

Anchor Trust

Kerria Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Kerria Court is registered to provide care and support for up to 47 older people who have needs relating to their age or dementia. Ten places at the home are reserved for people on a short stay basis. Nursing care is not provided. On the day of our inspection there were 41 people at the home.

There was a registered manager in the home. 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.

At the last inspection in July 2016 the service was rated Good. At this inspection we found the service remained Good.

People and their relatives told us they felt safe at the home. Staff were aware of the provider's processes for reporting any concerns and understood their responsibilities to keep people safe from harm.

There were enough staff to support people safely and recruitment checks were in place to help ensure staff that were employed were safe to work with people. We reviewed the systems for the management of medicines and found that people received their medicines safely.

Staff had been trained to support people effectively. This included learning about the specific needs the person lived with. Staff told us that they received regular supervision and felt supported.

People were supported to have 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.

People told us they were offered meals which they enjoyed. People were supported to eat enough food and drink by staff who understood their nutritional needs. People's health was supported by access to a variety of health professionals.

Staff were caring in their interactions with people. The staff we met knew people well, and were able to tell us about people including their needs, preferences and people who were important to them. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

There were enough staff to support people to participate in the activities they chose. People's visitors were welcomed and there were no restrictions on when they could visit.

There was clear and visible leadership in place and the staff team felt supported by the management team.

There were effective systems in place to monitor and assess the quality of service being delivered.

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 had improved and was now safe.

People were supported by staff who knew how to protect them from harm and risks to people's health and wellbeing were managed.

There were sufficient staff available to care for people.

People received their medicines safely.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Kerria Court

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 6 June 2017 and was unannounced. The home was last inspected in July 2016 and found to be good overall but some improvements were needed to make sure it was safe. The inspection team comprised of 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 looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. These help us to plan our inspection. Before the inspection visit we reviewed all the information we held about the service, and contacted the local authority and Health Watch. Health Watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with 15 people who lived at the home and with five relatives. We also received feedback from six health and social care professionals.

Some people's communication needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, the cook, five care staff and with the district manager. We looked at the care records of seven people, the medicine management processes and at

records maintained about staffing, training and the quality of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Kerria Court. One person we spoke with told us, "It was very frightening when I came here as it is my first care home but they [staff] helped me over it." Another person commented, "I am happy and safe here." People's relatives we spoke with reflected these views.

The members of staff we spoke with were able to describe signs of abuse and to confidently explain how they would respond to safeguarding concerns. Staff knew who to report any concerns to and were confident these would be dealt with. The registered manager and deputy manager informed us that all staff undertook training in how to safeguard people during their induction period and there was regular refresher training for all staff. This was confirmed by staff we spoke with and from staff training records. The registered manager was aware of their responsibility to identify and report any potential incidents of abuse and had done so when these had occurred. This meant people could be confident any safeguarding matters would be identified and reported, and that people would receive the support they required.

Records we looked at showed that there were a number of processes in place to manage any risks associated with people's health and wellbeing. We saw from people's care records that there were risk assessments in place which were relevant to their care and support needs. For example, we saw that one person was at risk of falls. We saw that the risk assessment detailed how staff could support the person to walk safely and what equipment was needed to facilitate their mobility. One person had experienced a fall from bed but not suffered any harm as a result. We brought to the registered manager's attention that the care plan lacked detail about the management of this specific risk. They told us this would be addressed as a priority. One person told us, "I had a fall when I first moved in, staff were very quick to respond and very attentive." One relative told us, "My mum had a fall, new equipment was ordered immediately and Mum is now much safer." Another relative told us, "[Person's name] used to fall over a lot...that's why she moved here; here they always have someone to assist her."

We observed staff assist a person to transfer from their wheelchair to a chair and saw this was done safely. Records confirmed that there were procedures in place to record when accidents and incidents had occurred. These had been analysed and appropriate steps had been taken to reduce the risk of similar occurrences happening.

People told us and we saw that there were enough staff available to meet people's needs. One person told us, "There are enough staff about, I don't wait long if I pull the buzzer." Another person told us, "There are enough staff. If you need help you get it." One person's relative told us, "I think they have enough staff all the time." During our inspection, staff were consistently in the vicinity of communal areas and attended to people's needs and requests for help promptly. Staff we spoke with told us that they were happy with the staffing arrangements. The registered manager used a staffing tool to help determine staffing levels and this was regularly reviewed.

The provider had robust recruitment practices to ensure staff employed were safe to support people. Discussions with staff and sampling of records showed that checks included obtaining a Disclosure and

Barring Service Check (DBS) and securing references from past employers. This helped to ensure people were supported by staff suitable to work in Adult Social Care.

At our last inspection in July 2016 we found that some improvements were needed in relation to administration of medicines. This inspection found this had improved. We looked at the management of people's medicines and we saw that people's medicines were stored and administered in a safe way. Staff who administered medication had been trained to do so. There was also a system in place to formally assess staff competency. At our last inspection we found that people could not be confident they would have their topical creams and ointments administered by prescribed. One of the deputy managers had introduced some new checks and we saw that in most instances people now received these when needed.

