Advent Estates Limited

Kilsby House Residential Home

Inspection report

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Date of inspection visit: 30th July 2015
Date of publication: 02/09/2015

Ratings

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

Overall summary

This inspection took place on the 30th July 2015 and was unannounced.

The service is registered to provide care for up to 39 older people. The service provides care to older people with a variety of needs including the care of people living with dementia. At the time of our inspection there were 25 people living there.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

Staffing levels at night were not always sufficient to safely meet people's needs. The number of night staff available and the layout of the premises impacted upon staff's ability to provide an appropriate level of supervision to all people living in the home.

This is a breach of regulation and you can see what action we told the provider to take at the back of the full version of this report.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. The provider had begun to strengthen risk assessment processes and in particular was working to minimise the number of unwitnessed falls which had occurred in the home.

Although staff were supported through induction and training programs there was a need to improve supervision practice and to embed annual appraisals for all staff. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff who were caring, friendly and respectful. Their needs were assessed prior to coming to the home and individualised care plans were in place and were kept under review. Care plans contained basic information and could be strengthened to help build a more comprehensive picture of each person. Staff had taken care to understand peoples likes, dislikes and past life's and enabled people to participate in activities either within groups or on an individual basis.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative was receiving and felt that they could approach management and staff to discuss any issues or concerns they had.

Staff however felt confused about the roles of various managers involved in running the home and were not always confident that their feedback was treated in confidence. This was impacting on the culture in the home which staff felt was not open, safe or as responsive as it could be.

There were a variety of audits in place however the information gathered was not always used to drive focused improvement activity.

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?

Requires improvement

The service was not always safe

Night staffing levels were not always sufficient to safely meet people's needs.

Risk assessments were in place but further action was needed to reduce the number of unwitnessed falls particularly during the night time.

Staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Requires improvement

The service is not always effective

Although there were staff induction and training programs in place there was a need to improve staff supervision and to ensure that all staff received an annual appraisal.

People received support from staff that had the skills and experience to meet their needs.

People were involved in decisions about the way their support was delivered.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People received timely referrals to health care professionals if there were any concerns or advice required.

Is the service caring?

Good

The service is caring

People received their support from staff that were caring, friendly, respectful and showed empathy towards them.

People's dignity and right to privacy was promoted and respected by staff.

People's individuality was respected by staff.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome and could visit at any time.

Is the service responsive?

Good

The service is responsive

Summary of findings

People were assessed before they went to live at the home to ensure that their individual needs could be met.

Individualised care plans were in place; however there was scope to strengthen this process and to build a more comprehensive picture of each person.

Staff were able to demonstrate a good understanding of each person in the service.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Requires improvement

The service is not always well-led

People and their relatives were enabled to have a say in the way the service was run and felt that the manager was approachable and easy to talk to.

There were a variety of forums to engage with staff to allow them to provide feedback on the service; However staff were confused about the roles of the various managers involved in the running of the home and were not all confident that issues they had raised were thoroughly addressed or treated in confidence.

Quality Audit systems were in place however the information gathered was not fully taken account or used to focus improvement activity.

Kilsby House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 30th July 2015 and was unannounced. The inspection team comprised of two inspectors.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. This included Northamptonshire County Council Safeguarding Adults Team and the council's contracts monitoring officer.

We spoke with seven people who used the service, eleven staff including care, domestic and activities staff, a director and a care co-ordinator, plus a district nurse and hairdresser. We were also able to speak to a number of relatives who were visiting at the time.

We looked at records for three people, four staff recruitment files, training records, duty rosters and quality audits. During our inspection we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

The provider had a system in place to calculate the number of staff required to meet the dependency needs of the people using the service. However staffing levels were not always sufficient to safely meet people's needs and this was particularly evident in relation to night time staffing arrangements.

Although there were 25 people living in the home at the time of this inspection there were only two staff on duty from 9pm until 7pm. The needs of people were such that some required two staff to assist them with personal care. Four people were being nursed in bed and required two staff members to reposition them on a regular basis to mitigate any risk of pressure sores. There were also at least six people who preferred to go to bed after 9pm who would need some assistance and supervision whilst going to bed. This meant that whilst the two night staff were assisting these individuals that they were unable to respond to the support and supervision needs of other people in the home.

In addition the lay out of the building, with bedrooms on three different floors placed specific pressures on staff deployment and limited night staffs ability to safely meet people's needs. We noted that in the Accident/Incident Audit File there had been eighteen incidents recorded between April and July 2015 in relation to people falling or being found on the floor, ten of which were at night.

