Balmoral Care Ltd

The Kensington

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?	Good
Is the service well-led?	Good

Overall summary

The Kensington is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 35 older people, some of whom may be living with dementia. Accommodation is provided in single rooms and there are ample communal areas for people to use. The location is on a main road, with good public transport links and is close to local amenities. There is a large enclosed court yard for people to use and a large garden.

This inspection took place on 02 November 2015 and was unannounced. This is the first inspection of the service since the new registered provider took over ownership.

At the time of the inspection 18 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who understood the importance of recognising and reporting abuse, to keep people who used the service safe. Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service. People's medicines were handled safely and staff had received training in this area. The service was clean and free from any unpleasant odours. Some of the restrictors on windows required attention and some trip hazards in the court yard and people's patio doors were brought to the registered manager's attention during the inspection. They had identified these issues and included them to be addressed in the ongoing renewal and repair plans.

People were provided with a nutritious and varied diet which was of their choosing. Their weight and dietary intake was monitored by staff and health care professionals were contacted when needed. People who needed help and support with making decisions were enabled by staff who had received training in how to uphold people's rights and choices. Staff had received training in how to meet people's needs and were supported to gain further qualifications and experience. People were supported to access health care professionals when required. While the service was clean and tidy it would benefit from clearer signage and more distinctive décor to aid those people who were living with dementia. We have made a recommendation about this, it can be found in the main body of the report.

Staff were seen to be kind and caring and understood the needs of the people who used the service. People had been involved with the formulation of their care plan documentation and had attended meetings about their care. Staff understood the importance of treating people with respect and upholding their dignity.

Staff had access to documentation which described the person and their preferences. This had been formulated with the person's input or their representative where appropriate. People undertook activities and there are plans to make links with the local community to expand people's experiences and interests. People were able to make complaints and raise concerns; these were investigated, wherever possible, to the person's satisfaction.

The service was well managed and the registered manager undertook audits to ensure the service was safe. The registered manager consulted with the people who used the service and others who had an interest in their welfare about the running of the service. They formulated action plans to address any shortfalls and were supported by the registered provider to make improvements when required. The management style was open and inclusive and both staff and people who used the service found the registered manager approachable and accessible.

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?

Requires improvement

Some areas of the service were not safe.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Staff, who had been recruited safely, were provided in enough numbers to meet people's needs.

Systems were in place which made sure people lived in a well maintained, clean and safe environment.

Staff handled people's medicines safely and had received training.

Some aspects of the environment posed a trip hazard to the people who used the service.

Is the service effective?

Requires improvement

Some areas of the service were not effective.

People who used the service received a wholesome and nutritional diet which was of their choosing.

Staff received training which equipped them to meet the needs of the people who used the service.

People's rights were upheld and systems were in place to ensure people were supported with decision making when needed.

Staff supported people to lead a heathy lifestyle and they involved health care professionals when required.

People living with dementia would benefit from a more dementia friendly environment.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and caring.

Staff understood people's needs and how these should be met.

People or their representatives were involved in the formulation of care plans.

Is the service responsive?

Good

The service was responsive.

Activities were provided for people to choose from.

People received care which was tailored to meet their needs and person centred.

Summary of findings

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Is the service well-led?

Good

The service was well led.

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

The Kensington

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 registered provider was 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 02 November 2015 and was unannounced. The inspection was completed by one adult social care inspector 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.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with nine people who used the service and four of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with six staff including care staff, senior care staff, the cook, house keeper and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, "All the outside doors here are kept locked for our safety", "There's plenty of staff and they make sure we're safe" and "I feel safe here better than the other place I used to live."

Visitors told us they felt their relatives were safe at the service. Comments included, "I think they [people who used the service] are safe, the staff seem to look after them well."

All staff we spoke with were able to describe the registered manager's policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example, bruising and a change in mood. They were aware they could approach other agencies to report any abuse; this included the local authority and the CQC. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was intended to be updated annually. There was a record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team, they told us they had no concerns about the service and there were no outstanding safeguarding investigations on going at the time of the inspection.

Staff understood their responsibility to report any abuse they may witness and knew they would be protected by the registered provider's whistleblowing policy. They told us they found the registered manager approachable and felt they could go to them with any concerns and trusted them to undertake the appropriate investigation and keep people safe. We saw all accidents and incidents had been recorded and action taken were needed, for example, seeking medical attention following falls by either calling the emergency services or attending the local A&E department. The registered manager undertook an analysis of all accidents and incidents which occurred at the service to establish any patterns or trends so working practises could be changed if required to keep people safe.

Staff told us they would not discriminate against anyone due their age, race, religious beliefs or sexual orientation. They told us they had received training about this subject and records we looked at confirmed this.

