

Ranc Care Homes Limited

Kesson House Care Home

Inspection report

Council Avenue
Northfleet
Gravesend
Kent
DA11 9HN

Date of inspection visit:
17 April 2019

Date of publication:
28 June 2019

Tel: 01474335241

Website: www.ranccare.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Kesson House provides accommodation with personal care to older people, some of whom may be living with dementia. There were 29 people using the service when we inspected. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

What life is like for people using the service:

By observing, listening and talking to people we found people benefited from a safe and caring service. We often heard staff saying kind things to people and observed that staff were attentive to people's needs. People told us they experienced safe care.

The care was offered based on policies about Equality, Diversity and Human Rights. Staff worked in partnership with people, health professionals and families.

People told us that staff met their needs with care and were friendly towards them.

Training, policy guidance and safe systems of work continued to minimise the risk of people being exposed to harm.

People's needs were fully assessed and people's right to retain independence in their day to day lives was respected. Staff understood how to safeguard people at risk and how to report any concerns they may have.

The individual risks people may face were assessed and the actions to minimise risks were recorded. Care plans had been developed to assist staff to meet people's needs. The care plans were consistently reviewed and updated.

Incidents and accidents were recorded and checked or investigated by the manager to see what steps could be taken to prevent these happening again.

The premises were adapted to people's needs to make them dementia friendly, accessible to people with mobility problems and equipment was routinely serviced and maintained.

People, their relatives and health care professionals had the opportunity to share their views about the service.

Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Safe recruitment practices had been followed before staff started working at the service.

Staff had the training, skills, supervision and experience to meet people's needs.

There were policies and procedures in place for the safe administration of medicines. Staff had been trained to administer medicines safely.

A range of food choices were offered including those that met their cultural needs and people were encouraged by staff to eat healthily.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff followed good hygiene practice to minimise the risks from the spread of infection.

The service could continue to run in the event of emergencies arising so that people's care would continue.

Rating at last comprehensive inspection: Good (report published 09 November 2016).

Why we inspected: This was a comprehensive inspection scheduled based on the previous rating. The inspection was brought forward due to concerns raised by a whistle blower. We found the evidence continued to support a Good rating.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Kesson House Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Kesson House is a care home. People in a care home receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Kesson House staff do not provide nursing care. The accommodation is provided over two floors and care is provided for up to 38 people.

Notice of inspection:

The inspection was unannounced.

The service did not have a registered manager in post. It is a condition of the providers registration that a registered manager is registered with the Care Quality Commission and they with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager and was in the process of registering.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we reviewed a range of records including:

Four people's care plans. We also looked at a variety of different sources of information relating to people, such as; activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs.

We gathered people's experiences of the service. We spoke with three people and five relatives. We observed care interactions in the communal lounge areas and the dining areas. We looked at feedback given by people through the provider's quality audit processes. We also spoke with the manager, deputy manager, the director of quality and care, one senior carer, three care staff and the cleaning staff. We asked for feedback from three external health care professionals about the service.

Is the service safe?

Our findings

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

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

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

- People continued to be protected from harm and the risks of abuse. People consistently told us that they felt safe. One person said, "The staff are kind and considerate, I feel very safe. The staff are brilliant." A relative said, "I feel mum is very safe here." Staff continued to receive training based on the providers safeguarding policy. This gave them information about their responsibilities to safeguard people and what constituted abuse. Staff we talked with could tell us in detail what kind of signs they would look out for.
- Staff felt confident the management team would listen and act on any concerns they raised. Staff were supported to understand how they could 'whistle blow' to external organisations such as social services if they had concerns. Staff told us that they had not had any concerns about people's safety.
- People benefited from transparent and independent safeguarding investigations. The manager followed safeguarding protocols published by the local authority with a legal duty to investigate actual or suspected abuse or harm. Prior to our inspection a former member of staff had used the 'whistle blowing' process by contacting The Care Quality Commission (CQC) with allegations about people's safety. The manager had fully cooperated with an investigation by the local authority safeguarding who did not find any evidence to support the allegations.
- The service was staffed 24/7. However, the management operated a 24 hour on call service for staff to use if they needed advice or support.

