Amara Homes Limited

Kelstone Court Nursing Home

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

This inspection took place on 17 July 2018 and was unannounced.

At our last inspection of 13 and 14 June 2017 we found breaches of regulation in relation to safe care and treatment and good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Safe', 'Effective and 'Well-led' to at least 'Good'. At this inspection we found that the provider had made improvements to ensure they were now compliant with the regulations.

Kelstone Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kelstone Court Nursing Home accommodates up to 30 people in one adapted building. At the time of our inspection 26 people were residing at 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 time of our inspection the manager was in the process of registering with the CQC.

People that lived at the home were kept safe, and staff knew how to report any concerns in relation to people's safety. Any safeguarding incidents were thoroughly investigated and reported to the appropriate authorities. Staff were vetted to ensure that they were safe to work with people, and staffing levels were assessed to ensure they met the needs of people at the home.

Risks to people were adequately assessed and suitable guidance was in place to ensure that risks to people were mitigated. Health and safety checks were in place to ensure the premises were well maintained, and checks in place to prevent and control the spread of infection. People's medicines were managed and administered safely and in line with appropriate guidance.

Staff received training, supervision and appraisal to support them with the requirements of their role. People's consent was sought in line with the relevant guidance and staff knew how to support people to express their wishes.

The environment had improved to ensure that people were supported in a dementia friendly environment. People had access to healthcare professionals in a timely manner and were supported to maintain a balanced diet.

People felt that staff were caring and kind. People's privacy and dignity was respected, and they were encouraged to express their views.

The home was responsive to people's needs and suitable activities were available for people to participate in. People were consulted on their wishes and supported to discuss their end of life care needs. Complaints were handled thoroughly and responded to in a timely manner.

People and staff felt that the home was well-led. The manager had implemented positive changes to support the development of the home and improve quality assurance processes.

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.
People were safeguarded from the risk of abuse, and supported by staff that had been deemed safe to work with them.
People's medicines were administered safely, and any risks to people were appropriately recorded. Premises were well maintained to ensure they were clean, hygienic and safe.

Is the service effective?

Good

The service was effective.
People were supported to eat and drink well, and access healthcare professionals when they needed them.
The environment was effective in meeting the needs of the people living there, and staff received support to carry out their duties. People's consent was sought in line with the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.
People were cared for by staff that were kind and treated them with respect. People's privacy and dignity was respected and people were supported to be involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.
People were supported to maintain their relationships, and participate in regular activities. Where appropriate, people were supported to express their wishes in relation to their end of life care. A complaints policy was in place and the complaints received were well managed.

Is the service well-led?

Good

The service was well-led.
Positive changes had been made to ensure that quality assurance processes were robust in identifying improvements within the home. The management worked in partnership with other agencies and people and staff views were sought and acted upon.

Kelstone Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 July 2018 and was unannounced.

The inspection was conducted by one 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.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). The PIR is 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.

We looked at the care records for three people at the home. We also looked at three staff files and documents relating to the overall management of the service which included quality assurance audits, accident and incident records, complaints logs and training records.

During the inspection we spoke with six people living at the home, five relatives, two care staff, an activities co-ordinator, the cook and the manager.

Prior to our inspection we received feedback from the local authority that commissions the service.

Good

Is the service safe?

Our findings

People felt they were kept safe whilst living at the home. One person said, "I think it is very nice and safe here, very calm." A relative told us, "I feel she is safe here as she is well looked after and the staff is beautiful."

At our last inspection of 13 and 14 June 2017 we found that risks to people's safety had not been adequately assessed and identified. Risk assessments were not always reviewed in line with changes in people's needs. The care plans in place to manage risks were not detailed or specific and provided conflicting information.

At this inspection we found that people's risk assessments had been updated to accurately reflect their current needs. People's moving and handling risk assessments clearly stated the equipment that individuals required to support them to mobilise, including hoists, slings and any walking frames. One person told us, "I do need a hoist all the time and they are very careful with me" and a relative said, "My husband needs to be hoisted and this is always done well." People that required repositioning had turning charts in place to record their positions at the necessary time.

Appropriate bed rails assessments were in place where people required these to help prevent falls, along with accompanying falls risk assessments. Where people's skin integrity was at risk the 'Waterlow' score was used to review this monthly.

The premises were sufficient in meeting people's health and safety needs. Window restrictors were in place and hot water temperatures regularly checked to make sure people were kept safe. Premises safety was regularly maintained through gas safety checks, electrical testing and maintenance of fire safety equipment. Measures were in place to prevent the spread of infection, with staff using personal protective equipment such as gloves and apron. Regular cleaning schedules were in place and we observed the home to be clean and odour free.

People were supported by staff that were subject to safe recruitment processes. All staff had a disclosure and barring service (DBS) check, and where these required renewal the provider had identified this and appropriate action was being taken. Prior to employment staff were required to submit professional references, a full employment history and proof of identity. Records showed that the provider had taken appropriate steps to ensure staff were fit to work with people.

