

## Kiwi House Care Home Limited

# Kiwi House

### Inspection report

59 Coleman Street  
Derby  
Derbyshire  
DE24 8NL

Tel: 01332755892  
Website: [www.adeptcarehomes.co.uk](http://www.adeptcarehomes.co.uk)

Date of inspection visit:  
20 April 2021  
22 April 2021

Date of publication:  
24 August 2021

### Ratings

#### Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Kiwi House is a residential care home providing personal and nursing care to 78 younger and older people, some who may be living with dementia. There were 63 older people living at Kiwi House at the time of the inspection. The care home accommodates people across three separate floors, each of which has separated adapted facilities.

### People's experience of using this service and what we found

Systems did not always safeguard people from abuse. People were not always protected from avoidable harm and lessons were not always learnt when things went wrong. Medicines were not always managed in line with good practice. Sufficient staff were not always deployed to ensure people's safety and staff training had not always led to competence. Procedures were in place to ensure risks from infection were reduced.

Policies and procedures were in place to help ensure the quality and safety of services however, these had not always been followed. Audits had not always identified shortfalls and led to improvements in the quality and safety of services. Records were not always accurate and up to date. Opportunities for continuous learning and improvement had been missed. Working in partnership with others had not always been effective.

Staffs' knowledge and understanding on training and people's healthcare needs was not regularly checked in supervision; some staff felt they lacked knowledge in areas of people's healthcare needs. Referrals to other healthcare services had not always been made effectively. People's care needs were assessed.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans were personalised however, it was not clear how people were involved in reviewing these. People's independence was promoted, and people felt respected by staff. People liked the staff team and felt they were kind.

Not all people had their preferences met and care plans did not show how they had been reviewed with people to ensure their preferences were still known. People's communication needs had been assessed and met. People's relationships and social interests were supported. People were able to enjoy and engage in meaningful activities. People had opportunities to be involved and improve the service. A complaints process was in place. People had the opportunity to discuss their end of life wishes.

The building was suitable for people living at the service and had been adapted to people's needs. People enjoyed their meals and were monitored for any weight loss.

The provider demonstrated a duty of candour in their approach to complaints management. Checks on equipment and premises were in place to help reduce risks. The management team had acknowledged staff morale and were focussing on achieving good outcomes for staff and people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 30 December 2020)

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained a serious injury and died. This incident is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident.

The inspection was also prompted in part due to concerns received about falls management, staffing, medicines and management of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Following our inspection, the provider began to implement a range of actions designed to mitigate the risks found.

The overall rating for the service has changed from Good to Inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kiwi House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified four breaches in relation to safe care and treatment, safeguarding, staffing and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Kiwi 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by one inspector. An Expert by Experience was present on day one of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An assistant inspector supported the inspection remotely and made phone calls to staff.

#### Service and service type

Kiwi 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 manager was in the process of applying with the Care Quality Commission to be the registered manager of Kiwi House at the time of the inspection. Registered managers and providers 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

We reviewed information we had received about the service since the last inspection. We sought feedback

from partner agencies and professionals including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service. We spoke with thirteen members of staff including the manager, deputy manager, senior care workers, care workers and the chef. We spoke with the provider's quality manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the relevant parts of thirteen people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were not protected from avoidable harm as actions were not taken following falls or following behaviours that caused or had the potential to cause harm.
- Accidents and incidents were not always effectively reviewed in order to reduce recurrence.
- Lessons were not always learnt when things went wrong. Care plans and risk assessments had not been effectively updated and reviewed. Not all occurrences of concern had been reported, for example incidents of behaviour management where actual or potential aggression had occurred.

Using medicines safely

- Prescribed creams to help prevent skin damage were not always given consistently. There was no guidance on where people required their creams to be applied. Some people's records showed they had not been given their prescribed creams in the last seven days.
- We found one medicine in stock did not equate with the quantities recorded as available. The provider was therefore unable to provide assurances the person had received this medicine as prescribed.

Care and treatment had not always been provided in a safe way for people. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not kept safe from abuse. Safeguarding referrals had not always been made for when abuse had taken place. This placed people at risk of recurring harm.

Systems and processes had not been operated effectively to prevent abuse of service users. This is a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whistleblowing is the process staff follow to report things if they are not done correctly. The provider had a whistle-blowing policy in place and information was also detailed in the employee handbook. Most, but not all staff told us they had received information on and understood whistle-blowing. One member of staff told us they would be too worried to report concerns.

