

Kevindale Residential Care Home

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Inspection report

Kevindale
Broome, Aston On Clun
Craven Arms
Shropshire
SY7 0NT
Tel: 01588660323

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 20 November 2015 and was unannounced.

Kevindale is registered to provide accommodation with personal care to 18 older people. When we carried out our inspection 14 people were living at the home.

There was a registered manager in post. 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.

The provider needed to make improvements with their recruitment of care staff. The provider could not make assurances that staff employed were fit and proper to work with people.

Summary of findings

People were treated with respect, kindness and compassion. People were involved in the planning of their care and support and reviews took place appropriately. They were supported by staff that were knowledgeable of their individual needs and preferences. There were sufficient staff on duty to keep people as safe as possible.

People had access to other healthcare services when needed and a record was maintained of when healthcare professionals had visited.

People's medicines were stored securely and available at times when they needed these. Staff had the knowledge to support people with taking their medicines. Checks were in place so that people could be assured of receiving their medicines as prescribed.

People had time and space to see their friends and relatives when they wanted. People were encouraged to maintain contact with those that mattered to them. Information technology was provided to assist long distance relationships.

People were involved in the delivery of the service. They were confident that any complaints concerns or suggestions would be taken seriously and if needed action taken.

The registered manager was approachable and supportive. Quality checks were regularly completed by the provider to ensure people received safe and effective care and treatment.

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 consistently safe.

People were not protected because the provider could not always demonstrate that staff employed were fit and proper persons to care for people.

People were supported by enough staff to keep them safe and who knew how to recognise and report any concerns they had about people's safety.

People's medicines were administered safely by appropriately trained staff.

Requires improvement



Is the service effective?

The service was effective.

People were happy with the care they received and believed the staff were skilled and appropriately trained. People were supported to eat and drink sufficient amounts to maintain wellbeing. People were supported to make their own decisions and to consent to care and treatment.

Good



Is the service caring?

The service was caring.

People were pleased with the care they received because they were involved in planning their care and staff respected their wishes. Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were supported by staff to be fully involved in the planning of their own care and treatment. The provider took steps to recognise people's individual hobbies and interests and encouraged them to participate. People knew how to make a complaint if they needed to and they confident the provider would listen to them and take action where needed.

Good



Is the service well-led?

The service was well-led.

People were aware of the management structure and had a say in how the home was run. There were systems in place to monitor and review the quality of support provided. The registered manager promoted an open and transparent culture.

Good



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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.

The inspection team consisted of an 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.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

As part of our planning for the inspection we asked the local authority and healthwatch to share any information they had about the care provided by Kevindale. We used this information to help plan our inspection.

We spent time talking to people and saw staff supporting people in the communal areas. We spoke with seven people, one visitor, the registered manager, a senior care worker and two carers. We looked at the care plan records of three people, individual risk assessments, training records, meeting minutes, one staff member's recruitment file, records of training and copies of quality checks including medication.

Is the service safe?

Our findings

People were not protected as procedures to ensure the safe recruitment of staff were not operated effectively. We saw records where information had been declared which would require further investigation and assessment. No additional safety checks were completed following the disclosure of relevant information. Discrepancies in work history had not been questioned and there were no assessments of risk. The registered manager told us they ask the applicant about information contained in the Disclosure and Barring Scheme checks but they did not record these discussions or assess any risks. The registered manager further told us they did not explore contradictory information contained in the work history of applicants.

People told us they felt safe living at Kevindale. One person said, "I can think of nowhere else I would feel this safe". Another person told us, "I feel so safe here, if I was worried about anything I could always talk to any staff member". Staff showed us that they had a good understanding of the different types of abuse and what action they would take to prevent and respond to abuse. Staff knew how to raise concerns within and outside of the organisation. They were clear about their responsibilities and knew where policies and procedures for safeguarding and risk management were located to use for guidance. Staff we spoke with had received training in safeguarding. One staff member said, "I would have no hesitation in reporting abuse if I suspected it".

Staff were aware of the risks associated with people's care and support. One person said, "They are very careful, they

always talk to me about how to keep safe when moving around". Appropriate assessments of risk relating to individuals care and support had been completed and staff knew where to locate information and guidance should they need. We saw risk assessments which had been personalised to the needs of people and promoted their independence. For example, people had personalised evacuation plans in place. The registered manager said, "People should still be allowed to move freely around without being worried, it is their home after all".

People told us that they were happy with the way their medication was managed. Staff had been trained in the administration of medication and assessed as competent before being allowed to assist people with their medication. We saw records of training and assessments of competence for staff. Medication records were regularly checked to ensure they were accurate. We saw quality checks completed by the dispensing chemist and recommendations were recorded and actioned by the registered manager.

People said they were happy with the level of support that they received and there was enough staff to assist them. One person said, "There is always someone around, whenever you want them". During our inspection there was sufficient staff to meet the needs of those living there. Staff told us they thought that they were sufficiently staffed. They felt able to call on the registered manager for any additional assistance at any time they needed. We saw staff had time and the opportunity to sit and talk with people and were not restricted by completing tasks.