Staff were clear on how to safeguard people from the potential risk of abuse. One staff member told us, "For example, there's a safeguarding issue if a pressure sore comes up. We need to report it and the safeguarding team will come in and do an investigation." The staff we spoke with were able to tell us of the different types of abuse they should look out for, and records we looked at showed that safeguarding matters had been subject to thorough investigation.

People and staff felt that staffing levels were sufficient to meet the needs of people at the home. A staff member said, "Yes, I think there's enough of us. We help each other, we're a good team. We take time with them [people], sit and talk with them."

The nurses at the home were responsible for the administration of people's medicines. One person said, "The nurse is very good with my medication and it is always at the same time." People's medication administration records included a cover sheet with people's photograph and any allergies. The manager was in the process of updating these records to include a full list of people's diagnosis. People had appropriate guidance in place from the pharmacist where they subject to covert medications. Whilst staff that we spoke with knew how these medicines should be administered these were not always clearly recorded on people's covert medicines sheets. The provider told us that these would be updated with immediate effect, we were happy with the provider's response.

The manager undertook regular audits of medicines to check the accuracy of stock balance checks and recording of medicines administration. Checks showed that records were fully completed and action taken where issues arose. Staff responsible for administering medicines had their competencies reviewed annually and records showed that these were in date.

Good

Is the service effective?

Our findings

At our last inspection of 13 and 14 June 2017 we found that the environment of the home was not dementia-friendly in meeting the needs of the people living there. The provider had a programme of work planned to upgrade the environment throughout the building; however carpets were worn and the decor of the home was looking tired.

At this inspection of 17 July 2018 it was clear the home had been refurbished, with new flooring and redecoration throughout. Sensory displays adorned the communal corridors, including artificial flowers, sailing themes and photographs. One stairwell had framed photographs of past residents of the home which had been provided by people's relatives. People told us how they had been consulted on the updated design of the home. One person told us, "Lots of decorations on the walls and I was asked about which ones I would like and I was also able to choose my blind and the colour of paint on my walls."

The environment of the home was conducive to maintaining a dementia friendly environment. People's room doors were clearly defined with different colours, knockers and their photographs outside to support people with orientation. There was clear signage throughout the home to support people to access communal areas and colourful murals were displayed throughout the home. People's rooms were personalised with family photographs and ornaments of people's choosing.

The home had several iPads for people to use. Where one person was non-verbal they were supported to watch opera or horse racing. Another person told us, "I love the iPad and they help me to use this."

Staff received appropriate training to enable them to carry out their roles. A full week induction was provided to staff which included on the job shadowing, policies and procedures and the review of people's care plans. Records showed that staff were up to date in a range of topics including moving and handling, safeguarding, basic life support, infection control, end of life care, dignity, diet and nutrition and person centred care. Staff that we spoke with spoke well of the training that they received and felt it supported them in their work.

The manager ensured that staff received regular supervision and appraisal of their work. A schedule was in place to ensure that staff received a mix of individual and group supervision on a regular basis. All staff had been subject to an annual appraisal where required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The provider was in the process of improving their recording of people's capacity assessments, following feedback from the local authority. People's files included clear consent forms where people did have capacity, and we were satisfied that the provider was making good progress.

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 Deprivation of Liberty Safeguards (DoLS). The manager kept a log of people's Deprivation of Liberty Safeguards (DoLS) so that they were clear when these needed to be renewed.

People were supported to access a well balanced diet that met their nutritional needs. People spoke positively about the food options available to them telling us, "Excellent food. What they are very good at is vegetables" and "I'm amazed, the food is brilliant, always the right amount and tasty and there is always a choice." The cook knew people's dietary needs well and kept an accessible record of those that required fortified or textured foods. The cook told us, "One person is gluten free and I have the foods they like" and "I always give people what they like, one person doesn't eat pork so I will give them chicken."

There was access to a range of healthcare professionals at the home to ensure that people's needs were met. People told us, "The doctor comes once a week. The chiropodist comes every six weeks and one of the staff cuts my fingernails" and "I can see the doctor if I needed to." Records showed that people had accessed physiotherapists, dieticians, speech and language therapists (SALT), foot care and opticians. The manager had also improved links with the local GP surgery to ensure that a regular GP attended on a weekly basis to review people's needs where appropriate.

Staff used regular handovers to communicate any changes in people's needs between shifts. A staff member said, "We use daily notes and we handover by going round to each resident's room. We report any issues to the nurse."

Good

Is the service caring?

Our findings

People and their relatives told us that staff at the home treated them with kindness and compassion. People told us, "They are so patient, I find that extremely touching", "The staff are all very kind" and "I don't feel rushed." A relative said, "Staff are very patient and understanding. Very good, they know what to do." Another relative said, "All the staff are very friendly."

Throughout the inspection we observed thoughtful and considerate interactions between staff and people such as getting down to people's level to engage them in conversation and maintaining eye contact.

People were treated with dignity and their privacy was respected. One person said, "I am treated with dignity and respect." Staff knocked on doors and asked residents if they wanted their doors left open or closed when they were in the room. We observed that staff used a portable screen to protect people's privacy when supporting them with moving and handling in communal areas. A staff member told us of supporting with personal care, "I cover people with a towel at all times, wash their upper part first and then put their clothes on."