Staffing and recruitment

- We observed staff were not always deployed to ensure people's safety. One staff told us, "We always try and make ourselves available, and just do a single so another person can be out and about and walking



around. If there are just two staff, sometimes we can have falls. I had it once, it was in the space of a five-minute gap and they were on the floor." We observed people at risk in a communal area when no staff were present.

- People told us there was not always enough staff. One person told us they did not always get their shower and another person told us they had to wait for staff when they used their call bell.
- Staff told us people's choices were not always met in a timely manner because they had to wait for other staff to be free to either cover a communal area or help them provide care.
- Training had not always led to competence. The provider sent us details of how staff were trained and supported to understand and manage behaviours that challenged. However, based on the incidents we reviewed at inspection, our view was that this had not always led to staff competence in this area and staff had not always been able to keep themselves and others safe.

Sufficient staff were not always deployed to meet people's needs and staff did not always have sufficient training and competence in people's areas of care. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff rotas originally shown to the inspection team showed times when the number of staff did not meet what the manager told us was needed. However, after the inspection the provider told us less staff were required at night than the manager had originally told us were needed. The provider sent us evidence to show staffing levels met with the provider's expectations.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

- Care plans did not always reflect accurate details of people's Mental Capacity for specific decisions and one Mental Capacity Assessment was unclear as to the decision being assessed.
- Other Mental Capacity Assessments were in place for specific decisions such as if a person used bed rails or had medicines administered covertly. However, where people were taking part in COVID-19 testing, their care plans made no reference to a Mental Capacity Assessment and stated next of kin had consented on their behalf. The care plans did not show the next of kin had the correct legal authorisation to make this decision.
- Some staff we spoke with had limited knowledge of the MCA and DoLS. The provider told us staff were trained and would have their competency checked in these areas.

Staff support: induction, training, skills and experience

- Some staff told us they did not have knowledge on diabetes, end of life care, pressure area care and the mental capacity act, despite records showing they had completed training in some of these areas.
- Some staff had not had recent supervision. Supervision provides staff members with the opportunity to reflect and learn from their practice, embed knowledge, check competence and receive personal support and professional development.
- Staff had not received training in all areas of people's healthcare needs, for example falls prevention and catheter care awareness. The provider took steps to source falls prevention training following our inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relationships with other agencies and health professionals were not always effective, for example referrals to falls prevention had not been made effectively when people had sustained multiple falls.
- Records showed other healthcare professionals such as GP's and district nurses were involved in people's care as required. The GP maintained regular contact.
- Some healthcare services had been reduced to reduce risks from COVID-19; these were in the process of being recommenced.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were in place to cover people's health, care and well-being needs. This included the use of nationally recognised assessment tools when for example, areas such as skin integrity was assessed.
- People's communication needs and any needs relating to people's culture and faith were assessed.

Adapting service, design, decoration to meet people's needs

- A wide range of adaptations had been made to help people living with dementia; these included accessible items of reminiscence, memory prompts and design of corridors and communal areas.
- A cinema room, pub bar and hairdressing salon had been incorporated into the design of the home.
- The home and garden were accessible, and a lift provided access to all floors. Equipment to help people with their mobility and retain their independence was provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals at Kiwi House. We observed people enjoyed a pleasant dining experience and were offered choices from a varied menu. One person told us "The food is very good." We observed another person enjoy a beer with their meal.
- People's weights were monitored for any signs of weight loss; kitchen staff understood how to fortify people's dietary intake if they were at risk of weight loss. Care plans reflected people's dietary needs.
- We observed staff provided sugar free food for people who needed it and there were sufficient stocks of both sugar free and regular food supplies in the kitchen. Kitchen staff were aware of any food allergies and specific dietary needs, including those related to faith and cultural requirements.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care plans were personalised and showed people and relatives' views had been incorporated. Whilst it was not always clear how people and their relatives had been involved in reviewing care plans, following the inspection the provider sent us emails showing how some relatives had been in discussion with staff to review their family members care.
- We saw most people had been supported to care for their appearance; however, preferences for some aspects of personal care were not recorded. One person told us they wanted some specific personal care and we made staff aware. The manager told us they would now include this in care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was supported and they felt respected. One person said, "When I have a shower [staff] sit on the bed and leave the door ajar so they can help me if I need them to. They respect me."