Staff commented that night staff were stretched and they felt that there was a need to increase the staffing levels at night to ensure peoples safety.

This was a breach of Regulation 18 (1) Staffing. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe living in the home, one person said "I am not frightened of staff, they are nice people". Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. They were supported by an up to date policy and had made relevant notifications about safeguarding matters to CQC and the Local Authority.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. The provider had commenced a review of all falls risk assessments in place and had begun to take action to reduce the number of falls that were happening in the home. However there remained a need to review night staffing levels to ensure that there was sufficient staff available to respond to people and to help address the increase in falls that occurred at that time.

There were appropriate recruitment practices in place and records confirmed that. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were safe systems in place for the management of medicines. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. We observed as staff gave medicines out and saw that they checked the name of the person they were giving the medicine to, sought their consent and explained what they were giving the person. Any medicines that were refused were recorded on the MAR sheet.

Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

Requires improvement

Is the service effective?

Our findings

Staff received supervision time with the registered manager and we observed that informal supervision also took place which supported staff to address practice issues quickly. There was an Appraisal Policy in place; however, no one as yet had received an annual appraisal. Staff acknowledged that the registered manager was always available and felt able to highlight their own further training needs during supervision sessions. However some staff said that confidential matters had sometimes been shared with other staff and this had impacted on their ability to be open with the registered manager.

People received support from staff that had the skills and experience to meet their needs. One member of staff said that they had received a good induction to the service. The induction had lasted for a month and involved shadowing senior staff, observations of their practice by the registered manager and going through a Health and Safety checklist. The manager also explained that any new staff recruited since the 1st April 2015 now undertook the Care Certificate, which sets standards for the induction of health care support workers and adult social care workers.

The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there were regular updated training available to help refresh and enhance their learning. Staff had also recently received training about the management of falls. As a result of this training all falls management plans had been reviewed and a 'Falls Champion' had been identified. We spoke to one member of staff who was able to describe to us how to prevent falls. We observed that all people were wearing footwear that fitted to mitigate any risk of falling through not having proper fitting shoes or slippers and all bedrooms were tidy and clear of any obstacles which may cause a person to trip and fall

People were involved in decisions about the way their support was delivered. Their care was regularly reviewed and people and their families were fully involved in this process. We observed people being asked what they needed or wanted and explanations given to why staff needed to do something, for example "Can you stand up please, don't be afraid".

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. At the time of our inspection some people living in the home did not have the capacity to consent and make decisions about their care. Capacity assessments had been undertaken and appropriate action taken to seek authorisation under the Deprivation of Liberty Safeguards. Families were consulted and kept informed of any impact on the way in which people are cared for and supported.

People were regularly assessed for their risk of not eating and drinking enough, staff used a tool to inform them of the level of risk which included weighing people. Where people were deemed to be at risk staff recorded what they ate and drank and referred people to health professionals such as the dietitian. However, we noted that not all fluid charts were totalled each day which is important to ensure the person is getting the required level of fluid. Fortified food was provided to those people at risk of malnutrition.

People received a varied diet and they could choose what they wanted to eat from a daily menu.

The food choices were varied and were served in the dining room and meals were taken to those people who preferred to eat either in the lounge area or their own room. The food looked appetising and was well presented. People told us that "the food is good", "I get plenty to eat". Where required, staff prompted people to eat and offered to cut food up for people. Kitchen and care staff were aware of what options to give people when they were diabetic, knew which people needed a soft or pureed diet, fortified foods and they knew of people's likes and dislikes.

People received timely referrals to health care professionals if there were any concerns or advice required. Referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it; for example an optician had been contacted to carry out eye checks on all people which had led to referrals being made for further specialist support. A community psychiatric nurse had been consulted following a new admission to seek advice as to how best to manage the challenging behaviour the person was exhibiting.

Good

Is the service caring?

Our findings

People received their support from staff that were caring, friendly and respectful, displaying empathy towards them. Staff and people had worked together to personalise their environment to make them feel at home and comfortable. One relative told us they had been able to choose which room their relative could have. We saw items of personal value on display, such as photographs and other personal belongings that were important to people and reflected their interests. One person had a miniature vintage car collection which staff said enabled them to engage with the person, another person had been allowed to bring their small dog with them. The dog had become well established in the home and appeared to be enjoyed by everyone. A plan was in place to ensure the health and safety of both the people and the dog.