Is the service effective?

Our findings

People told us they received care from staff who were appropriately trained and skilled to meet their needs. One person said, “Staff know what they are doing and they are very good at doing it”. Staff that we spoke with had a very clear knowledge of people’s needs and how they could assist in meeting them. However, where people had the capacity to make decisions about their care and the refusal of healthcare treatment these decisions were not recorded or communicated to staff. This potentially compromised the effective delivery of care as any issues associated with these decisions were not acted on. The registered manager told us that they assisted people to make decisions about their care even if they proved to be unwise ones. They said that they had learned from such experiences and will fully record and communicate all decisions made and seek advice when needed.

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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff that we spoke with had a clear understanding of the mental capacity act and the deprivation of liberty safeguarding. At the time of our inspection, no one required referral to the appropriate agencies in relation to these safeguards. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general.

The provider had appropriate systems in place to assess people’s capacity to consent to care. People told us they were involved in the development of the care plans. The registered manager said, “When someone does not have capacity to make a decision for themselves we always look towards involving a power of attorney or a social worker”. We saw records where capacity to make decision had been considered. Proactive arrangements were in place should someone lose the ability make specific decisions. Staff showed a good understanding of capacity and consent to

care. One staff member said, “You always ask someone what they want or how they want it as it may change from day to day. You should never assume something as people can always change their minds”.

People received consistent care from staff members who were well informed about changes in need. People told us the district nurse, chiropodist and other professionals were all involved in their care. One person said, “If I need an optician I just have to ask”. Another told us, “If a member of staff was ever in doubt they would always call a doctor”. Regular GP and healthcare appointments were made and records of recommendations kept. Actions and advice from visiting professionals were clearly documented. The staff we spoke with had a clear understanding of recent appointments and the actions they needed to follow.

Staff had access to training which was suitable to their role. One staff member said, “I was able to complete a number of shadow shifts where I helped a more experienced staff member. This was to help me get to know people and the home and to feel comfortable with my new job”. The registered manager said, “Staff must have the opportunity to get to know people before they fully start to work with them. This helps build a rapport and trust so the person can let the staff member know what they want”. Records we saw showed us the registered manager had identified appropriate training for staff and had made suitable arrangements. For example, the registered manager told us they would like staff to be more involved in the development of the care plans for people. We saw training sessions had been arranged with an external provider to train staff in recording and developing care plans. Staff told us they received regular one to one sessions with the registered manager to support their professional development and their role. One staff member said, “I can approach the registered manager at any time but I use these sessions to check my knowledge and understanding about care”.

People told us they enjoyed the food and that they always had a choice. One person said, “The food is always very good and it is nice and hot”. We saw menus were available for people to choose from and alternatives were offered should someone want something different. People ate at a time to suit them and were not rushed. Lunch was a social experience but people were able to eat where they wanted. People’s views about the food and the menus were gathered as part of the residents meetings and these were

Is the service effective?

actioned by the catering staff. Staff had a clear understanding about people's needs and preferences. We saw that people had regular drinks and access to snacks. People who chose to stay in their bedrooms had regular checks to see if they wanted anything to drink or eat. People's specific dietary requirements were documented and promoted by staff. People were weighed regularly and

risks associated with eating and drinking were documented. Staff told us that they were monitoring one person's weight as they did not eat much. They told us that they supported them have the foods that they liked at a time they wanted to encourage them to eat and maintain their weight. One person told us, "I don't eat much but they leave the biscuits with me so I can pick at them".

Is the service caring?

Our findings

People spoke positively about the care and support they received. One person said, "They treat me with respect and are very kind. They [staff] are my friends". We saw that people were treated with kindness, respect and compassion. People were sat in the conservatory area and chatted openly with staff in a relaxed and friendly manner during our inspection. Staff told us that they always had time to sit and talk to people. One staff member said, "This is why I work in care, it's about people and they are at the heart of what you do". We saw that staff demonstrated warmth towards people they supported. One relative said, "I am always made to feel very welcome here". One person told us they used to frequently visit someone living here and was made to feel so welcome whenever they visited that they decided to move in. Another told us, "This is by far the nicest place I have visited". Staff spoke with us about the people they supported. They told us about their life histories, personal likes and dislikes. For example, staff were able to tell us what people liked to eat and what they didn't and what they liked to watch on TV. Staff promoted people's independence and people were freely able to move around the home.

We saw one person started to become upset. A staff member responded immediately to this person and took the time to sit, talk and reassure them. This person started

to engage with the staff member and started to smile and visibly relax. Following this, the staff member stayed with the person for some time talking and laughing with them. They showed warmth and compassion throughout the time with this person.

People confirmed with us that they were involved in the planning of their care. We saw care plans which included a personal history preferences and decisions about future care. One person said, "I was asked about what care I wanted and then saw the care plan which I signed to say that I agreed with it. I can make any changes at any point just by talking to the staff".

