Care Quality Commission

Choice Support

# Roy Kinnear House

## Inspection report

289 Waldegrave Road
Twickenham
Middlesex
TW1 4SU

Tel: 02072614100

Date of inspection visit:
24 January 2020
28 January 2020

Date of publication:
06 March 2020

## Ratings

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

# Summary of findings

## Overall summary

About the service
Roy Kinnear House is a care home providing nursing care and support for up to six people with learning disabilities or autistic spectrum disorder. The home is managed by Choice Support and is situated in the Twickenham area within the London Borough of Richmond Upon Thames. There were six people living at the home at the time of the inspection.

The service applied the principles and of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found
The home was safe for people to live and staff to work in. Although people were not able to communicate verbally, their positive responses and body language indicated that they enjoyed living at Roy Kinnear House. Risks to people were assessed, which enabled them to take acceptable risks, live safely and enjoy their lives. Accidents, incidents and safeguarding concerns were appropriately reported, investigated and recorded. There were enough appropriately recruited staff to meet people's needs. Medicines were safely administered.

People were not discriminated against and their equality and diversity needs were met. People were spoken to in a patient, clear way that they could understand, by well-trained, supervised, and appraised staff. Staff understood people's health needs and provided them with access to community-based health care professionals, as well as nursing and support staff employed at the home. Staff protected people from nutrition and hydration risks and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests.

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

The home's atmosphere was welcoming, friendly and warm with people enjoying the way staff provided them with care and support. Staff were caring and compassionate. Many positive interactions took place between people and staff. Staff observed people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and had access to advocates.

People received person centred care and their needs were assessed and reviewed. They had choices, followed their interests and hobbies and did not suffer from social isolation. People and their relatives received information that enabled them to make decisions. Complaints were recorded and investigated.

The home's culture was open, positive and honest with transparent management and leadership. The organisation's vision and values were clearly set out and understood by staff. Areas of responsibility and accountability were identified, and service quality frequently reviewed. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection
This service was registered by us on 28 January 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service was safe.<br><br>Details are in our safe findings below. | **Good** ● |
| **Is the service effective?**<br>The service was effective.<br><br>Details are in our effective findings below. | **Good** ● |
| **Is the service caring?**<br>The service was caring.<br><br>Details are in our caring findings below. | **Good** ● |
| **Is the service responsive?**<br>The service was responsive.<br><br>Details are in our responsive findings below. | **Good** ● |
| **Is the service well-led?**<br>The service was well-led.<br><br>Details are in our well-Led findings below. | **Good** ● |

Care Quality Commission

# Roy Kinnear House

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Roy Kinnear House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
We checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection

All six people did not have verbal communication. They could communicate using body language. We spoke with six relatives, six nurses and care workers, an organisation trainer and the registered manager. We looked at the personal care and support plans for three people and four staff files. We contacted five health care professionals to get their views and spoke to one who was visiting the home.

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.

After the inspection
We requested additional evidence to be sent to us after our inspection. This included the staff training matrix, audits and activities information. We received the information which was used as part of our inspection.

Good

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse.
● People were non-verbal however their positive and relaxed body language indicated that they felt safe. One relative told us, "A very safe environment, never felt it isn't."
● Trained staff identified any possible abuse and took appropriate action if they encountered it. Staff knew how to raise a safeguarding alert. There was no current safeguarding activity. A safeguarding procedure was included in the provider's policies and procedures.
● Staff advised people how to keep safe and areas of individual concern about people were recorded in their care plans.

Assessing risk, safety monitoring and management
● People took acceptable risks and enjoyed their lives safely. Risk assessments that included all aspects of their health, daily living and social activities, facilitated this. The risk assessments were regularly reviewed and updated as people's needs, and interests changed.
● Staff knew people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks.
● The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people, which was serviced and maintained.
● Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans if required.

Staffing and recruitment
● There was a thorough staff recruitment process and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to starting in post. There was also a six-month probationary period with a three-month review.
● There were enough staff to provide people with flexible care to meet their needs. Staffing levels during our visit matched the rota and enabled people's needs to be met and for them to pursue activities safely. One relative said, "Very rare it feels there are not enough staff."

