sections of information within care plans, to document some people's likes, dislikes, preferences and history, but these were not always filled in fully, and had not been updated. This meant that staff members, working at the service that did not always have sufficient information available to enable person centred care. More established permanent staff had a good knowledge of the people using the service, but newer staff and the large amount of agency staff did not always have the records in place to provide them with this knowledge.

The service had a new electronic care planning system which contained templates for personalised care to be recorded and updated, but they had not been filled in for any person yet. The manager told us that there were plans to complete this information, but progress on training staff with the new system had been slow. Care was not always delivered in a personalised manner. We saw that the basic health needs and safety of people were being met, but people's preferences were not always met. During our inspection, we saw that one person had two drinks on their table in front of them. One of the drinks had been thickened so that it was suitable for a person with swallowing difficulties, and one of the drinks was not thickened, and was a normal consistency. We asked the manager to check which type of drink the person should be having. We were told that the person did not require thickened drinks, but had been given one anyway by mistake. This showed that staff had not taken the time to make sure the person had the drink of their preference and requirement, and care was not personalised.

We spoke to a relative about the care their family member received. They told us, "[Person's name] has got someone else's pyjamas on today. They do not belong to her, I don't know where they came from." The manager told us that this may have been a mistake by an agency staff member who was not aware that the item of clothing did not belong to them. This showed that staff had not taken the care and attention required to make sure the person was wearing their own clothing, and care was not personalised.

We spoke with people about the quality of the food they were offered. Several people told us they were not entirely happy with the meals provided at the service, and that they did not always get food cooked the way they like it. One person said, "I think the vegetables must be put on at 9am, they are always mushy." Several people told us that they felt there was too much salt in the food, and that the meals were often not to their liking.

We spoke with staff on shift who told us that the large amount of non-regular agency staff use meant that sometimes care was rushed, and the more personalised aspects of care were being missed. The arrangements in place for people's care and treatment were not always reflective of people's individual needs and preferences, which meant that their care was not always person-centred. This was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to take part in activities of their choice. We saw that an activity programme was on display that incorporated activities such as keep fit, cinema afternoons, quizzes, crosswords, bingo, beetle drives and sing a long sessions. The home was also visited by the pets for therapy services and outside musical entertainers. One person told us, "I went out and about the other day on the mini bus, it was very nice." Another person said, "There is usually something going on, they come and tell me what's planned and encourage me to join in, its good fun."

The tasks within people's care plans were regularly reviewed and updated as required. The staff we spoke with felt confident that care plans reflected people's health needs and that they had the information required to provide people's basic care. We saw that staff recorded daily notes for each resident and included relevant updates in people's general wellbeing. We saw that nurses and other staff members had a daily handover with other staff coming on shift, where important information was shared to enable staff to respond to people's needs effectively. Staff recorded basic daily information such as fluid intake, and completing turns charts for people with pressure care needs. During our inspection, we observed staff communicating information about people with each other in a confidential way.

The service had a complaints system and people told us they knew how to use it. All of the people we spoke with said they had never had cause to complain about their care. They told us if they were unhappy with any aspect of their care they would speak directly with the deputy manager or the manager. We saw that information on the complaints procedure was available on notice boards throughout the service for people to access if needed. The complaints file contained a detailed record of complaints that had been made, and we saw that prompt responses had been made and actions taken where appropriate.

Is the service well-led?

Our findings

A complete and contemporaneous record for each person was not always kept, and the systems in place did not always operate effectively to rectify this. We looked at people's files and found that consent forms had been formulated. These included consent to care, consent for photography, and consent to medication. Most of the files we looked at contained unsigned versions of these forms. This meant that there was no recorded evidence that people had provided their consent to the care plans which were in place for them. The manager told us that the service was currently working on supporting people, or their families to complete the forms, but progress had been slow.

The audits that the service carried out did not always identify all the improvements required, and the service did not always fully and promptly act upon audits and action plans set by external bodies. The local authority, the Clinical Commissioning group (CCG) and the Care Quality Commission (CQC) had requested that the service complete certain actions. The CQC conducted an inspection of the service in February 2017 where incomplete consent forms and lack of person centred information within care plans were raised. During this inspection in August 2017, these tasks had not been completed.

The local authority had identified that the service had not always fully documented the likes, dislikes and preferences of the people in their care. An action plan had been set for improvements to be made, but the service had not completed this task within the identified time frame, or by the time we conducted our own inspection.

The service had created its own overarching action plan containing many areas for improvement, the actions required, the responsible person and the timescale to be completed in. There were several areas within the action plan that were not achieved and many which had dates that were extended past their original timescale. The overarching action plan did not identify the lack of person centred planning or the blank consent forms which external audits and action plans had recognised. This was a breach of regulation 17 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager, but they did have a manager in place who was going through the registration process with CQC. The manager was new to the service and explained to us the improvements that were starting to take place. We saw that the manager had a clear vision and enthusiasm for the service, understood the current areas for improvement and was positive that the necessary changes could take place. The manager told us that they were supported by upper management within the company and that progress, whilst slow in some areas, was being made.

People and staff told us the service was well managed. One person told us, "I think the new manager is making some positive steps, it all takes time, but they seem to be heading in the right direction." A relative of a person said, "From what I have seen of the new manager they seem to be making improvements, I haven't attended any of the relatives meetings as I live some distance away." Staff told us they felt supported by the manager and that they were approachable. One relatively new member of staff said, "I feel this is a nice home, the staff and the management are friendly, and they have made me feel welcome." Another member

of staff said, "We have good support from the manager." During our inspection we saw that the manager's office was open for staff to access and they were able to ask for support when required. The manager had a good knowledge of the people within the service and also the strengths of the staff team.

Staff meetings were held for staff to share information and discuss the service. One staff member said, "We have daily 'flash' meetings to cover the basics of what has gone on, and also larger team meetings on a regular basis. We saw that minutes of meetings were kept so that any staff not in attendance could catch up.

We saw that the provider of the service had prepared a quality feedback questionnaire for people, relatives, staff and stakeholders to feedback their opinion on the quality of the service provided. The survey was being prepared by the provider to be sent out in the coming months. We saw that there was a system in place which allowed for results of the feedback to be collated and scored in various areas of the service . We saw that the ratings from our previous inspection had been displayed within the service as required.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always benefit from having person-centred arrangements in place for their care, treatment and support. People had care plans in place however; these failed to demonstrate how people had been involved in the production of the plans, and lacked specific information about people's care and support needs and preferences. .</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The audits that the service carried out did not always identify all the improvements required, and the service did not always fully and promptly act upon audits and action plans set by external bodies. Actions set were not always completed on time, and progress had not been made in some areas since our last inspection in February 2017.</p>