

Kolbe House Society

Kolbe House

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 7 December 2015 and was unannounced. The service was last inspected in October 2013 and at the time was found to be meeting the regulations we checked.

Kolbe House provides accommodation and personal care for up to 25 older people predominantly from the Polish community. There were 22 people living at the service at the time of our inspection.

The service is required to have a registered manager and 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.

People and staff told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. There were sufficient staff on duty to meet people's needs and where required staff numbers were increased to ensure people's safety.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They ensured people were given choices and the opportunities to make decisions.

There were arrangements in place for the management of people's medicines and staff had received training in the administration of medicines.

People's nutritional needs were being met and people gave positive feedback about the food. The food was cooked using fresh ingredients and people were offered a choice at the point of service.

Staff received effective training, supervision and appraisals. The registered manager sought guidance and support from other healthcare professionals and attended conferences and provider forums in order to keep abreast of developments within the social care sector. Important information was cascaded to staff, to ensure the staff team were kept informed and received training to deliver effective support to people.

Staff were caring and treated people with dignity and respect. Care plans were in place and people had their needs assessed. Care records contained detailed information and reflected the needs and wishes of the individual so staff had the information they required to meet people's needs.

A range of activities were provided and the registered manager told us they were starting to develop more specific activities for people living with dementia. We saw people were cared for in a way that took account of their diversity, values and human rights.

People, staff, relatives and healthcare professionals told us the registered manager and staff were supportive and approachable. The registered manager told us they encouraged an open and transparent culture within the service. The service supported people to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and ensured that areas for improvement were identified and addressed.

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 safe. Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff had received training in safeguarding of adults and this was updated annually. The registered manager worked with the local authority's safeguarding team to investigate any safeguarding concerns raised.

Sufficient staff were available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Medicines were managed safely and people received their medicines as prescribed.

Good 

Is the service effective?

The service was effective. Staff received the training and support they needed to deliver care and support to people, and were suitably supervised and appraised by their line manager.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risks of inadequate nutrition and dehydration. People were offered a choice of food and drink at every meal and throughout the day.

Staff supported people to access healthcare services and liaised closely with healthcare professionals so people's needs were met.

Good 

Is the service caring?

The service was caring. Feedback from people and relatives was positive about both the staff and the management team. Staff interacted with people in a caring and respectful way and people told us they felt well cared for by all the staff. Healthcare

Good 

professionals said they saw people using the service were being well cared for.

Care plans contained people's personal history and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

Is the service responsive?

Good ●

The service was responsive. People's individual needs were identified and met when their care and support was being assessed, planned and delivered.

People and where appropriate their relatives were involved in planning and reviewing their care.

A variety of activities were arranged that met people's interests and the registered manager was developing more activities specific to the needs of people living with dementia.

People were encouraged to express any concerns and complaints were investigated and responded to appropriately.

The service conducted satisfaction questionnaires of people, relatives and stakeholders. These were analysed in order to gain vital information about the quality of the service provided, and an action plan put in place where improvements were needed.

Is the service well-led?

Good ●

The service was well-led. At the time of our inspection, the service employed a registered manager.

People, relatives and stakeholders found the management team to be approachable and supportive.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

There were systems in place to assess and monitor the quality of the service.

Kolbe House

Detailed findings

Background to this inspection

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

This inspection took place on 7 December 2015 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for older people.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

During the inspection, we spent some time observing the care and support being delivered to help us understand people's experiences of using the service. We looked at records, including four people's care plans, three staff records and records relating to the management of the service. We spoke with nine people who used the service, four visitors, six care staff including the assistant manager and the registered manager.

Following our inspection, we spoke with a GP and a pharmacist who were involved in the care of the people using the service to obtain their views.

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. One person said, "This is an excellent place. I feel safe". Another person said, "The staff are marvellous and they deserve a medal. I feel very safe and secure in Kolbe House". One visitor told us "I couldn't have found a better place for my relative and he is happy and safe. I am so happy to know that he is here protected and looked after."