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

- We observed staff speaking with people about special occasions and interests; staff created a warm and caring atmosphere.
- Staff provided reassurance when people were anxious. One person told us, "They [staff] are all so kind."
- The manager told us of the steps taken to help a person express and celebrate their faith while living at Kiwi House.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has stayed the same, 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

- One person told us, and records confirmed they did not always get a shower in line with their preferences. The manager told us they would look to improve this.

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.

- People's communication needs had been assessed. Care plans included where any aids or alternative communication methods could be helpful.
- The manager told us of where staff had used languages other than English to help a person express the finer points of their preferences.

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's relationships and interests were supported. One person told us, "You don't get a chance to get bored." They told us they enjoyed different activities. We observed a range of appropriate and meaningful activities throughout the day. This included a visiting entertainer performing in the garden and individual activities with people such as baking and craft.
- Items of interest and reminiscence were available for people living with dementia. Social clubs were in place with one making use of a pub themed room.
- We observed people talking with their family members on the phone. One person told us, "My family phone mainly but I did see my [relative] yesterday in the [visiting area]."

Improving care quality in response to complaints or concerns

- People were involved in improving the service. One person told us, "The resident meetings are useful, and things do change after them with." We saw actions had been taken on the recommendations made in the last meeting.
- The provider operated a complaints process and records were kept of complaints received and how they had been investigated and resolved. Some complaints were in the process of being investigated by the provider at the time of the inspection.

End of life care and support

- No-one was on end of life care at the time of the inspection. Care plans detailed people's end of life wishes when people had been comfortable to discuss this with staff.
- The manager told us they were working on incorporating more end of life wishes into care plans.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's policy and procedure for falls had not been followed and actions had not been taken in line with the provider's identification of people at high risk of falls. Oversight and management of risks had not been well managed, and people had not been effectively protected from known risks. The provider told us the pandemic had impacted their usual quality assurance processes as visits to audit and check on safety and quality had been limited.
- Numerous occasions of abuse and potential abuse had not resulted in safeguarding referrals to the local authority or Statutory Notifications to the Care Quality Commission. The provider told us this was because staff and the systems used had not always identified these incidents for management review and action. This meant that actions were not always taken to reduce the risk of recurrence.
- Medicines audits had not been effective at identifying all issues or in bringing about improvements. For example, guidance and administration records for topical medicines and stock checks.
- Care plans were not always up to date or accurate. We found care plans contained contradictory and out of date information on people's care needs.
- Prior to the inspection we received information of concern that there were mice in the building and that efforts to control them were ineffective. We found a risk assessment had not been completed for the management of mice in the building, nor had concerns been raised with the local authority environment health team. The provider completed these actions shortly after our inspection. However, the provider told us they had taken steps to deal with this prior to the inspection and were continuing to pro-actively manage the situation.
- The provider's systems had not identified the above shortfalls or that care plans and risk assessments had not been reviewed and actions taken to reduce risks following falls.

Continuous learning and improving care; Working in partnership with others; 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 provider had failed to identify and address trends of falls and consequently had missed opportunities to improve the safety of the service.
- Incidents of behaviours that challenged had not been reviewed to help inform continuous learning and improve care and safety.
- Working in partnership with others had not always been effective as systems to track referrals to the falls

prevention team were not in place.

Systems and processes designed to assess, monitor and improve the quality and safety of services and reduce risks had not been operated effectively. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the provider sent us an improvement plan that set out how the shortfalls found at the inspection would be addressed.
- The provider demonstrated their duty of candour when managing any complaints to the service.
- Checks were in place to help ensure the safety of equipment used.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had mixed views on working at the service. A recent staff meeting acknowledged low staff morale. The manager offered staff the opportunity to discuss any issues privately and was focused on securing good outcomes for staff and people.
- People told us they felt involved in the service. One person told us, "We have meetings with questions and answers; we sit and argue; it makes me laugh. The meetings are useful, and we get printed minutes [of them]."
- Information on how people had contributed to improvements in the service was on display.
- Policies and procedures with in place to ensure people's equality characteristics were considered.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes had not been operated effectively to prevent abuse of service users. 13 (1) (2) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient staff were not always deployed to meet people's needs and staff did not always have sufficient training and competence in people's areas of care. 18 (1) (2) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment had not always been provided in a safe way for people. 12 (a) (b) (g)

### The enforcement action we took:

We served a Notice of Proposal to impose conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes designed to assess, monitor and improve the quality and safety of services and reduce risks had not been operated effectively. 17 (a) (b)

### The enforcement action we took:

We served a Notice of Proposal to impose conditions on the provider's registration.