Anchor Trust

Kerria Court

Inspection report

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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

The Inspection took place over two days on 23 and 25 February 2015. The inspection was unannounced.

We last inspected Kerria Court in June 2014 when we found the provider had breached the Health and Social Care Act 2008 in relation to the care and welfare of people who used the service and record keeping. Following that inspection the registered manager sent us an action plan informing us of the action they would take to address the breaches we found. At this inspection we found that improvements had been made and that there were no breaches of regulation. Further improvement was needed to ensure people consistently received a good service.

Kerria Court is registered to provide care and support for up to 47 older people who have needs relating to their old age or dementia. Nursing care is not provided. On the day of our inspection there were 42 people at the home.

A registered manager was in post but was on annual leave at the time of our inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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. In the absence of the registered manager the home was being managed by two care managers.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. People were supported by staff who had received training on how to protect people from abuse.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with people. Improvement was needed to the staffing arrangements to make sure there were enough staff to meet people's needs. This had been recognised by the provider prior to our inspection and action was being taken to recruit additional staff.

We reviewed the systems for the management of medicines and found that people received their medicines safely but we were unable to establish if people had received their prescribed creams and ointments when they needed them.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We looked at whether the service was applying the safeguards appropriately. The care managers and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards.

People told us they were supported to eat and drink sufficient amounts to maintain their health but we found systems to monitor that people were getting enough to drink needed improvement. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs. People had access to healthcare professionals when this was required.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led. We found that some improvements were needed.

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 told us they felt safe at the home and with the staff who supported them. Staff understood their responsibilities to keep people safe from harm.

Staffing levels did not consistently meet people's needs and action was in progress to increase staffing levels.

People usually received their prescribed medication but we were unable to establish if people had received their prescribed creams and ointments when they needed them.

Requires improvement

Is the service effective?
The service was effective.

Staff were supported to be effective in their role through training and regular opportunities to discuss their practice and personal development.

There were arrangements in place to ensure that decisions were made in people's best interest.

People were supported to have enough suitable food and drink when they wanted it and staff understood people's nutritional needs. People had access to health care professionals to meet their specific needs.

Good

Is the service caring?
The service was caring.

People and their relatives were positive about the way in which care and support was provided.

People's privacy and dignity were respected.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history. This meant that they knew the people they were caring for.

Good

Is the service responsive?
The service was responsive.

The service was responsive to people's needs as people told us they were able to make individual and everyday choices and we observed this.

People were made aware of the activities available to them, and also able to maintain relationships with friends and family.

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Good

Summary of findings

Is the service well-led?

Some aspects of the service were not well-led.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these. These had not identified that improvement was need to some areas of medication administration and record keeping.

People knew the registered manager by name and told us they could approach her with any problems they had.

Staff were given the opportunity to contribute to the development of the service.

Requires improvement 

Kerria Court

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 23 and 25 February 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience (ex by ex). An ex by ex is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service prior to the inspection. We looked at information received from relatives, from the local authority commissioner and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. The provider was asked to complete 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. This was sent to us when we asked for it.

During our inspection we spoke with eleven people who lived at the home and with three visitors including two relatives and a friend of a person at the home. We also spoke with three health professionals.

Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager was on annual leave during our inspection. In the absence of the registered manager the home was being managed by two care managers. We spoke with the district manager, two care managers, two team leaders, the cook and with three care assistants. We looked at the care records of three people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

Requires improvement

Is the service safe?

Our findings

People who lived in the home told us that they felt safe living there. Comments from people included, "I feel safer here, people are around me and no one can come inside due to security locks". "We are looked after 24/7 and someone is always on duty during the day and night time." Another person told us, "The whole world is not safe, the staff are doing their best and I think it's part of their job".

People's relatives and visitors did not raise any concerns about people's safety. One visitor told us that a person had a few falls at their own home but at Kerria Court staff were always around them. One relative told us, "We are quite confident that the staff handle people with extra care and they are in safe hands." The care managers informed us that all staff undertook training in how to safeguard people during their induction period and there was regular refresher training for all staff. This was confirmed by staff we spoke with and from staff training records.

There were policies and procedures available in the home regarding safeguarding and whistle-blowing. There was also information on display to people about how to contact the local authority if people they felt they had been abused. Information was also available to people about local advocacy services. Members of staff we spoke with demonstrated good knowledge of how to safeguard people from abuse and knew how to escalate matters if management had failed to deal with an incident appropriately. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. We had previously been notified by the provider of incidents occurring where investigations had resulted in the dismissal of staff. This showed the provider took action to protect people.