People told us they had no complaints about their medicines and that they received them when they were needed. One person told us, "I get all my medication on time and staff ask me if I want any painkillers." We observed staff administering people's medicines. This was done safely. At the time of our inspection visit the fridge where some medicines was stored was not operating correctly. This had already been identified and staff were liaising with the pharmacist to rectify the issue.

Medication Administration Records for tablets and liquids had been completed to confirm that people had received their medicines as prescribed. Most tablets were dispensed from a monitored dosage system. We found the administration and recording of these tablets were accurate and our audit suggested that people had received their medicines dispensed from these packs as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used.

Is the service effective?

Our findings

People and their relatives told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. One person told us, "Yes they know what to do with my care." One relative told us, "Staff read people's situations, they know people well."

Health and social care professionals confirmed that staff were knowledgeable about people's needs. We talked to staff about how they delivered effective care to individuals with differing needs. The staff spoke with warmth and enthusiasm about the person and were able to describe their care needs and preferences.

People were supported by staff who had the skills and knowledge to meet their needs. Staff told us, they had received induction training when they first started to work in the home. Staff then received regular updates in relation to basic skills and received additional training when necessary to meet people's particular needs, for example in relation to dementia. A system was in place to check staff knowledge and competency in their role. We saw that new competency assessments for moving and handling people were currently being completed with staff. One member of staff had expressed an interest in career progression and we saw that during our visit they had been given the opportunity to shadow a senior member of staff.

All the staff we spoke with told us they felt supported in their role and that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. There were also regular staff meetings to provide staff with opportunities to reflect on their practice, receive updates and make plans to help the service move forward.

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. Staff adhered to the principles of the MCA by seeking people's consent. We observed and heard staff seeking people's consent before they assisted them with their care needs. One person told us, "They always ask for consent and offer choices generally." Another person told us, "Staff ask me what I want, for example I had a good lie in this morning that was my choice. Staff then asked me what I wanted to wear. I love how they ask me what I want." One person's relative told us, "I have never seen anyone being stopped to do what they like."

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 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 that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. All the staff we spoke with about this were aware of the applications in progress and those that had been authorised. Staff understood that it was unlawful to restrict people's liberty unless authorised to do so. We found that there had been a delay in applying to renew two individuals DoLS but

these had now been applied for. The registered manager told us of the changes they intended to make to their DoLS tracking system to make sure this error did not occur in future.

People were supported to have sufficient to eat and drink and told us that they liked the food provided. One person told us, "The food is excellent." Another person told us, "There is plenty of food and good choices." People told us and we saw that regular drinks were offered to people. One person told us, "I always have a drink they provide. Staff demonstrated that they knew each person's needs and preferences in terms of food and drink. The cook and care staff we spoke with had a clear understanding of people's nutritional needs.

We observed lunch being provided to people. People were given visual choices of what was on offer. We saw that people had a pleasant and inclusive dining experience. Staff were present and gave appropriate support to people, including providing good encouragement to people who were reluctant to eat.. Where people did not want their chosen meal an alternative was provided. We saw that the home provided a nutrition and hydration station in the communal lounge, so people could have access to snacks and drinks at any time of the day and to enable people to access snacks independently.

We saw that people were supported to access a range of health care support. One person told us, "I have been chesty, I had the GP and staff look after me well." One person's relative told us, "I am happy with how Mum's healthcare needs are met." This demonstrated that staff took action when people were unwell.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. We spoke with health care professionals during our inspection who told us that people's health care needs were acted on and that staff followed advice given in relation to people's healthcare needs.

Is the service caring?

Our findings

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. People who lived at the home told us that staff were caring. One person told us, "They will sit with you when you are unhappy." Another person told us, "Staff will often sit and chat and make you feel part of the home." Relatives we spoke with confirmed that staff were kind and caring in their approach to people. One relative told us, "Staff attitudes are superb, caring, kind and very patient."

People told us that staff knew their likes and dislikes. One person told us, "Staff are interested in me as a person." It was evident from the staff we spoke with that they knew the people who used the service well and had a good knowledge of their individual preferences. Health and social care professionals also confirmed that staff were kind and caring.

During our inspection we saw that staff were attentive to people's needs and wishes. We saw that one person said they were cold and asked a member of staff if they could fetch a blanket for them, the member of staff did so immediately. We saw staff respond to people's attempts to communicate in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home. We saw staff sitting, talking and listening to people and provided comfort and support to people.

People who lived at the home and their relatives told us that visitors were made welcome and they could visit at any time with no restrictions. One person's relative told us, "There are no restrictions. Other relatives have visited from [long] distances and it has never been an issue."