The registered manager undertook risk assessments of the environment to ensure it was safe for the people who used the service. We saw emergency plans were in place to make sure the service continued to be delivered if anything should happen, for example, floods or breakdowns in essential services like water, gas or electricity. People's care plans contained emergency evacuation plans which instructed staff in what to do in the event the person needed to be evacuated from the building. The evacuation plan took into account the needs of the person, their level of mobility and support they may need.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered manager told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels. They were also aware that when the numbers of people admitted increased this needed to be reassessed in line with dependency levels.

We looked at the recruitment files of recently recruited staff. We saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was intended to be updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacist. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines. The supplying pharmacist undertook audits of the medicines system as did the registered manager. Records were kept of the temperature of the refrigeration storage facilities.

On our tour of the building we observed a badly fitting window and that several windows were fitted with window restrictors which were ineffective. We found patio doors leading out into the garden from people's bedroom had a raised step which may cause a trip hazard. We also found

Requires improvement

Is the service safe?

the courtyard had several sunken manholes which could also pose a trip hazard. These were discussed with the registered manager and they told us these had been risk assessed and formed part of the ongoing refurbishment and renewal plans. They had plans to provide ramps and to raise the courtyard so it was level.

Requires improvement

Is the service effective?

Our findings

People who used the service told us they were happy with the food provided. Comments included, "The food here is excellent", "I really like the food here, it is lovely", "We have a good choice of food, the cook knows what we like" and "Staff always let me eat at my own pace." People told us they felt the staff could meet their needs. Comments included, "The staff are really good they know how to look after me well."

Visitors told us they though the food was good. Comments included, "It's much better than the other place", "They have a really good choice" and "I think the food is great they all seem to enjoy it." They told us they thought the staff were well trained. Comments included, "The staff know how to care for [relative's name]" and "They have had lots of training since the home reopened."

The registered manager described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. They had identified training which they thought was essential for staff to receive, which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us along with completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition.

Staff received regular supervision and reviews which provided them with the opportunity to discuss work issues, identify training needs and set developmental goals for the next 12 months. We saw records which confirmed this.

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 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager was aware of the principles of MCA and was undertaking assessment for those people who may require support. We found records of best interest meetings and consultation with other health care professionals.

We saw food was well presented and looked wholesome and nutritious. People could choose where to eat their meals and this was accommodated, the majority of people ate in the dining room. We saw meal times were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were heard encouraging people to eat and asking people if they would like more to eat. The dining room was clean and bright with plenty of room for people to sit at the table and eat comfortably. The dining room set out nicely and the day's menu was displayed on the tables as well as on the menu board.

Food had been prepared to accommodate people's needs and pureed diets were provided where needed. People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits form GPs and where people's needs had changed following a hospital admission.

Requires improvement

Is the service effective?

One of the people who used the service had reverted back to their own language, which was not English so the staff used flash cards to communicate with them. This worked well and we saw good examples of effective communication. Another person was profoundly deaf and refused to wear a hearing aid. Staff told us the person could lip read very well so they used this method of communication, again we saw this was effective and the staff communicated with the person very well.

While we found the service was clean and tidy there was a lack of signage and the décor was not helpful for those people who were living with dementia. **It is recommended as part of the ongoing refurbishment the registered provider refers to good practice guideline with regard to making the environment more suitable for those people who may be living with dementia.**

Good

Is the service caring?

Our findings

People who used the service told us they though the care was very good and they had confidence in the staff. Comments included, "You get well looked after here", "I cannot fault anything here", "I like the staff here, the carers are so kind", "Cannot grumble" and "Carers are lovely, very happy that I have moved here."

Visitors told us they were satisfied with the level of care and attention their relatives received. Comments included, "Everybody's needs are attended to and the level of care has not dropped off", "They don't want for anything", "[Relatives name] is pleased with the care", "[I] cannot praise the staff enough" and "One of them [care staff] does some hairdressing."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. For example, when using a lifting hoist staff explained what they were doing, what they wanted the person to do, if this was acceptable to the person and they had understood what had been said. Staff described to us how they would maintain people's dignity and ensure their choices were respected. They told us they would ask people and make sure they had understood what had been said and would allow people time to answer. We observed this during the inspection; we heard interaction which was respectful and undertaken at the person's own pace.

The registered manager had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways of communication including verbal and non- verbal, for example, smiling and nodding, to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff that included catering and domestic staff, so they could concentrate on caring for the people who used the service.

Staff knew the people they were caring for and supporting, including their preferences and personal histories. Care plans we looked at contained information about people's preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people's needs and how these should be met. We saw and heard staff talking to people about their families and their hobbies and interests.