People told us their privacy was respected at all times and their dignity assured. One person said, "I can choose whether I have a male or female carer". We saw staff knocking doors and waiting for a reply before entering. One person said, "I choose to stay in my room and I have regular visits by staff who come, knock my door and see if I am ok or need anything". Staff explained that when assisting someone with personal care they always talked to them, asked what they wanted and how they wanted it done. One staff member said, "You should always allow someone to do as much as they want, never take over and always allow plenty of time".

Is the service responsive?

Our findings

People told us staff supported them how they liked. People felt that staff knew them and knew how they liked their care to be delivered. One person said, “Before I came here I had an assessment of what I liked and what I can do for myself”. Another told us, “My friend was part of my assessment as they could provide some information for me”. People had their needs assessed by the registered manager. The information gathered as part of the assessment was used to develop the care plan. We saw that people, any relevant professional, and where appropriate family members were involved in the development of care plans. The care plans we saw were personalised and contained a life history and areas of daily living. These included eating and drinking, hobbies and interests, personal care and any risks associated with their care. Care plans were reviewed on a regular basis or when required. We saw in the care plans when changes were needed these were discussed with the person and agreed. One person said, “There is no doubt that [registered manager] and staff totally understand the residents needs and endeavour to provide for them”. We saw that staff knew the people they were supporting and were aware of recent changes. Care plans were tailored to the person’s personal needs and information was available to staff to ensure the person benefited from consistent care.

People told us about the activities they took part in. There was a timetable of activities on display on the lounge for people to refer to and larger events were being planned for example, a canal trip. Activities involved the local

community with quiz nights and lunch clubs taking place. Although people had a timetable of activities they told us that they would like more to do throughout the day. One person said, “It would be nice to have something which we could just pick up and do when we wanted like a jigsaw or a puzzle”. The registered manager told us they were going to purchase a number of board games and puzzles and make these available throughout the day.

People were encouraged to maintain contact with those that mattered to them. Families, visitors and the local community were encouraged to take part in activities in and outside of the home. One person said, “They [staff] have arranged [internet based calling facilities] and wifi facilities in the home. I can talk to my family in another country whenever I like”.

People felt confident in being able to raise a concern with staff or the registered manager. All of the people that we spoke with told us that they would be comfortable in voicing any concerns. One person said, “I talk to the manager and they would come up with a solution”. Another said, “They [staff] are always friendly and helpful, if you have a problem they will solve it for you”.

All those we spoke with said the registered manager would do anything for them. There was a suggestion box in the reception area for people and visitors to use. One visitor said, “We are always being asked if we can make suggestion on how things could be better, but everything is alright as it is”. People knew how to make a complaint or raise a concern and felt confident that they would be listened to.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. People we spoke with said the home was well led and they had respect for the registered manager. Everyone we spoke with knew who the registered manager was and said they saw them on a very regular basis. One person said, "This home is good, it works because of [registered manager]". Another told us, "The [registered manager] always do their best, they care for everyone here". One visitor said, "The manager takes care of everything". The registered manager told us that they were currently working towards a system of work where they delegated greater responsibility to other staff. These delegated responsibilities will include care planning and reviews. The registered manager said that the current system relies heavily on them completing such tasks. They believed staff should have greater input as they were more involved in the regular day to day delivery of care. The registered manager told us in order to maintain their skills and knowledge they will be exploring support from other organisations. For example, the registered manager told us they will seek assistance from a provider representative agency. This will be to improve the efficiency of their recruitment checks.

People said there were strong links with the local community and they felt part of it. People told us local residents joined them with lunches and activities. We saw arrangements in place for a quiz which was open to members of the public to raise funds for a residents outing.

Joint resident and staff meetings took place and a copy of the minutes were on display in the lounge area. The registered manager said, "These meetings are an opportunity to involve people in how the place is run and

to have ownership over their home". We could see recommendations made by people were actioned by the registered manager. For example, one suggestion was that questionnaires should be developed to get more feedback from people and we saw evidence that this was in the process of being implemented. People we spoke with told us that they felt included in the running of their home and involved in decisions including menu choice and activities.

Staff members we spoke with told us about a recent incident. They said that the registered manager arranged a de-briefing meeting where they were able to talk through any learning gained. They saw this meeting as an opportunity to prevent something similar from happening again. They told us that the culture within the home was open and transparent and that they felt able to raise any concerns. Staff felt well supported by the registered manager and had the resources needed to perform their role including training and any specialised equipment.

The provider completed a number of quality checks including medication records and building safety checks. We saw actions being completed as a result of these checks and saw external professionals visiting and completing additional checks on equipment.

The registered manager had a clear vision on how to develop the service provided including greater delegation of tasks, further involvement of people in developing the service and involvement from a provider support organisation. People told us they were aware of how the service was developing and that they were involved in these discussions as part of the residents meeting and felt able to contribute. People benefited from a well led service which practiced and promoted an open and transparent culture.