We Care Residential Homes Ltd

The Kilkenny Residential Care Home

Inspection report

Kilkenny Residential Care Home
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Frinton On Sea
Essex
CO13 9EG

Tel: 01255672253

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21 April 2016

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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

The inspection took place on 21 April 2016 and was unannounced.

The Kilkenny provides accommodation and personal care for up to 10 older people. The service does not provide nursing care. At the time of our inspection there were six people using the service.

There was a registered manager in post at the service. 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.

People were safe because the registered manager and staff understood their responsibilities in managing risk and recognising abuse or poor practice. People received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to safely meet people's needs in ways that they preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The provider and registered manager supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who knew them well. Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected.

There was an open culture and the registered manager encouraged and supported staff to provide a good standard of individual care.

The provider had systems in place to check the quality of the service and take people's views into account to make improvements to the service.

The provider had systems in place so that people could raise concerns and there were opportunities available for people or their representatives to give their feedback about the service.

The registered manager was visible and actively involved in supporting people and staff. Staff were positive about their roles and their views were valued by the provider and the registered manager.

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

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

The premises were well managed to meet people's needs safely.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and provided care in a dignified manner.

Staff understood how to relieve distress in a caring manner.

People were encouraged to be as independent as they were able to be.

Is the service responsive?

Good

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed.

People were supported to maintain family and social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service.

Is the service well-led?

Good

The service was well led.

The service was run by a capable management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

The Kilkenny Residential Care 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 21 April 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with three people who used the service about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager and two members of staff.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, recruitment and personnel records and quality monitoring audits. We also examined questionnaires that had been completed by relatives and health professionals as part of the provider's quality assurance processes.

Good

Is the service safe?

Our findings

Staff had received training in safeguarding and understood their responsibilities to keep people safe and protect them from harm. They were able to explain what steps they would take to protect people and they would react straight away if they saw or heard anything which they were worried about. Staff told us they were a small close team and if they had any worries they could discuss them with the registered manager.

We saw from people's care records that there were processes in place to manage risk. People's care records contained assessments of risks relevant to the person and we saw a range of risk assessments that included risks when being transferred using a hoist and sling. Assessments were carried out using nationally recognised assessment tools, for example the Braden scale, a tool used to evaluate the risk of a person developing pressure ulcers and the Malnutrition Universal Screening Tool (MUST) to assess any risks relating to eating, drinking and nutrition. People also had risk assessments relating to mobility and falls. Where a risk was identified there were details of safeguards in place to minimise the risk for the person to an acceptable level without being unduly restrictive. We saw that any input required from staff and agreed with the individual was clearly recorded. Risk assessments were reviewed regularly every month or when any change was noted that could indicate the risk level was changing.

The registered manager and the staff team carried out health and safety audits to check the premises was maintained in good order and was safe. The checks included weekly tests of fire systems including emergency lighting. Water systems were checked for legionella and staff followed Health and Safety Executive guidelines and every week flushed out taps and showerheads that were not used frequently.

There were clear systems in place to recruit staff and check their suitability for the role they were to carry out. The processes included taking up two or more relevant references and Disclosure and Barring Service (DBS) checks to confirm that people are not prohibited to work with vulnerable people who require care and support. They carried out an initial interview, made a shortlist and re-interviewed before an offer of employment was made. We saw that staff records were well organised and confirmed that the recruitment process was followed. The registered manager explained that they were a small staff team who worked closely together so it was important to recruit staff with the right skills and attitude.

During our inspection we saw that there were sufficient staff to meet the needs of the people at the service. The atmosphere was very relaxed and staff responded promptly when someone requested support. People told us if they spent time in their rooms they could use their call bell and a member of staff would come to check what they needed. One person said, "When I ring my buzzer they come."

The registered manager had systems in place for the safe receipt, storage and administration of medicines. Medicines were delivered from the pharmacy already dispensed in monitored dose packs. We observed staff administering people's medicines during our inspection and saw that good practices were followed. People knew what their medicines had been prescribed for and staff sought consent from people before giving them their medicines. We saw that medicines administration record (MAR) sheets were signed when the medicines had been given. Each person's MAR sheet contained a clear record of any allergies or intolerances

the person may have had.