The people we spoke with said that staff respected their privacy and dignity. One person told us, "As far as respect privacy & dignity are concerned they don't expose us." Another person told us, "Staff support me to have a shower and they spare my blushes, they treat me dignified and respectfully." A relative told us, "Yes, they do respect them and are discreet when it comes to personal or intimate care." We observed staff working in ways that promoted the dignity and privacy of people to include asking people discreetly if they needed the toilet and knocking on bedroom and toilet doors and seeking permission before entering.

The staff understood the importance of maintaining confidentiality. This was reflected in the discussions we had with staff and the observations made during the inspection. Information about people using the service was kept confidential and stored securely.

People were supported to express their views and involved in making decisions about how their care was provided. We saw staff regularly ask people how they wanted supporting and respected their wishes. Care plans we looked at contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about people's background, and life prior to moving into the home. This information was useful to staff to help to get to know the person when they moved into the home.

Is the service responsive?

Our findings

People confirmed that staff were responsive to their needs. One person told us, "They [staff] are always responsive when you call out." A relative told us, "If they are sometimes busy...they always prioritise but they do respond all the time."

Most people told us they had been involved in the planning of their care but some people could not recall if this had happened. Care records contained evidence that people and their representatives, such as family (where appropriate) were in agreement with the contents of care plans. The care plans we sampled had been reviewed and were personal to the individual and included information on a person's preferences, background and specific needs. People's diverse needs were respected, for example posters on display advertised the Anchor Lesbian Gay Bisexual and Transgender group and menu's provided different cultural options.

We looked at the arrangements for people to participate in leisure interests and hobbies. People we spoke with told us they enjoyed the range of activities on offer. One person told us, "I can choose what activities I want." Another person told us, "We have nice days, games outside, quiz's and celebrations." One person's relative told us, "Mum has a TV in her room but doesn't watch it. That tells me there is enough going on. I've seen bingo, balls games and knitting."

Previously the home had an activity co-ordinator but there was now not one in post. The registered manager told us that a number of staff had held this post but that it had not proved successful. In recent months the registered manager had been trialling a system of all care staff getting involved in the provision of activities and that so far it had been successful. The registered manager told us they thought activities were now more personal to people's preferences and that more one to one activity was provided rather than a reliance on large group activities. The registered manager confirmed they would be seeking feedback from people and staff about the new arrangements to check they were satisfied with the new arrangements.

Throughout the day we saw that staff took the time to sit and chat with people. During our visit we saw staff asking people what they would like to do and some people chose to participate in making friendship bracelets and knitting. One person had been assisted by staff to have a pen pal and they were extremely excited to have received their first letter. We saw that they were supported to write a response. One person's care plan recorded that they liked to have walks around the garden and we saw staff supporting the person to do this. Some people preferred to spend time reading, listening or completing word searches. Discussions with people showed that staff supported them to maintain contact with their family or friends.

People told us they were aware of how to make a complaint and were confident they could express any concerns. People told us they would speak to staff if they were unhappy about something. One person told us, "I was worried about something last week. A staff said I looked worried and told me I must always tell them if I am not happy about something." A relative told us, "I have never complained, but I can speak to them if there is a problem." Another relative commented, "Whenever we raise a concern a resolution is reached."

The procedure on how to make a complaint was on display in the home and was available in alternative formats. Information was also available to people on how to contact advocacy services.

The records of complaints were detailed and included the investigations and outcomes related to each complaint. Where appropriate, people had been issued with an apology. People could therefore feel confident that they would be listened to and supported to resolve any concerns. Complaints and concerns were used as an opportunity for learning and to improve people's experiences.

Is the service well-led?

Our findings

A registered manager was in post and they were supported by two deputy managers. We observed they were available to people and staff and demonstrated a good knowledge of the people who lived at the home. One person told us, "[Staff name] is the manager. She is very nice and helpful." A relative told us, "I have confidence in how the home is managed." People using the service, relatives, staff and healthcare professionals were positive about the care provided at the service.

The registered manager understood their responsibilities; including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. Support was available to the registered manager of the home to develop and drive improvement. We saw that help and assistance was available from the district manager. Records showed that the district manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered.

The staff we spoke with confirmed that the home was well-led. Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. Staff meetings were used to help share good practice and improve the service. Minutes of staff meetings also showed that where complaints or concerns had been received these were shared with staff to help improve practice. All the staff we spoke with told us that the management team were open and approachable.

People and relatives were invited to give their views on the service they received, by attending meetings and completing feedback questionnaires. Regular group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. We saw that information was available to people about the action taken in response to their suggestions. There were in the form of 'You said, We did' posters. The registered manager told us that in the next few months work was due to commence on adding additional toilet facilities adjacent to the lounge. They told us these were needed as sometime queues for the toilets formed causing frustration to people. This demonstrated that people's feedback and experiences had been used to drive improvement within the service.

Regular checks were undertaken on care records, medicines management, health and safety and the environment to make sure it was maintained and safe for people. Audits were not just records based and also included observations of staff practice, for example people's meal time experiences. Where issues were identified an action plan was completed to address the issues.