People confirmed they would know who to contact if they had any concerns, and added that they did not currently have any concerns about the service. Staff received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager, the organisation's committee, social services or the police if necessary. One carer said, "Everyone has the right to be safe and protected, and that's why we are here, to protect people." Staff told us they were confident that the management team would take any concerns seriously. They told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the CQC as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. Records we viewed confirmed this.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on the individual risks that had been identified either at the point of initial assessment or during a review. Records were updated according to the outcome of each review.

Staff were clear about how to respond to emergencies and emergency contact numbers were clearly displayed. Senior staff were available to help and support the staff and people using the service as required. They also involved healthcare professionals when needed. Two staff lived at the service and were available to assist in the event of an emergency. A staff member told us that the registered manager was always on call and contactable day and night. They said, "The manager always answers her phone, nothing is too much trouble."

Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately. This included referrals to appropriate healthcare professionals, for example for someone who developed a pressure ulcer and the referral led to the provision of specialist pressure relieving equipment.

The provider had a health and safety policy in place, and staff told us they were aware of this. One of the Committee members was the nominated health and safety person and carried out regular checks. There

were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, manual handling and infection control. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers and automatic door closure devices.

The service had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. The service had recently been inspected by the London Fire Emergency Planning Authority. Four areas for improvement had been identified to be completed by May 2016. The health and safety nominated person and the registered manager told us that they had already acted on these recommendations and made improvements. Records confirmed this. The service carried out regular fire drills and fire alarm tests and staff were aware of the fire procedure. People's records contained personal fire risk assessments, but we did not see evidence of personal emergency evacuation plans (PEEPS). We discussed this with the registered manager and the health and safety person, who said they would address this.

People told us they were happy with the staffing levels. One person said, "Sometimes they are very busy but there are enough people on duty." The registered manager told us that they never required the use of agency staff, as they employed their own casual staff to cover in the event of staff absence. Staffing levels were determined according to people's needs and additional care and support were provided as needed. Staffing rotas confirmed this. On the day of our inspection, there were sufficient staff on duty to provide the care and support people needed.

Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Arrangements were in place for the management of people's medicines and all medicines were stored securely. Senior staff were trained in the administration of medicines and received yearly updates. Medicines policies and procedures were in place and staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines. We saw eight medicines administration records (MAR) charts which had been completed over several weeks. They showed that staff had administered all the medicines as prescribed, and there were no gaps in signing. The registered manager told us the pharmacist carried out regular audits of the service which included checks on the storage, recording of receipt, handling and returning of medicines. We spoke with the pharmacist who confirmed they had just undertaken a thorough audit of the medicines management and administration at the service and had not found any areas of concern. This indicated that people were protected from the risk of not receiving their medicines as prescribed.

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and experience. Staff we spoke with told us they had received a thorough induction when they started to work for the service. One staff member said, "We get a lot of training here, we also get training on activities for dementia." The registered manager told us new staff received a 12 week induction which included training and working alongside other staff members. The subjects covered during the induction included safeguarding, health and safety, food hygiene, moving and handling and infection control. They also undertook training specific to the needs of the people who used the service which included Mental Capacity Act 2005 (MCA), equality and diversity and dementia awareness. The registered manager told us training was provided in-house by an external trainer, as well as by the local authority. Whenever possible, the registered manager arranged for a translator to attend the in-house training to assist those for whom English was not their first language. They also ensured staff undertook a written test at the end of each course to check they had understood the content of the training. All staff had obtained a National Vocational Qualification (NVQ) in care at level 2 or had completed a diploma in health and social care. The registered manager was attending training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. They told us that any newly recruited staff will be supported to undertake training in the Care Certificate. Training records confirmed that staff training was delivered regularly and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver care and support to the expected standard.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received supervision from their line manager every three months. The manager told us this provided an opportunity to address any issues and to give staff feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This provided an opportunity for staff and their manager to reflect on their performance and to identify any training needs.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People told us that the food was good. One person said, "I like the good Polish food and I always eat everything. It's the same food my mother used to make. I suppose I eat too much!" A relative said, "It's lovely. It's got everything for a Polish person with the food, care and company." We saw the mealtime was friendly and relaxed and staff, including the registered manager, ate their meals with people. The food was cooked using fresh ingredients and people were offered choices. Most people were able to eat independently and where people were unable to eat by themselves, they were supported by a member of staff. One person was having their meals pureed because they had been assessed as being at risk of choking. We saw evidence that information was given to the kitchen of people's individual dietary needs and preferences, so these were known and could be met. This included food suitable for a diabetic diet and information about a person who disliked sweet food.

