

## Kismet House Care Home Limited

# Kismet House

### Inspection report

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Date of inspection visit:  
19 August 2017

Date of publication:  
18 October 2017

### 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

Kismet House is registered to provide accommodation and personal care for nine people with mental health needs. At the time of our visit there were nine people living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

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

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People told us they felt safe living at the service.

The provider ensured that new staff completed an induction training programme which prepared them for their role. Staff completed training which ensured people at the service were safe. Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager to discuss their work and development.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there were good relationships between people and staff. Staff demonstrated an understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the deputy manager and the provider as supportive. Comments from people confirmed they were happy with the service and the support received.

Further information is in the detailed findings below.

## 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 had improved their rating from Requires Improvement to Good.

People were cared for in a safe, clean and hygienic environment.

People told us they felt safe living at the service.

Staffing numbers were sufficient to meet people's needs.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Kismet House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 19 August 2017. The inspection was announced , which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with three people, three members of staff, the deputy manager and the provider. The provider was also the registered manager.

We looked at three people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the daily communication records, audits, supervision and training records.

# Is the service safe?

## Our findings

At our previous inspection we found that the service did not have safe procedures in place for recording visitors in and out of the service. Staff did not change their personal protective equipment [PPE] between tasks. We observed that staff did not change their PPE following the preparation of food and then went to answer the door. This increased the risk of cross contamination. At this inspection we found sufficient improvements had been made. Staff ensured that visitor reporting protocols were followed. Staff wore and changed their PPE at appropriate times.

People were cared for in a safe, clean and hygienic environment. The rooms throughout the service were well-maintained. Environmental checks had been undertaken regularly to help ensure the premises were safe. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide guidance for staff and emergency services in the event of an evacuation

People told us they felt safe living at the service. One person told us; "I love it here. It's great. I feel safe. They give me support. I go to them if I have a problem."

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. We observed that there were sufficient staff to help people when needed, such as assisting at mealtimes, medicine administration and being available to provide advice when requested.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the deputy manager and the provider. They told us they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission. One member of staff provided an example where they reported a safeguarding incident where it was perceived one person potentially placed themselves at risk with a stranger.

Risks to people were assessed and where required a risk management plan was in place to manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as falls, verbal and physical aggression, being out in the community and financial risks. Assessments were

reviewed regularly and updated, when required.

People were receiving their medicines in line with their prescriptions. Medicine Administration Records (MARs) were used to record the administration of medicines. Of the sample that we viewed, we saw that these were completed accurately. Staff had received medicines training. PRN protocols were in place for each person. The term PRN is given to a medication which is to be taken 'when required' and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Stock checks of all medicines were undertaken and these had been clearly documented.

Regular medicine audits were undertaken and actions were taken, where required. The deputy manager confirmed that they were in the process of purchasing a separate medicines fridge, as suggested by an external pharmacist audit.

Arrangements were in place for reporting and reviewing accidents and incidents. This included auditing all incidents to identify any particular trend or lessons to be learned. Accident and incident forms identified the nature of the incident, immediate actions taken and whether any further actions were required. An example of this included where a person absconded and the staff actions taken and the protocol followed.

# Is the service effective?

## Our findings

Staff at the service had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that protects the rights of people who are not able to make decisions independently about their care and treatment. DoLS provides a framework to assess the needs of a person when it is felt that they need to be deprived of their liberty in order to receive safe care and treatment. The deputy manager and provider told us that they were aware of their legal responsibilities and explained that no-one in the service was currently subject to a DoLS authorisation. People were free to leave the service if they wished. The service enabled people to make their own decisions and assisted them to understand the decision making process. People had consented to the care provided and this was recorded in their care plans.

People received effective support from staff that had the skills and knowledge to meet their needs. The provider ensured that new staff completed an induction training programme which prepared them for their role. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care, such as moving and lifting and first aid. This ensured staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as mental health awareness and managing challenging behaviour.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the registered manager's expected standards and training needs were acted upon.

People's nutrition and hydration needs were met. People were provided with a menu choice and alternatives were provided, when requested. We observed that the food served was home cooked and nutritious. People could help themselves to hot and cold drinks and had access to their own food. Where required one person received assistance through a Percutaneous endoscopic gastrostomy (PEG) tube. This provided a means of providing nutritional assistance when oral intake is not adequate. To enable their independence the service was working with the person to decrease their dependency on the PEG. Following support from health professionals the person had started to eat small textured diet meals. People told us they liked the food. One person described it as "lovely."