Assessing risk, safety monitoring and management:

- Individualised pre admission assessments were in place for each person. The assessments included assessing and recording actions to reduce risks. They assessed people's mobility, nutrition and health needs. For example, if people had weak areas of skin that could easily damage or where ulcers could develop, or were at risks of falls. We observed the risk reducing actions being taken by staff. For example, we saw staff walking beside a person using a walking frame which reduced the risk of falls. This support was recorded in the persons falls risks assessment.
- The maintenance of the premises was planned to reduce risks. Parts of the premises were being refurbished/updated. For example, part of the roof was under repair and electricians were fitting new brighter lighting to some of the corridors. There was a maintenance manager who oversaw the routine and planned maintenance of the service.
- Environmental risks and potential hazards in the premises were assessed. There was guidance for staff about what actions to take in relation to health and safety matters. Gas, electricity and fire systems were checked and tested by specialist engineers. Fire testing was carried out weekly, fire drills were carried out monthly. Each person had an evacuation plan based on their needs in place which staff could follow in the event of an emergency.

Staffing and recruitment:

- Staff were recruited safely. All applicants had provided references, work histories and proof of identity. They had also been checked against the disclosure and barring service records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding.
- Staffing numbers were assessed against people's dependency levels. For example, if people were unwell and needed additional staff. Staff were deployed based on a daily plan by the management of the service. During the inspection we observed that staff were always available to meet people's needs. For example, we observed staff responding to staff assistance required call bells immediately when people used them. Actual staffing levels were consistent with those planned on the recorded staff rota.
- Cleaning, maintenance, catering and activities staff were also employed so that staff required to deliver care were always available to people.

Using medicines safely:

- People continued to receive their medicines safely and as prescribed to protect their health and wellbeing. The policy on the administration of medicines followed published guidance and best practice. Senior staff were trained to administer medicines. Their ongoing safe medicines competencies were checked by the manager. Medicines were dispensed from robust locked mobile trollies.
- Medicines were stored in a clean locked clinical room. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. Medicines were audited and stocks tallied with administration records.
- Staff described how they kept people safe when administering medicines. For example, how they made sure the right dose, and medicine was given to the right person at the right time. 'As and when' required medicines (PRN) were administered in line with the provider's PRN policies.

People were protected against the spread of infection:

- We observed staff maintaining good hygiene practice and that they had access to personal protective equipment (PPE), such as disposable gloves and aprons. Staff told us PPE was always available. Food Safety training was provided for catering staff.
- The premises were odour free and clean. Bins were covered, and clinical waste was separated and disposed of appropriately. Cleaning staff followed an auditable cleaning programme that included the emergency and routine deep cleaning of higher risks areas. For example, after spillages.

Learning lessons when things go wrong:

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.
- The manager investigated incidents and checked for trends such as a pattern of falls. Any such incidents were discussed and recorded at the daily heads of department meetings. Actions were taken to reduce the risk of reoccurrence. For example, the activities group was taking part in chair based exercises to improve people's balance, posture and strength with a view to reducing the prospect of falls.

Is the service effective?

Our findings

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

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

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

- The manager met with people and where appropriate their relatives to assess people's needs and choices. Records included information and guidance about the person's physical, mental, communication, emotional, spiritual and sexual needs as well as their likes, dislikes, preferences and any protected characteristics under the Equalities Act 2010.
- At the assessment stage people were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity. Staff had equality and diversity training and were aware of the need for consent from people for their care.

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

- Nutrition and hydration assessments were in place which also took account of people's allergies, food and drink preferences and any risk people faced, for example diabetes, choking or weight management risk. People's weight and fluid intake were monitored and recorded by staff. Where staff had concerns about people's nutritional health, prompt referrals were made to health care professionals. For example, we saw speech and language guidance being followed by staff when people needed additional help to get enough calories to maintain their weight.
- There was a choice of menu, which was available in picture format to aid choices. We observed the lunch service. People were encouraged to eat and drink as much as they wanted. There were at least five choices of drinks being offered. We observed people being offered different foods if they changed their minds. For example, sandwiches or toast. We also observed a person's receiving foods based on their recorded cultural choice. One person asked for a spoon instead of a knife to eat with, staff went and got this for the person straight away.
- The service has an in-house bistro for all to use, with snacks and drinks available at all times, we observed this was well stocked. We observed meals times were positive and sociable experience for people, with people chatting to each other or with the staff. One person said, "The food is spot on." There were enough staff in the dining room to support people's needs. Two people chose to eat in the lounge and staff supported them to do this. People's clothing was covered in a dignified way to prevent food getting on people's clothing. We observed one person eating their meal with a member of staff assisting them with the food. We saw the member of staff chatting to the person, waiting until the person was ready between mouthfuls and not rushing the person.