Good

Is the service effective?

Our findings

Staff we spoke with had been at the service for a number of years and told us that they updated their mandatory training regularly. Personnel records confirmed that staff received a range of training that included health and safety, infection control, safeguarding, food hygiene and medicines training. Staff were knowledgeable about people's needs and felt that their training gave them the information they needed. Health professionals who completed surveys as part of the provider's quality monitoring system gave positive feedback about staff knowledge and how they provided care. One health professional stated, "I have made recommendations that have been followed up. Staff have detailed communications regarding [people's] health and have extensive knowledge in all aspects of their life and well-being."

For newly recruited staff there was a three day induction to familiarise themselves with policies and procedures. They then worked alongside established members of staff and spent 12 weeks completing the care certificate. The care certificate is a set of standards that social care and health workers follow in their daily working life. It is the new 'minimum standards' that should be covered as part of induction training of new care workers.

There was a system in place for supporting and supervising staff. A member of staff explained that there were three ways that they received support; they had individual face-to-face supervisions, staff meetings and the registered manager carried out observations of staff competency when providing care and support. The registered manager explained that some staff meetings were planned and formal but they also had meetings as and when required to discuss and issues or changes to people's care. We saw that all staff had a personal development plan in place.

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. The registered manager had a clear understanding of their responsibilities under the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

People told us they were happy with the food and choices available to them. They said they enjoyed their meals and the food was freshly cooked. One person said, "You just say what you would like." We saw that staff discussed choices available for lunch and people said what they would prefer. Food was freshly cooked and was well presented; people told us that the food was very good. People were offered a choice of refreshments during the day including tea, coffee or fruit tea. One person said, "If we don't like it [food] we can tell them. The manager would listen."

Staff were able to demonstrate a good understanding of people's nutritional needs and, if anyone had a poor appetite or needed to gain weight, advice was sought from health professionals about providing appropriate fortified foods to build up their strength.

People's care records had clear information about people's health needs. Their individual health needs were monitored and input from relevant health services was sought. People told us they were supported to see health professionals such as doctors and community nursing services. A health professional who completed a survey as part of the provider's quality assurance monitoring stated, "They are prompt in requesting visits" and "[Staff] have always acted on advice given and are proactive prior to the visit, putting preventative measures in place as requested."

The design of the premises met people's needs and people told us they liked it because it was homely. One person said, "This is as good as anywhere. It's small." There was sufficient communal space for people to choose whether they wanted to socialise or if they preferred to be somewhere quiet.

Good

Is the service caring?

Our findings

Staff were polite, caring and friendly when speaking with people. We heard a member of staff thanking someone for coming to join in the coffee morning celebration. A health professional stated in a survey they completed as part of the provider's quality monitoring process, "Staff are very happy, friendly and professional" and "I am always greeted by staff, offered refreshments and taken to a private area to talk."

Throughout our inspection we observed that staff were polite, calm and friendly and people were complimentary about how staff treated them. A person told us, "They are pretty caring. They treat you with respect." Another person said, "They're marvellous here." A member of staff said, "We have time to chat with people" and we observed that relaxed and chatty conversations went on throughout the day.

People were encouraged and supported to maintain their independence. For example, one person was determined to be as independent as possible and preferred to make their own bed on a daily basis, only asking for assistance to change the bed linen.

There were care plans in place for a person needing end of life care. Staff told us that they had sought input from the speech and language therapy team (SALT) who had carried out a dysphagia assessment to evaluate the risks and put in a plan to put in the best possible care for the individual. Staff told us they had learned how to place the person in "an ideal position for eating and drinking" and demonstrated a good understanding of the risks of coughing and choking and the serious impact that could have on a person's health.