People were supported to maintain good health and had access to external health care professionals when required. We saw people had received input from the GP, complex intervention team, speech and language therapist, district and community psychiatric nurse team. One member of staff told us about a person who was feeling "at a bit of a loss" regarding a family incident. To help the person through this feeling they were referred to their psychiatrist and community psychiatric nurse.

## Is the service caring?

### Our findings

People spoke highly about the staff and the support they received. Comments included; "I like the staff. I get on with [staff member's name] ok"; "I like living here. The staff are very good. They take me out. I chat with them once in a while. I'm happy here. I would go to a member of staff if I felt a bit sad"; and "The staff are good. My pet hate is being bossed about. They don't do that. I'm settled here."

People were supported by a small committed team. Enabling relationships had been established between staff and the people they supported. To ensure their needs were met people had access to their own key worker. This provided one-to-one time with the person to discuss their needs and formulate action plans. One person told us that their key worker "helped with forms. They give me support. I go to them if I have a problem." Another person discussed their medicines and how they had progressed. They had agreed that when they went out and did not return for their medicines they agreed to take them when they went out.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred to be supported and told us they encouraged people to be independent, as far as possible. Staff told us that they would offer support when requested or required. Staff enabled people to undertake tasks themselves, such as undertaking their own laundry and personal care, if deemed appropriate. One member of staff told us; "We enable independence and offer choices. [Person's name] is a solitary person and likes spending time on their own. We prompt with laundry and they have a fridge in their bedroom. We put together a menu plan with them. We let people live their lives as they want to, not how we think they should live it."

Our observations showed that good relationships had been established between staff and the people they provided care for. Staff spoke about people in a meaningful way and took an active interest in what people were doing. Staff offered support to people with their plans. People came to the staff room to speak to staff and they were welcomed.

Staff respected people's privacy. People were able to have time alone and their personal space was respected. People had locks on their bedroom doors and we observed staff knocking at people's doors seeking permission to enter. A member of staff told us that some people liked to be checked on at night, others made the decision that they did not need staff to check on them. People's decisions were respected.



## Is the service responsive?

### Our findings

The service was responsive to people's needs. People's needs were met by staff who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared happy living in the service and they received the support they required. One member of staff told us; "We try and help them to do well for themselves. This is their home."

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, the person's mental health, personal care needs, finances, medication and activities. Staff responded to any issues identified by the person by amending plans of care, changing chosen goals and support required; and reviewing medicines. Owing to their weight gain one person was encouraged to eat home cooked meals and had agreed to the introduction of a food diary to monitor their daily intake.

Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they supported, such as assisting with people's goals to become more confident and independent. An example of this included working with one person to enable them to travel independently.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles agreed with their keyworker and included what was important to the person and how best to support them. People undertook activities personal to them. Activities included socialising with friends, gardening group, painting, shopping with staff and undertaking voluntary work. One person told us; "I like a pint once in a while. I went to the pub and had food yesterday. I'm going out this afternoon. I have fish in my room. I'm going to the pet shop. I sometimes go out with staff to the garden centre."

Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. One person told us; "My Dad visits me. We go out for coffee and food."

The provider had systems in place to receive and monitor any complaints that were made. People told us they would approach a staff member with any concerns they had. During 2017 the service had received one formal complaint. The concerns were investigated and actions were taken to resolve the complaint.

## Is the service well-led?

### Our findings

There was a registered manager in post who was also the provider. 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 oversees the operation. The deputy manager reports to the provider and oversees the day-to-day running of the service.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service made appropriate notifications to the Commission.

Staff described the deputy manager and the provider as supportive. The deputy manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the management team if they had any concerns. Regular team meetings were held to discuss operational issues and people's needs. One member of staff told us; "We work well as a team. We have an open forum. [Deputy manager's name] is lovely. She provides personal and professional support and is approachable."

Feedback from a staff questionnaire highlighted that staff felt proud to work at the service and that morale was good. They also all agreed that the service made a positive difference to people's lives and was good at enabling people to maximise or maintain their independence.

People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. Regular house meetings were held to seek people's views on the service and their thoughts on issues such as kitchen use, health and safety, day trips and house rules relating to alcohol and smoking. The feedback given by people in a recent questionnaire was very positive overall. People agreed that they were given choices by the staff and that the staff were interested in them. They also confirmed that they were happy with their rooms and that they felt comfortable with the staff assisting them with their personal care or support.

To ensure continuous improvement the provider and deputy manager conducted regular compliance reports. They reviewed issues such as; health and safety, maintenance, staff training, food hygiene and medicines. The observations identified compliant practice and areas where improvements were required. Recent improvements included the replacement of the kitchen floor and the provision of an additional quiet room for people to use.