Staff told us they encouraged people to be as independent as they could be. People confirmed staff gave them the chance to make daily choices. One person said, "They always ask me how I feel, ask me to choose

what I want to wear and if I want to take my medication." We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training and adhered to the principles of the Act. The Mental Capacity Act 2005 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.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. The majority of the people using the service had been assessed as lacking the capacity to make their own decisions. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider and registered manager were aware of the legal requirements relating to this. We saw applications had been made and people had been assessed as requiring a DoLS and authorisations were in place.

People told us the service was responsive to their health needs. One person said, "I felt ill and saw the doctor the same day. He wrote out a list of medicines which I had that same day. Now that is service!" A visitor said, "The staff always tell me when [person/relative] has seen the GP and what happened after the medical appointment." A healthcare professional told us that the service was good at monitoring the health of people who used the service and was receptive to suggestions. The care plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed.

The registered manager had started to make adaptations to the environment to meet the needs of people living with dementia more effectively. This included using contrasting colours on a door and toilet seat in somebody's bedroom. They told us that they planned to continue to develop this area.

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. One person said, "I cannot imagine living anywhere else and I trust the staff so much that I have left it to them to organise my 100th birthday party. They will do a wonderful job for me." Another person told us "They treat me like a delicate rose and cannot do enough for me." Another said, "They are so good to me, they make you feel like you are the only person." One relative said, "My relative is so happy and so cared for." A staff member told us that they loved caring for people and believed in treating them as they wished to be treated. A healthcare professional told us that people were "very well cared for."

The staff and registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. One member of staff said, "We owe these people respect, like we would respect our grandparents." The registered manager told us that several people at the service lived with dementia and staff had received training. Records confirmed this. We observed people were treated with care and respect.

People confirmed they had a good trusting relationship with staff and the management team. Each staff member was the key worker for a small group of people. A key worker is a dedicated member of staff leading on that person's care. People and their relatives told us they knew their key workers and had developed a good rapport with them.

Staff told us they ensured people's privacy and dignity were respected. Throughout our inspection, we saw staff knocking on people's doors and only entering when given permission to do so. Relatives told us that they were able to visit whenever they wanted and always felt welcome, although meal times were protected to ensure that people could enjoy their meals uninterrupted.

People told us that they liked their bedrooms and we saw that they had been able to choose how they personalised their own space.

People and staff were all from the Polish community and shared the same cultural values. People told us they were supported to go to the Polish church and attended regular services. One person told us, "It's home from home."

Staff supported people to have a comfortable death and where possible respected their wishes about what arrangements they wanted in place. End of life arrangements were discussed with family members and the person themselves where they had capacity to do so. Staff supported people to be discharged from hospital and come back to the service to die if that was what they wanted. Written comments from relatives included, "In my [relative's] final days, your staff team showed us kindness and support" and "You all showed great care and compassion to my [relative] in their final hours."

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People and their relatives told us they were consulted before they moved in and they had been involved in the initial assessment. Some people were referred from the local authority and relevant information had been provided prior to admission. This included background information for most people which helped understand each person and their individual needs. One healthcare professional told us that the staff team provided a service according to people's individual needs.