Following our inspection we were notified of three safeguarding incidents that occurred in the home. A social worker investigating one of the incidents was concerned that staffing arrangements may have been a contributing factor. We were informed by one of the care managers that to reduce the risk of repeat incidents it was intended to increase the numbers of staff in the lounge area of the home so that there would be a minimum of two staff in the area at all times.

People who lived at the home had mixed views about whether there were enough staff to meet their needs but most felt there were usually enough staff to meet their personal care needs. One person told us, "There are always enough staff to help me." We did receive comments that additional staff were needed so that more individual support could be provided to people and staff could spend longer speaking to people. One relative commented that they had sometimes seen people having to wait for assistance with their personal care which caused them to be distressed. We spoke with three health care professionals during our inspection, none of them raised any concerns about the staffing levels.

Staff told us they did not think that staffing levels were unsafe but we did receive some comments that staffing could be improved. One member of staff told us that there should be six or seven care staff on duty but on occasion this had dropped to five. On one afternoon there were three new staff on the same shift, none of them were able to use the hoist as they had not yet been trained to do so. Some staff told us there had been issues as there were often too many new staff on duty at the same time.

We were initially informed by one of the care managers that there should be seven care staff on a morning shift. When we checked the staffing rota we saw there were sometimes six care staff on duty. The district manager explained that staffing levels were in the process of being increased. The home had recently started to admit people from hospital for respite care and to provide an enablement service. It had been identified that this had increased staff workload and so recruitment was underway so that seven staff would be provided on the morning shift. Minutes of a recent staff meeting provided supporting evidence that staffing levels were going to be increased.

On the two days of our inspection we did not see anyone having to wait for assistance from staff for their personal care. Our observations showed that staff were available in the communal lounge at all times so that people using the lounge were not left without support. During our visit one person bumped into another person with their walking aid. Staff intervened quickly to avoid any dispute between the two people escalating.

We observed staff assisting people to move from chairs into wheelchairs and vice versa. This was completed safely and people were not rushed by the staff assisting them. A new member of staff told us they were waiting for training to use the hoist and so they were not allowed to assist until they

Requires improvement

Is the service safe?

had completed their training. One visitor to the home told us, "I am very impressed when they hoist the people very carefully and staff also communicate how they going to do it."

We sampled records of accidents and saw these had been reviewed by the care managers or the registered manager to establish if any actions were needed. Accidents and incidents were also monitored for trends and if the provider could take action to reduce their reoccurrence. Some people at the home had been provided with motion sensors in their bedrooms to help alert staff to when they may need assistance and to try and reduce the risk of them falling.

A new member of staff told us that they had been interviewed and checks had been made before they were employed. We looked at the recruitment records for two recently recruited members of staff and saw that appropriate pre-employment checks had been carried out. These checks are important and ensure as far as possible that only people with the appropriate skills, experience and character are employed.

People told us they received their medication and that when they asked for their prescribed painkillers these were provided by staff. We looked in detail at the management of medicines for six people. We saw information about each person's medicines was recorded on the dosette box and in their medication record, and included the name of the person, along with the names, doses and times of their medicines. Each person's record included their photograph to make sure no one was given the wrong medicines.

Medication Administration Records for tablets and liquids had been completed to confirm that people had received their medicines as prescribed. Most tablets were dispensed from a monitored dosage system. We found the administration and recording of these tablets were accurate and our audit suggested that people had received their medicines dispensed from these packs as prescribed. Separate medication records were kept for the administration of topical creams and ointments. We looked at the records for three people and all contained gaps where the record had not been signed. We were unable to establish if people had received their prescribed creams and ointments when they needed it. We saw that there was a system of regular audit checks of medication administration records and regular checks of stock but this had not identified issues with the administration of topical creams and ointments.

Good

Is the service effective?

Our findings

We inspected this service in June 2014. At that time we found the home had breached the Health and Social Care Act 2008, Regulation 9. We found that people were not experiencing effective, safe or appropriate care. At this inspection we found there was no longer a breach of this regulation..

People and their relatives told us that they thought staff were trained to be meet their needs. One person told us, "I'm satisfied with the care I receive here and staff understand my needs and how I need to be dressed." One person told us, "Anything you want, they help you straight away." People we spoke with praised the staff and said that staff knew how to look after them. Health professionals we spoke with confirmed that staff were knowledgeable about people's needs.

We talked to staff about how they delivered effective care to individuals with differing needs. They showed that they knew each person's needs and preferences well and had the necessary skills to carry out the required tasks.

We asked staff about their induction, training and development at the service to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff told us that they had received an induction, had ongoing training and regular supervision. One new member of staff told us they had not had the opportunity to work 'shadow shifts' when they first started working in the home. Another new member of staff told us that their induction had been good and that they had been paired up alongside a more experienced member of staff for their first two weeks at the home. We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had the skills and knowledge to provide care which met people's specific needs.