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

- The manager had established working relationships with different professionals, such as the clinical commissioning team, the local GP, the community nursing teams, occupational therapist. Referrals to other

health professionals were done in a timely manner. For example, a nurse practitioner (NP) from the GP surgery visits once a week to provide responses to any health related issues people may have. The NP referred people to the GP if needed.

- Each person had a named key worker. They undertook monthly assessments and care profile risk charts are produced by the electronic care system to show risks and changes in physical health care issues.

Staff support: induction, training, skills and experience:

- Staff training continued to give staff the necessary mix of skills. The service had a training planner. This was updated weekly to flag up any training that was due. Staff completed an induction based on an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Training records confirmed that staff had attended training courses or were booked onto training after these had been identified as part of their development.
- Staff had regular supervisions, appraisals and meetings where they felt able to raise ideas, suggestions and personal development opportunities. Staff confirmed they got face to face supervisions with their designated manager to discuss their work.

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

- The premises continued to meet people's needs. The service was adapted for people with dementia, for example with signage and decorative colour variations. This assisted people to identify where they were. We observed people living with dementia finding their way around the building. For example, moving from their bedrooms to the dining room.
- Areas in the service were adapted for wheelchair access, for example there were ramps to access the garden. People living on the upper floors could access a lift to move between floors. There were adapted bathrooms and people had a choice between bathing or showering. This provided people with comfortable living accommodation.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and they were.
- Staff had training in and a good understanding of the MCA and DoLS and told us how any restrictions they put in for people, should be the least restrictive option. Three DoLS applications had been authorised. These authorisations were being applied correctly. For example, if people could not leave the premises on their own. Care plans evidenced capacity assessments had taken place for people who may lack capacity. However, people were still supported to make day to day decisions about their routines, meals and activities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

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

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

- People told us staff were caring and respectful. One person said, "These are the best staff in the world." Families were given space to meet with people living at the service. For example, we observed a weekly family coffee and cake session. Relatives told us that they did this every week and enjoyed meeting their loved one in this relaxed way. A relative said, "Our loved one tells us she is happy and well cared for." We asked the person and they confirmed they were well cared for.
- Staff received training and guidance about their approach to dignity, equality, diversity and human rights. We noted that a person from an Asian background had their cultural needs met and that an Asian member of the staff team was teaching kitchen staff to cook authentic Asian food. We observed the person being served their preferred food at lunch time.
- People looked relaxed and comfortable with each other and with staff. A relative said, "Staff have stepped up their game, they are so friendly, there is lots more interaction, they spend much more time with Mum she is eating better." We saw staff had built a good rapport with people, staff were constantly chatting and smiling with each other. Staff spoke with people using their preferred name in a friendly and caring way. We observed staff being kind when they spoke to people. One member of staff was discussing hair styles and the hair products the person liked, this led to a prolonged conversation about how nice the person looked. Three separate staff commented on how nice a person looked in their dress as they walked past. The person responded by saying thank you and that her sister brought the dress for her. We heard how another member of staff spoke well to a person coming into the dining room. They said, "We will try and find you best seat in house. Where are you thinking by the window or next to (another person)."

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

- People told us that staff continued to respect their privacy and that staff supported them to maintain their dignity. We observed staff knocking on people's bedroom doors, asking for permission to enter. Bedroom doors were shut during personal care. Staff we spoke with explained how they preserved people's dignity. For example, by keeping people covered during personal care.
- People had personal items in their bedrooms, could bring their own furniture into the service for their bedrooms and display pictures of their choice.
- Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

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

- People decided how they wanted to be supported. The manager assessed each person's ability to do things for themselves or the levels of staff care required. Some people told us they showered/bathed

themselves. There were also opportunities for people to go out shopping and for walks with staff or relatives.

- People told us they were involved in making day to day decisions about their care. For example, in the way they dressed, what time they went to bed and got up. We observed some people chose to stay in their bedrooms and this was respected by staff. Where possible people had either signed their care plans to agree their care or the care plan had been read to them.

- People were provided with information in ways that helped them to make decisions about their care. For example, in pictures. There was access to advocacy services. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.

Is the service responsive?