People's dignity and right to privacy was promoted and respected by staff that treated people respectfully and with a good sense of humour. People had their own rooms and staff were considerate of their wishes when asking if they could enter their rooms. Staff were mindful that some people preferred to stay in the quiet lounge or needed to be left quietly to eat in the dining room.

People's individuality was respected by staff and we saw staff having discussions with people about their interests and what was important to them. Staff and people were sharing jokes and we saw people were treated with kindness and compassion. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. People said that staff were "Nice to work with", "They are all good". Relatives said "Staff are caring and loving, nothing is too much trouble", "They manage the people living with dementia very well, and they don't speak down to people."

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do and family and friends had been encouraged to contribute to a Life History Book for each person. For example, one person liked to read the bible but as they had become less able to do so for themselves staff read spiritual poetry to them.

Visitors were made to feel welcome and could visit at any time. One family told us that the manager and staff helped to support them as their relative made the transition from living in their own home to now living in a residential Home; they had been able to eat with their relative to help them all settle in to the new arrangements.

Good

Is the service responsive?

Our findings

People were assessed before they went to live at the home to ensure that their individual needs could be met. The management were reviewing the information they gathered prior to admission to ensure their assessment was robust and enabled them to confidently meet the needs of an individual. This had followed a recent admission which had proved challenging for both the person and staff.

Staff demonstrated a good understanding of each person in the service and clearly understood their care and support needs. We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs. Care plans were individualised and were reviewed on a monthly basis to ensure that they reflected changes to peoples care and support needs. However, care plans needed further development to build a more comprehensive picture of each person.

People's needs are continually kept under review and relevant assessments are carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. We saw that adjustable levels of the pressure relieving mattresses were set to the needs of each person.

Staff had taken the time to ensure that they understood people's life stories and families' circumstances and took this into account in their conversations and in relation to the focus of activities on offer. People were able to participate in a program of activities within the home and were also offered individual time to do things that they personally like and enjoy such as being taken to a local lock for someone who had once been a lock keeper or having their nails painted.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Relatives said that the manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family member. In response to a recent complaint the management were in the process of reviewing their pre-admission assessment.

Requires improvement

Is the service well-led?

Our findings

There were a variety of forums for staff to provide feedback and to receive updates on service development, updated policies and general organisational messages. These included regular staff meetings and a weekly memo which was sent to staff; we saw that the weekly memo had been used to remind staff to provide full signatures, to total daily fluid intake amounts and the management of clinical waste.

However staff expressed mixed views about the adequacy of communication and the quality of leadership in the home. They talked about inconsistencies in the responses they received from the different managers and senior staff who are currently involved in the home. Some staff said that they did not always know who to raise issues or concerns with and said that they did not feel confident that things would be managed in a confidential manner or be thoroughly addressed.

Staff were aware of the whistle blowing policies and guidance available to them, however had not used these routes to raise their concerns about the managerial leadership within the home. Many of the matters that they discussed with us during our inspection could have been addressed if the culture in the home was seen as being more open, safe and responsive.

Although there were systems in place to monitor the quality of the service, we found that the information gathered was not being fully evaluated or used to drive targeted improvements. For example; although management were aware that a majority of unwitnessed falls were happening during the night time, no action had been taken to improve night staffing levels.

Although record keeping was generally up to date there was a need to strengthen the detail in relation to care planning and to ensure that accidents were consistently notified to CQC. These elements had not been picked up by the homes internal quality assurance or audit processes.

People and their families felt that the registered manager was approachable and easy to talk to. One relative said “I always feel able to ask the manager about anything” another said “I can walk in to the office at any time and the issue is addressed”.

People living in the home were encouraged to provide feedback and to have a say in how the home was run. Monthly residents meetings were held and people were able to feedback on a range of issues. Minutes were maintained and showed that people were enabled to also discuss areas for improvement and to make suggestions for events and activities within the home. As a result of comments made we saw that a boat trip and a trip to local garden centre had been arranged.

The manager also sent out a regular newsletter to people and their families; the latest newsletter included the results of a recent ‘Relatives Satisfaction Survey’. The overall feedback was very positive with comments such as ‘My mum always looks very happy and well cared for’, ‘…staff are always pleasant and polite to me when I visit, and always helpful’. Some actions from the feedback had already been taken such as covering the decking with artificial grass for greater safety and a re-launch of the ‘Relatives Meeting’ had been planned for September and as requested was going to focus on understanding dementia.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The needs of the people who use the service are not always safely met as the provider did not provide sufficient numbers of suitably qualified, competent, skilled and experienced staff at all times. Regulation 18(1)