During our inspection we observed staff seeking consent from people regarding their every day care needs. One member of staff was taking photographs of people to attach to their medication records. We saw that consent was gained from people before this took place. We looked at issues of consent for a person who had their medication administered covertly. We saw that agreements were in place for the person to show this was in their best interests.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We found that the care managers and most of the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the deprivation of Liberty Safeguards (DoLS). Records and discussions with staff identified that some people were potentially being deprived of their liberty. The provider was able to demonstrate that this had already been identified and that applications had been made to the local authority regarding these deprivations.

People were supported to have sufficient to eat and drink. One person told us, "The chef here is marvellous". Another person told us, "The food is all very good and they will get me something that is not on the menu if I wanted it." A relative told us that the person they were visiting had been underweight but had gained weight since living at the home.

We observed a mealtime during our inspection. Staff appropriately supported people who needed assistance to cut up their food, or who needed assistance to eat their meal. Staff demonstrated that they knew each person's needs and preferences in terms of food and drink. The cook and care staff we spoke with had a clear understanding of people that needed supplements in their diet or needed a soft diet. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. This demonstrated that staff had information on how to meet people's nutritional needs. Fluid and food intake charts had been completed for people assessed as being at risk of poor nutrition or dehydration. We found some examples when these records had not been completed fully enough. This had the potential to result in a delay to appropriate action being taken to respond to any changes in people's needs.

Some people at the home were at risk of developing sore skin. We were informed by the care managers that there was no one currently at the home who had a pressure ulcer. One person told us that they could not sit for long periods and so they go their bedroom to relieve the

Good

Is the service effective?

pressure. They told us that care staff supported them to do this. People had an assessment of the risk of developing sore skin. The majority of people who had been assessed at risk had suitable equipment in place to help prevent this. Some people did not have a pressure care mattress as indicated as needed by their risk assessment. We explored this issue with the care managers and found that some people had two risk assessments in place. One was completed by staff at the home and one was completed by the district nurses. In some instances the level of risk was different in each assessment. When we returned for the second day of the inspection we found that staff had been in contact with the district nursing team to agree the level of risk for people. Arrangements had also been made to order pressure relieving mattresses for those people who needed them.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. People who lived at the home and their relatives told us they had visits from health professionals. We spoke with three health care professionals during our inspection. They did not raise any concerns about the care that people received. One professional told us that staff at the home always made a referral for advice if they had concerns about someone. Another professional told us that in their opinion this was one of the best care homes that they went to.

Good

Is the service caring?

Our findings

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. People who lived at the home told us that staff were caring. One person told us, "The staff are very pleasant and helpful." Another person told us, "Staff know you, you are part of the home and they respect you." People told us that staff knew their likes and dislikes. It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes.

People who lived at the home and their relatives told us that visitors were made welcome and they could visit at any time with no restrictions. One person's relative told us, "I think staff are very kind and supportive, they always offer cup of tea or coffee." Another relative told us, "The staff here make the effort to know you by name, and this makes us comfortable".

The people we spoke with said that staff respected their privacy and dignity. We observed staff working in ways that promoted the dignity and privacy of people to include knocking on bedroom and toilet doors and seeking permission before entering. One person told us, "This is a five star place". "Staff are very polite and pleasant. They always respect our dignity." Another person told us they were supported to maintain their independence and gave an example of helping out with pushing the trolley and collecting cups from other people in the home.

During the inspection we observed staff assisting people in making choices about what they would like to eat and drink and the activities they wanted to do. Where people were unable to understand verbal communication staff supported people by offering them visual choices. One person told us, "I like to be quiet and staff respect my wish to spend the day how I want." Some people chose to spend time in their rooms and staff respected this.

Some of the staff told us that they thought that the meals could be improved in terms of meeting people's cultural preferences. A person who lived at the home told us, "I prefer my own cultural food and one of the staff assured me they will provide this, but they didn't so my family members bring the food from home or sometimes take out." We looked at the menu and records of food and this showed that meals were available to meet people's cultural needs but that the choice was limited. We were shown evidence that this was an area that staff at the home were working on improving and a survey had recently been sent to people's relatives to ask for suggestions of meals that could be included in the menu.

Regular group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. We saw that information was available to people about the action taken in response to their suggestions. There were in the form of 'You said, We did' posters. People were also informed about events in the home through newsletters. The most recent newsletter told people about changes to the environment, staffing changes, the introduction of an enablement unit and improvements planned to the menus to meet people's preferences. People had also recently had the opportunity to participate in the 'National Care Home Survey' to seek their views on the care they received.

Good

Is the service responsive?

