

A D R Care Homes Limited

Keneydon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Keneydon House provides accommodation and personal care for up to 21 older people including those living with dementia. Accommodation is located over two floors. There were 17 people living in the home when we visited.

This inspection was undertaken on 21 January 2015 and was unannounced. Our previous inspection took place on 7 May 2014, and during this inspection we found that all of the regulations we looked at were being met.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw that the registered manager had followed guidance and had

Summary of findings

submitted an application for one person who liberty was being deprived. Staff we spoke with were unclear about the process to follow if people were being deprived of their liberty or where they had not got the capacity to make decisions. This put people at risk of having their liberty being deprived or a decision not being made in their best interests

There was a process in place to ensure that people's health care needs were assessed. This helped ensure that care was planned and delivered to meet people's needs safely and effectively. Staff knew people's needs well and how to meet these. People were provided with sufficient quantities to eat and drink.

People's privacy and dignity was respected at all times. Staff were seen to knock on people's bedroom doors and wait for a response before entering. They also ensured that people's dignity was protected when they were providing personal care. Care records we reviewed showed us that, wherever possible, people were offered a variety of chosen social activities and interests. People told us that the staff were very kind and knocked on their door before entering.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had a robust recruitment process in place. Staff were only employed within the home after all essential recruitment safety checks had been satisfactorily completed. Staffing levels were not appropriate to meet people's needs at all times.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action was taken to address any identified concerns. Audits, completed by the provider and registered manager and subsequent actions taken, helped drive improvements in the home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were not appropriate staffing levels to meet the needs of people who lived in the home.

Assessments were undertaken of risks to people and staff. Staff knew how to manage these risks.

There were processes in place to help make sure people were protected from harm and staff were aware of safeguarding reporting procedures.

Requires Improvement



Is the service effective?

The service was not always effective.

Not all staff had an understanding or were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (MCA and DoLS).

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals if they had concerns about a person's health.

Requires Improvement



Is the service caring?

The service was caring.

People who lived in the home told us they enjoyed living there and found the staff caring and kind.

Staff were respectful of people's privacy and respected their dignity.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

A complaints policy and procedure was in place and people told us that they knew how to complain.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People and staff were involved in the making improvements to the quality of the care provided. Arrangements were in place to listen to what people and their relatives had to say.

Procedures were in place to monitor and review the safety and quality of people's care.

Keneydon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 21 January 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with the local authority contract monitoring officer.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We observed how the staff interacted with people and how they were supported during their lunch.

We spoke with 10 people who used the service, six family members, the registered manager, the team leader, three care staff, one cleaner and one visiting health care professional.

We also looked at six people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

People we spoke with said that they felt safe and that they did not have any concerns about the way staff treated them. One person told us: “Oh yes, I feel safe”. Another person said: “I have not had anyone shout at me”. One person when asked if they felt safe and if staff were kind and they were well looked after, responded positively by nodding and smiling.

We found that there were insufficient staff to meet people’s needs in a timely way. Three care staff were on duty when we arrived at 9am plus the registered manager. One member of staff was taken off care duties at 11 o’clock to prepare the lunch. This then left two members of staff to support 17 people. The manager was in meetings. Whilst we sat in the dining room chatting with people, a relative came to visit their family member. During this time another person became quite upset and the family member had to go to another part of the home to find a member of staff to support them as the person had difficulty communicating their needs. The family member told us: “It is like this whenever I visit there is never enough staff around to help”. People told us: “I sometimes have to wait to go to the toilet as the staff are very busy”. A member of staff told us: “It does get very busy; we struggle sometimes to get to people in a timely way”. At lunchtime in the dining room, people were given their lunch and then staff went off for over 20 minutes to support people in their rooms. This meant that no staff were available to support people in the dining room during this time.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care records showed that risk assessments had been written with details on how to reduce the risk of harm occurring to people, whilst still promoting their independence. For example, one person had risk assessments in place in relation to their mobility and this said ‘encourage use of stick to prevent falls’. We saw staff

gently reminding the person that they needed to make sure they used their stick as they had forgotten. This ensured the person remained as safe as possible when mobilising round the home.

A family member told us if they had any concerns they would raise them but they told us they had no present concerns. One family member reported: “I am always happy to leave [family member] here and know they are safe”. Another family member said: I don’t know how they [staff] do it they are so patient”.

Staff told us, and records confirmed that staff had recently received training in protecting people from harm. We spoke with two members of staff who were able to tell us how they would respond to allegations or incidents of abuse. They knew how to report incidents both within the home and to agencies involved in protecting people outside the home. One staff member said: “I am confident in recognising signs of abuse and I would have no issue to report any concerns to the registered manager”. We spoke with the manager about a recent safeguarding issue and saw that this had been reported appropriately.