People were supported to be as independent as they were able to. One person told us, "They help me to be as independent as possible." We observed one staff member supporting a person to drink their tea by placing the cup in their hands and supporting them to sip at their own pace. A staff member said, "We try to encourage people to do what they can. For example, cream their hands or wash their face. It doesn't matter if it's a little amount, we'll encourage them."

Staff understood the importance of keeping people's information confidential. A staff member said, "I do not discuss personal matters, not in front of other residents." Care plans were securely stored in a key coded room.

Good

Is the service responsive?

Our findings

People and where appropriate, their relatives were involved in the planning of their care. A relative said, "(My family member) has the flexibility to do what she wants." One person told us, "They [staff] listen to what I would like and I usually get that." A relative told us, "I was involved in my wife's care plan."

People's care files included initial assessments of people's care needs by the local authority, as well as an assessment completed by the provider prior to their moving into the home.

Relatives were able to visit people at unrestricted times and were supported to maintain important relationships. One relative told us how they visited daily and another came to take their family member out for the day.

The home offered a range of activities to engage and stimulate people. One person said, "I said it would be lovely if we had a little newspaper and they responded with the daily sparkle which I love." A daily reminiscence newsletter was in circulation and we saw that this was well liked by people at the home. Residents were able to have a variety of their own possessions and furniture in the room. There were twice daily activities on offer, and people were given a weekly diary of events and this was displayed in the communal lounge. There was a hairdresser that visited every two weeks.

The activities coordinator was very active and popular in the home and people that we spoke with told us they enjoyed the variety that was on offer. A relative said "My husband and I go to the local pub with a group from the home every Friday, they are very accommodating" and one person said, "I enjoy the activities, I will do the yoga this afternoon."

People's care files reflected their religious and cultural needs. We observed one person looking at a cook book of their cultural foods and history. The home had a Roman Catholic representative attend the home on a weekly basis whilst another person visited their place of worship in the community. A relative said, "My [family member] is roman catholic and sister Catherine and the priest both visit."

People were supported to express their end of life wishes, and these were recorded in a 'looking ahead' section of their care plan. Where people were unable to express their wishes, their relatives were consulted. End of life wishes included any personal preferences and next of kin details.

The providers complaints policy was clear, with complaints forms accessible in the corridor as well as a suggestions box. One person told us, "I would go to the manager if I needed to complain but I haven't needed to." A relative said, "Any problems they sort out. I'd go to [the manager], I've never had to complain about anything." We looked at the providers complaints records and saw that all instances had been thoroughly investigated and responded to in a timely manner.

Good

Is the service well-led?

Our findings

The current manager had recently commenced their role within the last six months, and staff spoke positively about the impact they had on the home. One staff member said, "The changes have been honestly good. Teamwork is better, support from the manager is good. He's guiding us on what to do, how to improve our work." Another told us, "He supports us well, tried to help us. When we have a problem, he never says no. He's made things better, made many changes."

One person said, "Excellent manager, firm but kind. I've seen him help with feeding residents. He is always visible." Relatives told us, "The manager is very friendly and if I ask for anything he gets on to it straight away" and "What I've seen of the manager he seems fine and I think the home is very well run."

At our last inspection of 13 and 14 June 2017 we found a breach of regulations in that the provider had not ensured accurate, complete and contemporaneous records were maintained about people's care needs. The provider had not had enough time to ensure robust systems to review the quality of care delivery were embedded. At this inspection we found that action had been taken to ensure the provider was compliant with the regulations.

The manager was also a registered nurse, and covered a shift every weekend. This ensured that they were up to date with their nursing practice, as well as being familiar with people's practical needs. Feedback from a local commissioner was, "Everything appeared to be progressing in the right direction."

Quality assurance systems were well organised and regular checks were in place to monitor service delivery at the home. Records showed that audits were regularly conducted in relation to medicines, care files, health and safety and infection control. The manager was in the process of reviewing all people's care files to ensure they were organised and updated on new paperwork.

The manager was clear on their responsibilities to the CQC and was aware of the important incidents they were required to notify us of. Records showed that the manager had been compliant and prompt with our requests for information.

Staff were invited to attend regular team meetings to discuss operational issues across the home. People and their relatives were able to attend regular meetings to express their views, records showed that people had been consulted on the décor of the home and updated on liaisons with healthcare professionals. One person said, "They have residents meetings, I've only been to one and really enjoyed it." A relative told us, "There are residents/relatives meetings 3 or 4 times a year. They are very responsive to requests at meetings."

Stakeholder feedback forms were available for people and visitors at the home to complete. We looked at recent feedback received and saw that all feedback had been marked as either 'Excellent' or 'Very Good'.

The manager had links with other organisations in the local community to support people at the home

including the challenging behaviour team, social workers and the impact team. Children from the local school attended during the festive period and a student placement from the local hospital volunteered on a weekly basis.