Our findings

People told us they did not remember being involved in developing their care plans. However we heard from one relative that staff had included them in discussions about care and they were invited to review meetings. Some care records contained limited evidence that people and their representatives, such as family or friends were in agreement with the contents of care plans.

The care plans we read were personal to the individual and included information on a person's preferences, background and specific needs. We saw staff understood people's individual needs and abilities. Staff told us they read people's care plans and were told about people's changing needs at staff handovers. The care plans assessed different aspects of care including nutrition, mobility/ moving and handling, falls prevention and personal hygiene.

The care managers told us that the needs of two people at the home had increased and that they were liaising with health care professionals to assess their needs as they were concerned that Kerria Court was now not suitable for them. We looked at the care records for a person who was new to the home and saw an assessment of their needs had been completed before they moved there.

We looked at the arrangements for people to participate in leisure interests and hobbies. An activity co-ordinator was in post at the service who organised a range of activities based on people's interests. During our inspection we saw some group activities taking place, this included gentle exercise and a guessing game. Everyone who was joining in was laughing and smiling

throughout the activity. However we noted that some people found it difficult to participate in the game due to the loud music that was being played whilst the game took place. The majority of people we spoke with told us they enjoyed the range of activities on offer.

Some people were not engaged in the organised activities during our inspection. This included some people who preferred to walk around the home as part of their daily routines. Staff had recently introduced a memory wall with objects of interest to help gain people's interest. Work was also underway to introduce memory boxes. One person told us they did not enjoy the group activities. They preferred to read and staff supported them to go to the shops to buy the books they wanted. They also told us they enjoyed going to the theatre and staff had arranged this. A relative told us that one person could not participate in all of the activities and said "But it would be nice if staff can take some time to sit with them so they will feel they are part of the group."

People told us they were aware of how to make a complaint and were confident they could express any concerns. People told us they would speak to a senior care worker or the manager if they were unhappy about something. None of the people we spoke with had raised a complaint. One person told us, 'I don't have any complaints to make but any suggestion I have, I put in the suggestion box'. The procedure on how to make a complaint was on display in the home and was available in alternative formats. Information was also available to people on how to contact advocacy services. People's relatives told us they felt able to raise any concerns or complaints. One of the relatives we spoke with told us they had recently raised a concern about a lost pair of glasses and was waiting for a response to this concern.

The records of complaints were detailed and included the investigations and outcomes related to each complaint. Where appropriate, people had been issued with an apology. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Requires improvement

Is the service well-led?

Our findings

People who lived at the home and their relatives spoke positively about the registered manager. People knew the registered manager by name and told us they could approach her with any problems they had. The majority of people we spoke with told us that the registered manager spent time talking to them and checked on their well being. One relative told us that they did not know who the registered manager was but that they were satisfied with the care provided at Kerria Court.

A registered manager was in post but was on annual leave at the time of our inspection. Two care managers were in charge of the home when we inspected. We observed they were available to people and staff and both demonstrated a good knowledge of the people who lived at the home.

Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. One member of staff told us that they had suggested the introduction of a sensory garden and that this was being considered. All the staff we spoke with told us that the management team were open and approachable. One member of staff told us, "We can go to senior staff and they do listen most of the time. We have enough opportunities to give our views." At the time of our inspection the provider was in the process of conducting a staff survey. This meant that staff had other ways to express their views in addition to the staff meetings that took place.

Staff meetings were used to help share good practice and improve the service. Records showed that at one recent meeting staff had watched a video about the experiences of a person living with dementia. Minutes of staff meetings also showed that where complaints had been received these were shared with staff to help improve practice.

Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. Staff recorded when an accident or incident occurred and the registered manager reviewed these to identify patterns or trends, for example any falls people had or where falls had occurred.

There were systems in place to monitor the quality of the service through feedback from people who used the service, their relatives, staff meetings and a programme of checks. Regular checks were undertaken on care plans, medicines management, health and safety and the environment to make sure it was maintained and safe for people. However we noted that the checks had not identified that people may not always be receiving their topical ointments or creams. Our previous inspection had found a breach in regulation regarding record keeping. At this inspection we found record keeping had improved. However, the checks conducted by senior staff had not identified that staff were not recording people's fluid intake in the evening.

We found that the testing of the temperature of the hot water in the home was overdue. We were informed that the member of staff who had undertaken this task had left their employment at the home. We were informed that the registered manager had not identified a member of staff to undertake this. This had been rectified by the second day of our inspection and the hot water had been checked to make sure it was safe for people.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw that help and assistance was available from the district manager. Records showed that the district manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered. Where improvements had been identified as needed then action plans had been completed about how these would be achieved.

One area where work was on-going was to improve the design of the premises to make it more suitable for people living with dementia and to provide additional communal areas for people.