Two staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

Staff confirmed they had received training in medication administration. People we spoke with told us they received their medication regularly. One person said: “I am asked if I require any pain relief”.

We found that medicines were stored securely and at the correct temperature. We saw that people were offered pain relief and that it was accurately recorded. Appropriate arrangements were in place for the recording of medicines including disposal of medicines. Frequent checks were made on these records by the registered manager to help identify and resolve any discrepancies promptly.

Is the service effective?

Our findings

People we spoke with told us that they felt that staff understood their needs well and helped them improve their health. Staff told us about the care they provided and one said: “Getting to know people is important and looking in their care plans”.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had received training in MCA and DoLS and had put in an application for one person who was potentially having their liberty deprived. We were told by staff that a best interest’s decision had not been made for one person who was receiving covert medication or that they had a record of a discussion with the GP to agree this. Staff we spoke with did not have an understanding of MCA and DoLS or about people’s capacity to consent, although they were able to tell us they asked people what they would like to wear and what they would like to eat on a daily basis. The registered manager told us that she would arrange training for staff.

Staff were aware of people’s likes, dislikes and care needs. One person told us: “I talk with staff about my care, they listen to me”. We saw in one person’s care records that their life history was documented. A relative told us: “Staff keep me informed. They phoned me when [family member] went to hospital”. Another relative said: “They meet all my mums needs I can’t fault them”. This showed us that staff took the time to listen to people and their family members.

Staff told us they had received regular supervision and felt well supported to effectively carry out their role by the registered manager. Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control, food safety, moving and handling, and safeguarding people. Staff said that they had received a good induction when they started which included up to two weeks shadowing an experienced member of staff who knew the people in the home very well. This helped them get to know the people’s needs and routines.

We observed lunch being served to people. Most people we spoke with commented that they enjoyed their food. One

person told us: “The food is good. I am quite happy with everything”. Another person said: “The food is very nice. They know what you like. I never go hungry”. We saw that where people were either unable to eat in the dining rooms as they were being cared for in bed or chose not to, they were offered meals and refreshments in their rooms. During this time we heard staff gently encouraging one person to eat and drink. They were sitting next to them and talking with them throughout the meal asking them if they were ready for more food or drink. However, one person had had their meal placed in front of them by staff and then staff left them for over 20 minutes. When staff returned they made no attempt to encourage the person to eat their meal that would no longer be hot. When we mentioned this to the staff they then spoke with the person about their meal and provided them with encouragement and they then began to eat. Where people had any risk issues associated with potential inadequate nutritional intake we saw that referrals had been made to dieticians. This was to help ensure people had their dietary needs met appropriately.

People’s health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: “If I need to see a doctor the staff arranges this for me very quickly”. Another person said: “I do see a doctor now and then”.

We saw that a GP, district nurse and dietician had visited the service to provide advice to the staff to support them with meeting people’s needs. We noted all of this advice and information had been incorporated into people’s care plans. We spoke with one healthcare professional who was visiting the home. They told us that they had no concerns about the care that people received and the manager and staff work very hard in meeting people’s needs. They told us that people were referred appropriately and staff will seek further advice if they are unsure about a person’s care. People and their relatives told us if they needed to follow anything up with the staff, staff ensured it was sorted out straight away. This meant people could be confident that their health care needs would be reliably and consistently met.

Is the service caring?

Our findings

People who lived in the home were happy with the care they received from the staff and they told us that they got on well with them. One person said: “I am very happy here. The staff are lovely and cheerful and they always chat when they can”. Another person told us: “The staff are so good, and help me when I need it”.

One relative told us, “[Family member] gets good care. The staff are very good and caring and there is always a lovely atmosphere in the home. The staff are always helpful and show lots of patience”.

There was warm and welcoming atmosphere within the home. We saw staff supporting people in a patient and encouraging manner. We observed that staff provided reassurance and support to people who lived with dementia. One person did not want to sit down for their lunch and was walking around in the dining room. All staff were patient and respectful and provided reassurance to the person.

All members of staff told us that on the whole they enjoyed their work and found it to be rewarding. A staff member told us: “The work can be challenging but rewarding and I like to help the residents. We always try to encourage people to be as independent as possible and make them feel secure. It’s more than just a job”.

During our SOFI and general observations we found that when staff interacted with people they spent a little time

talking and listening to them. People were given information about their prescribed medication and they were supported to take this. People were asked if they wanted any of their ‘as required’ medication, such as pain relief. Staff, including the registered manager, checked people throughout the day to see if they were comfortable. A person said: “They always say, ‘Hello’ and ask how I am doing.” We saw that people shared a joke and a smile with members of staff and with each other.