Using medicines safely
● Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's

medicine records, including the controlled drugs register were fully completed and up to date. Controlled drugs were drugs that required additional oversight. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people would be encouraged and supported to self-medicate.

Preventing and controlling infection
● Staff had infection control and food hygiene training that was reflected in their appropriate work practices.
● Staff used personal protective equipment (PPE), as required, such as gloves and aprons.

Learning lessons when things go wrong
● The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would use. The incidents were analysed to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.

Good

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People were non-verbal however their positive and relaxed body language indicated that the service was effective.
- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies. A relative said, "Would I live here, yes." Another relative said, "Staff are very knowledgeable about [Person using the service]."
- When people moved in, the commissioning body; provided assessment information and further information was also requested from any previous placements. The home, person and relatives also carried out a pre-admission needs assessment. The speed of the pre-admission assessment and transition took place at a pace that suited the person's needs.
- People were able to visit the home as many times as needed to decide if they wanted to move in. During these visits assessment information was added to.
- Staff knew the importance of being aware of the views of people using the service as well as relatives so that the care provided could be focussed on the individual.

Staff support: induction, training, skills and experience
- Staff received an induction and mandatory training that enabled them to support people in a way that met their needs effectively. A staff member told us, "The training is based on people's support needs."
- New staff were able to shadow more experienced ones as part of their induction. This increased their knowledge of people living at the home, their routines and preferences. One staff member told us, "I'm new and have been shadowing and following routines."
- The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. This included epilepsy, stroke awareness, depression and anxiety and Percutaneous Endoscopic Gastronomy (PEG) feeding through a tube directly into the person's stomach.
- Staff received quarterly supervision, annual reviews and there were six weekly staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink sufficiently to maintain a balanced diet.

● People had care plans that included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated.
● Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Meal times were arranged around people's activities and health needs.

Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain their health as staff had good working relationships with external healthcare services and received ongoing healthcare support.
● The home provided written information and staff accompanied people on health and hospital visits when required.

Adapting service, design, decoration to meet people's needs
● The home was appropriately adapted and equipped, to meet people's needs. Equipment used to support people was regularly checked, serviced and required individualised equipment was in place.

Supporting people to live healthier lives, access healthcare services and support
● People received annual health checks and referrals were made to relevant health services, as required.
● Everyone was registered with a GP and a dentist. People's oral hygiene was checked on a daily basis. People had access to community-based health care professionals, such as district nurses and speech and language therapists as needed.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood their responsibilities regarding the MCA and DoLS.
● Six people, who required them, had up to date DoLS authorisations in place and one was being re-assessed during the inspection.
● Mental capacity assessments and reviews took place as required.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were non-verbal however their positive and relaxed body language and affectionate response to staff indicated that they felt staff were caring and they enjoyed staff's company and were relaxed in it. They also looked very comfortable with each other. During our visit, people were smiling and laughed a lot. A relative told us, "Staff are highly trained, skilled and careful." Another relative said, "Staff are brilliant, a really good team."
- People came and went and did as they pleased with staff support.
- Staff received equality and diversity training enabling them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. Staff treated people as adults, did not talk down to them and people were treated respectfully and equally. A relative told us, "There is no babyfication here."

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were passionate and committed to the people they cared for, delivering that care in an empowering way.
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly. This was in an enjoyable environment and was reflected by positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy. This included discreetly attending to people's personal care needs.

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

- People were supported to express their views through staff understanding their gestures and non-verbal methods of communication. This knowledge was built up through staff experiences with people using the service and staff forming relationships and bonds.
- It was demonstrated that these methods worked by people attending various activities they had chosen including going to the shops and music sessions.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff knowledge of them and their wishes and preferences. This enabled staff to understand what words and gestures meant and helped people understand staff. When people were showing distress or frustration, staff gave them alternative activities to calm situations.
- Staff tried hard to maintain people's independence by encouraging them to do things for themselves and develop their life skills. Two people were supported to regularly go food shopping and this took place during

our visit.

● Staff were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly.

● The home had a confidentiality policy and procedure that staff understood and followed. The need for confidentiality was included in induction and on-going training and contained in the staff handbook.