Our findings

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

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

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

- Care plans contained information on a range of aspects of people's needs including mobility, communication, emotional wellbeing and specific dementia support. People were enabled to carry on with things they used to enjoy, such as following their football team; birthdays are acknowledged, national special days had been marked with celebrations. For example, there were planned Easter events.
- The care plans were regularly reviewed by staff so they accurately reflected people's changing needs and wishes. Additional reviews had taken place where relatives and others involved in people's care were invited to give their views. For example, we saw recorded changes to a person's care plan after their needs had changed. Staff told us they were kept updated with any changes in care plans through daily shift handover meetings and shift planners.
- We observed a number of examples of people receiving the care that was recorded in their care plan. For example, one person living with dementia had a dementia doll. We noted that staff made sure they had this with them and this was recorded in the care plan. Another person's care plan informed staff that the person had poor mobility and that they must use a walking frame. We saw on a number of occasions staff making sure the person used their walking frame. We saw evidence that staff had responded to people's health care issues. For example, one person had a wound on their leg. The healing progress was documented until it had healed.
- People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Photographs were used to help people make choices and we observed that staff explained things to people in a way they would understand. Toilets, lounges and dining rooms were identifiable by pictures. Clocks had day, date, night time or daytime showing in large print. A Punjabi speaker was provided to a person whose first language was not English.
- We observed an activities session. Each person had an activities and social wellbeing care plan. This promoted wellbeing and reduce isolation. We observed staff going to people and asking if they wanted to join in activities. The activities staff were committed and motivated. We observed people being fully engaged in activities that included, music, singing, charades and a quiz. We observed people smiling and joining in. People consistently told us they enjoyed the range of activities offered.
- Care staff recognised the need to provide care that promoted equality and diversity. Care staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex. The manager told us they were aware of people's needs in relation to this.

People's concerns and complaints:

- People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. A relative told us they had complained about their loved one's care when they first moved into the service. They told us the manager and staff had responded to their concerns

very well and they were very happy now.

- The manager had a procedure to follow when managing complaints. We reviewed the responses to three recent complaints. All of these had been investigated and responded to and resolved.

End of life care and support:

- No end of life care was being provided at the time of this inspection. However, if this was required, the staff could offer a comfortable, dignified and pain-free death. Support was provided by a local hospice if end of life care was required. Staff had recorded the end of life planning discussions they had with people and their relatives in care plans.
- Advance medicines and pain relief were made available through the community nursing teams based on individual needs and choice.

Is the service well-led?

Our findings

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

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

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

- The management team led by example and their leadership skills. The manager was very experienced, they hold a registered nurse degree and were qualified to degree level in management. People knew who the managers were and we observed the managers greeting people by their first names, chatting to them and to relatives and making themselves available to assist and advise staff.
- Some staff had recently started to receive enhanced training in partnership with a specialist university on a dementia programme. The manager told us this would help staff develop the service and their care in line with nationally recognised dementia care standards.
- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.

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

- The management team met every weekday to discuss operational and quality issues. Staff told us they felt supported by the manager. A member of staff said, "All management are very approachable, I would tell them if I had any concerns." Staff told us they were encouraged to challenge any poor practice they may see. For example, if their colleagues were not following safe moving and handling practice. There were various meetings arranged for staff. These included daily hand over meetings and team meetings. Management and senior staff met regularly. These meetings and any actions were recorded and shared for staff to reference.
- Staff told us that they received a booklet and training about the vision and values of the service. One member of staff said, "I understand the vision about what the company represents. They do try and deliver the care to these values."
- The service used thorough and robust quality monitoring systems. Medicines audits were carried out by an independent medicines auditor. Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and

accidents. The audits were reported weekly to the directors and the registered persons who had oversight and responsibility for the quality of the service. When areas for improvement were identified through the internal audits, actions were put in to the service's service development plan. For example, we saw some of the chairs in the lounge needed replacing. We spoke to the manager about this and they showed us that new arm chairs had been ordered as part of the actions from an audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and their relatives told us that they were kept fully informed about the care they were getting.
- The manager proactively sought people's views and took action to improve their experiences. For example, through questionnaires and face to face meetings. The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. For example, one person had asked to be involved in cooking. This person was now going shopping and planning to make a roast dinner. Other meetings were advertised and took place for people who used the service and their relatives.
- The provider and the manager promoted an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time. People, their relatives and staff confirmed this was the case.

Continuous learning and improving care:

- Staff were passionate about learning and embraced the latest and best practices. Dementia champions were being trained so that the care and support reflected the most current and approved methods and practices.

Working in partnership with others:

- Staff worked closely with a range of different professionals, authorities and charities and were innovative in how they engaged with local organisations. For example, the manager had accessed free social care training by allowing a training provider to use the training room available in the service.