We noted that staff respected people's privacy and dignity. All of the people that lived in the home had their own bedroom that they could go to whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with their personal care. Staff were able to describe the actions they took such as closing curtains and doors, checking on people's wishes and asking permission before providing care.

People could choose where they spent their time and there were several communal areas within the home where people could sit. One person told us: “I like to spend time in my room. That’s my choice and it’s respected”. We were invited by some people to look at their bedrooms and saw that people had been encouraged to bring in their own items to personalise them.

There was information available to people if they required support from an advocate in helping them to make decisions about the care and support they receive. No one at the time required support from the advocacy.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One member of staff told us: “I know all the people well in the home and what they like and don’t like. I help them to choose what clothes they want to wear for the day”.

One relative told us, “The staff know [family member] well and what they like and dislike. They socialise with other people so they are not alone. They take part in some of the activities that are offered and although they sometimes need encouragement they always enjoy it in the end”. People told us that during the previous week they had listened to a singer who had put on a show for them and they were able to sing along. They said they had thoroughly enjoyed it. A relative had taken photos and had put them into a frame which people were very pleased to show us.

People who lived in the home and their relatives were involved in planning the care and support they needed. The registered manager told us how people and their relatives were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live at Keneydon House. One relative we spoke with told us: “I am very happy with the home they meet [family member] needs very well”. Another relative said: “The staff always keep me well informed and I am kept up to date on

[family member] health and care needs”. Therefore, people and their relatives had been given the appropriate information and opportunity to see if the home was right for them and could respond and meet their needs.

People’s care plans we looked at were written to meet people’s individual needs which included mobility, communication, social needs and continence. Staff we spoke with were knowledgeable about the care that people needed to receive and said these plans helped them to reliably provide assistance for people.

The registered manager told us that there was not a dedicated person who delivered planned leisure activities for people, however, there was a timetable of pursuits for people should they wish to take part. These included reading the newspapers and discussion time, reminiscence sessions and music and movement. The home also had a relative who came into the home to undertake arts and crafts with people. We saw that people were listening a singing along to a DVD, another two people were sitting and having a chat and discussing what was happening in the news.

People who lived in the home and their relatives told us they were aware of how to raise a concern or a complaint. A relative told us: “I am very happy with the care and know that the manager would sort out things right away if I had any concerns”. A resident/relative meeting took place whilst we were in the home, we were told by the relatives they were always informed about the meetings and felt that they were able to and bring up any issues and suggestions.

Is the service well-led?

Our findings

People and staff that we spoke with described the management of the home as open and approachable. One person we spoke with told us: “[Registered manager] is around if I need anything and they come and sort it out”. One relative we spoke with told us: “[Registered manager] is very relaxed and available. They run it well”.

The home had a registered manager. The law says that there must be a registered manager to oversee and to be responsible for the care that people receive. This is important because it means that people who use the service and their relatives know who is accountable for the care provided in the service. We observed that the registered manager was able to offer support and advice to staff and also assist with care duties as required during this inspection.

Staff told us there was a clear line of management in the service and knew who they were accountable to if they had any concerns. The staff told us that the registered manager was on site during the day but that during the evenings, nights and weekends they were available if staff needed advice. Staff told us: “If I have any concerns I can’t deal with I will tell [registered manager] and they deal with them. Everything is run properly”.

The registered manager was available throughout the inspection and they had a good knowledge of people who

lived in the home, their relatives and staff. We observed that people were relaxed with the registered manager and saw that they made themselves available and chatted with people and their relatives.

During our inspection we spoke with the registered manager and four members of staff who worked in the service in various roles. Staff told us that they felt well supported by the registered manager. Staff told us: “I love it here, everyone is brilliant and [registered manager] will deal with everything. I feel I am treated well and am listened to”.

We saw that a satisfaction survey for people who lived in the home had recently been conducted. This included areas around, catering, personal care and support, premises and management. A full analysis had not yet been completed nor had any actions for improvement been highlighted. Information we received from the local authority had not raised any concerns about the care provided. We found that audits had been carried out on areas which included medication and the environment. Actions had been taken to address any areas highlighted for improvement.

Staff said told us that they would raise any concerns about poor practice and that they were confident these would be taken seriously by the registered manager. We saw that staff had access to written guidance about raising concerns. This guidance also provided staff to information on how to raise their concerns with external bodies about the care people received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People who use services were not being supported by adequate numbers of staff at all times to ensure their health, safety and welfare. Regulation 22