The registered manager and staff had engaged with health professionals to provide specialist support to provide appropriate palliative care. Relevant equipment was in place including a pressure relieving mattress and a repositioning plan to minimise the risk of pressure ulcers developing. A syringe driver was in place to administer medicines for pain relief and advice and support was provided from the hospice's 'SinglePoint' team. SinglePoint is a hospice service that provides expert advice and helps co-ordinate a person's end of life care.

An assessment had been carried out when considering whether resuscitation was appropriate for someone on end of life care. Family members were involved in the decision making process and a doctor was consulted. For someone who is on end of life care, cardiac arrest may be an expected part of the dying process. In these situations cardio pulmonary resuscitation (CPR) will not be successful. Making and recording an advance decision not to attempt CPR would help the person to die in a dignified and peaceful manner in their preferred place of care.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved to the service and the assessment covered areas such as their health needs, social preferences, their values and beliefs. Staff knew people well and this was reflected in the level of detail in the care plans. Staff knew about people's personal history, their likes, dislikes and preferences. Each person's preferred daily routine was recorded with their preferences clearly set out. This included details about where they had chosen to eat their meals, their preferences about how and when they had hot drinks.

People enjoyed in-house activities but one person told us they preferred their own company and did not really join in. People chose how they spent their time both at the service and in the wider community. One person told us they enjoyed reading the newspaper and had satellite television to watch sports programmes. A person said, "I have always liked people but I do like to stay in my room." Someone else said they liked cake decorating. People followed their own interests and hobbies and also had opportunities to take part in social events. We saw staff consulting people about what they wanted to do. People told us they enjoyed going out for walks and shopping.
On the day of our inspection people were having a coffee morning to celebrate a Royal event. People were socialising in the lounge before the coffee morning began, they were discussing current events and chatting. One person was reading the newspaper and joined in with a few comments. The atmosphere was relaxed and people were smiling, reminiscing and laughing. Staff consulted with people about what music they would like to hear and we saw that people were singing along enthusiastically.

People were supported to keep in touch with family and friends so that they could maintain relationships and avoid social isolation. One person told us they had their own telephone line in their room so that they could keep in touch with friends who lived abroad.
People were aware of how to make a complaint and they told us that they were confident they could raise any issues with staff. People did not have any complaints but one person said if there was anything, "The manager is lovely, she sorts it out."

Good

Is the service well-led?

Our findings

The registered manager took a hands-on role supporting people alongside the staff team. A member of staff told us, "I feel well supported. Teamwork is important." They said that they felt valued and could bring up issues and, "[The manager] will listen." A senior member of staff said that their input was listened to and their "opinions were respected." They also told us, "We feel valued by the manager. At the end of the shift she will say, "Thank you for a nice shift" which is good."

The provider and manager had a clear vision about providing a service that treated everyone as an individual and recognised their diversity. Staff understood what was expected of them and they were aware that the culture of the service was to respect dignity, independence and choice.

Staff were clear that they recognised good practice and understood the standard of care people should expect. They were confident the service they provided did not fall below these standards but would not hesitate to raise any concerns. Staff understood whistleblowing procedures but had not been in a situation where this was necessary.

As part of the provider's quality assurance process, they sent out surveys to relatives, visitors and health or social care professionals. The most recent survey had been carried out in January 2016 and we saw that positive responses were received from people who lived at the service and from health professionals. Professionals were complimentary about how the service was managed and the standard of care provided by staff. Another aspect of the quality monitoring process was to seek the views of people who lived at the service directly. The provider visited the service weekly and spoke with each person individually and privately so they could give their feedback. The provider also took people out during the day for further opportunities to chat.

Notifications about incidents were submitted to the Care Quality Commission (CQC) as required by regulations. Information in notifications was clear and informed us how incidents were managed, what actions were taken and what measures were in place to reduce the risks.

There were systems in place for managing records. People's care records were well maintained and contained relevant information. All records examined including people's care records, personnel records and health and safety documents were up to date. The registered manager audited people's care plans regularly and updated the records in response to any changes in people's care or support needs.

All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.