Staff had a good knowledge of the person's past history and were able to engage with people about their previous jobs and where they used to live. This was enjoyed by the people who used the service and was done spontaneously by the staff. Staff told us they enjoyed spending time with people and learning about them, they told us it gave them a better understanding about the person.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members who we spoke with and who had an input into the care and welfare of their relatives told us they knew what was in their relative's care plans and the registered manager kept them well informed about their relative's welfare.

All confidential information was stored securely and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

People who used the service told us their choices were respected. Comments included, “It is just like home, I can come and go as I please” and “I can choose when I want to go out, no problems at all.” They also told us they knew they had a right to raise concerns and complaints. Comments included, “I would talk to them [the care staff] if I had any concerns” and “I would see the manager, they would sort it out for me.”

Visitors told us they were happy with the level of support their relatives received. Comments included, “[Relatives name] seems calmer here”, “The district nurse comes twice a week”, “We have settled into a routine that works”, “[I] cannot praise the staff enough” and “The manager has been so helpful.”

Care plans had been developed from assessments undertaken by both the placing authority and senior staff at the service. These were person-centred and described how the staff were to support people to maintain their level of independence and meet their assessed needs. Assessments had been undertaken about what support people needed from the staff and what the staff needed to monitor closely to ensure people’s needs were met, for example, tissue viability, nutrition and dietary needs, risk of falls and mobility.

Staff kept daily records of what support they had provided and if they had contacted any health care professionals. A record was kept of any appointments people attended at their GP or hospital. Care plans were changed as a result of these appointments and changes in treatment or needs were detailed, for example, changes in medicines following a GP’s visit. All assessments were reviewed on a regular basis to ensure these were up to date and the person was receiving the most appropriate care to meet their assessed needs.

People’s likes and dislikes were recorded in their care plans; how the person preferred to spend their day was also recorded, which included any activities or pastimes they pursued. The registered manager told us they were looking to employ an activities coordinator for three hours a day, five day per week. They also told us they were working closely with the local authority to try and integrate the service into the local community. They were developing a pilot scheme to include people in the community accessing the service on a daily basis to provide occupation and day care facilities which people who used the service on permanent basis would also have access to. We saw a Halloween party had been held and advertisements for a Christmas pantomime were on display.

The registered provider had a complaints procedure in place and this was displayed around the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside bodies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the Local Government Ombudsman.

Good

Is the service well-led?

Our findings

People who used the service told us they felt included in the running of the service. Comments included, "The manager comes round and asks us if we are happy and if we'd change anything", "I have been to meetings, we talked about Christmas" and "The staff ask me if I'm alright and if a want anything." They also told us they found the registered manager approachable. Comments included, "She [the registered manager] sees I'm ok", "I can ask her [the registered manager] anything, she so kind."

Visitors told us they had been consulted about the running of the service. Comments included, "I have been to meetings, they [the staff] are all very approachable" and "More things are evolving and the manager is very proactive about how you feel about things."

We saw audits had been undertaken in a range of areas on a regular basis. These included, people's care plans, staff training, the environment, accidents and incidents, staff supervision and appraisals, infection control, health and safety, people's nutritional wellbeing and dietary needs, and tissue viability. Action plans had been put in place to address any shortfall identified through the audits with timescales set to achieve these. Each audit subject had been undertaken on a monthly basis.

The registered manager undertook a daily walk around the building to assess the safety and cleanliness of the environment. This identified areas which needed attention and repair,which were then addressed and repairs undertaken as necessary.

Staff we spoke with told us they found the registered manager approachable and supportive. They told us they could approach them for advice and guidance and had confidence in them. The registered manager adopted an open door policy and we saw staff approaching them during the inspection to discuss people's needs or the outcome of contact with health care professionals.

The registered manager had held meetings with the various teams of staff who were employed at the service, for example, care staff, domestic staff and kitchen staff; we saw copies of the minutes of these meetings. Further meetings with the whole staff group were also held on a regular basis and minuted.

Staff had clear job descriptions which detailed their accountability and role, staff we spoke with were aware they could approach the registered manager for advice and guidance. They told us they felt they worked as team and all supported each other and felt the registered manager had lead by example, for instance, assisting when needed with caring tasks and meals.

The registered manager had systems in place which gained the views of the people who used the service, their relatives, staff and visiting health care professionals. This was mainly by the use of surveys, the results of which were collated and action plans devised to address any short falls.

Meetings with the people who used the service were held by the resitered manager . We saw from minutes of the meetings; people's relatives had also attended the meeting and topics of discussion included; food, entertainment, staff practices and any concerns people may have. The registered manager had also recorded action taken as a result of concerns raised.

We saw equipment used to ensure people's safety was serviced and maintained as per the manufactures' recommendations and the maintenance personl kept detailed records of repairs and works carried out. Fire equipment was tested regularly and drills undertaken so staff knew what to do in the event of a fire.