We saw the culture of the service was based on providing care that met each person's individual needs. Each person had a care plan that was based on their physical and emotional needs, likes and dislikes, abilities and preferences. The senior staff developed care plans based on the information included in people's assessments and in discussion with people and their families. The care plans detailed the level of support required and what tasks people were able to undertake independently.

Staff encouraged and supported people to undertake activities of interest to them. Activities were recorded on a plan which was displayed. There was a range of activities on offer which included group discussions, reminiscence, exercises and games. The registered manager had just introduced a music and movement class and we saw this taking place on the day of our inspection. Two people who took part in the class told us they had thoroughly enjoyed it. One said, "I like this class. I get it wrong and all my friends laugh." One person told us they went to a Bridge Club once a week and were supported to attend. The service organised outings which included visits to Kew Gardens and the Polish church, to give people the opportunity to visit places of interest.

The GP visited the home regularly and as often as necessary. The outcomes of these visits were recorded and discussed in daily handover meetings. Healthcare professionals were consulted for people who needed specialist input. For example, a referral to a speech and language therapist for a person who had difficulty swallowing and was at risk of choking. Records showed that an assessment had taken place and food consistency had been adapted to reduce the risk of choking. A stair lift had been installed for a person who lived on the second floor and who was unable to use the stairs. They told us that they chose to stay in their room most of the time, but the stair lift enabled them to go downstairs whenever they wanted to. This showed that the service was responsive to people's individual needs and took appropriate steps to meet them.

The service had a complaints procedure in place and this was available to staff and people who used the service. A record was kept of all the complaints received. Each record included the nature of the complaint, action taken and the outcome. The service received very few complaints and where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. People told us they were confident that if they had a concern, the staff and senior team would address it. Another person said, "The office door is always open...the manager always listens to

us." Relatives told us they had no complaints and if they did have a complaint they would speak to the registered manager.

Is the service well-led?

Our findings

The registered manager had been in post since 2013 and had worked for the company since 1992. They were supported by an established senior team in running the service. Staff said they enjoyed working at the service and believed in providing good quality care and support to people. People and their relatives were complimentary about the registered manager and the senior team. One person said, "This place is really well run, the manager is very good." A relative said, "Kolbe is clean, pleasant and has a good manager who has a good relationship with staff and residents alike. It is well managed." Staff told us they were keen to promote people's independence and supported them to take part in activities of their choice. Some staff told us the registered manager was very supportive. One healthcare professional told us that the registered manager was "approachable and very good at her job and worked hard to run a very good service."

The registered manager had put in place a number of different types of audits to review and monitor the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care record audits. Some of these areas were led by a designated member of staff who carried out the audits. They discussed their findings with the registered manager. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. A committee member carried out a yearly audit of the service. This included checks of records related to staff and people using the service, health and safety records and complaints. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular and ensured the service was being effectively monitored.

Staff told us they had quarterly team meetings and records confirmed this. The items discussed included feedback from residents' meetings, safeguarding, housekeeping, health and safety, policies and procedures and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this. Meetings also included important information about social care provision and the Care Quality Commission regulations. Staff also attended weekly meetings with committee members to discuss any issues related to people who used the service.

The registered manager told us that they received a good level of support from the company's committee and attended monthly committee meetings. Discussions included health and safety, staffing, the environment and any issues arising at the service.

The service worked closely with local healthcare professionals and social care services. Records showed that professionals visited people at the home and had established good working relationships with staff. This showed that the service used effective communication to improve the experience of people who used the service.

People were supported to provide feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the

environment and social needs. The results showed that overall people were satisfied with the service. Staff, relatives and stakeholders were also consulted and the results showed that they were satisfied with the service. We saw evidence that the registered manager had analysed each questionnaire and had addressed any concerns. This included a person who requested more one to one Polish conversation. The registered manager pointed out a volunteer agency for the relative to contact and organise. This showed that the service was responsive to people's feedback and took steps to make suggested improvements.