● There was a visitor's policy that stated visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Good

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's positive responses reflected the appropriateness of the support they received. A relative told us, "Staff take time to let people respond." Another relative said, "They [Staff] get people to join in engaging in everyday activities."
● People were supported to express their views through a number of methods including using gestures and behaviour that staff understood the meaning of. This was underpinned by staff knowledge of people built up through relationships, bonds and experience.
● It was demonstrated that these methods worked through people attending various activities they had chosen including Hydro pool, Aromatherapy, Arts and crafts and walks in the local area and parks. Two people attended music therapy during our visit. A relative said, "She [Person using the service] loves going swimming."
● People and their relatives made decisions about their care, how it was delivered and activities they wanted to do, with staff support. Staff ensured people understood what they were telling them, their range of choices and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with.
● Staff met people's needs and wishes in a timely way and manner that people were comfortable with and enjoyed.
● People's care plans were individualised, recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them.
● Each person and their relatives were encouraged and supported to participate in their care planning, where possible. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set.
● A review with the Clinical Commissioning Group (CCG) took place during our visit, that was attended and contributed to by a relative. Time was also spent with the person using the service.
● Staff made themselves available to people and their relatives to discuss any wishes or concerns they might have.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The AIS was being followed by the organisation and staff, with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand

what they meant and were saying. People were also given the opportunity to respond at their own speed.
● The home provided easy to understand written information for people and their families.
● Staff explained to us what people's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People had activities that were individual to them and as a group. The activities included; in-house wheelchair dancing and pampering sessions, cinema, and housework. During our visit there were simultaneous activities going on with people enjoying reading books and wind chimes with staff. A valentine card making session also took place with lots of glitter being spread around, which people enjoyed. A weekly volunteer visited for reading and music sessions.
● The home had a sensory room that was external to the main building. The room had padded side panels, crash mats, a heated waterbed, bubble machines, music system, projectors, fibre optics, glitter ball, sensory panels and ceilings, inflatable pea nut balls for support and tactile walls.
● Being detached from the main building meant that the sensory room became a destination for people and heightened the feeling of being at an event.
● People were encouraged to develop their life skills by helping with tasks around the home such as cooking.
● There were trips to places such as Kew Gardens, river trips, the Sea Life centre, seaside and Chessington, although these tended to take place when the weather was warmer.
● People were encouraged to keep in contact with relatives, and relatives to visit. One relative was present during our visit.

Improving care quality in response to complaints or concerns
● There was a robust system for logging, recording and investigating complaints, that was followed.
● Relatives said they were aware of the complaints procedure and how to use it. The complaints procedure was provided in pictorial form for people to make it easier to understand.

Good

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The home's culture was open, inclusive, and empowering which meant that people and their relatives were informed if things went wrong with their care, and support was provided with an apology. This was, to a large part, due to the attitude and contribution made by the registered manager and staff. They listened to people and acted upon their wishes. One relative told us, "The service is on the up. I feel very confident in the [Registered] manager."
● Relatives said the registered manager was good and the home very well-run. A relative said, "The {Registered] manager has their hands firmly on the steering wheel and has a very clear view of how a team works." A staff member said, "We [Staff] discuss opportunities for improvement."
● The organisation's statement of purpose had a clearly set out vision and values that staff understood. These were explained during induction training and revisited periodically at staff meetings.
● Staff reflected the organisation's stated vision and values as they carried out their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping and medicines management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care
● There were quality assurance systems in place. They contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets.
● Audits were carried out by the registered manager, staff, and the internal quality team. They were up to date. There was also an audit action plan. This meant people received an efficiently run service.
● The records kept demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home had close links with services, such as speech and language therapists, physiotherapists, occupational therapist and learning disability nurse. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The home's registered manager said they were intending to attend the Richmond Learning Disability Providers Forum to keep up to date with developments in the learning disability field, take part in workshops and swop ideas and information. The forum had been run by the local authority. It was now run by another provider.
- Staff made sure that people had access to local resources that provided advocacy and advice, if required.
- Relatives said they visited and had frequent contact with the home, who kept them informed. A relative told us, "We are kept up to date." The organisation sent out surveys to people's, relatives and staff. Suggestions made were acted upon and adjustments made from feedback received.
- The home provided placements to student nurses from a university for 3 to 16 weeks. A maximum of two student nurses, at a time, were accommodated to ensure that there were not too many new faces.