Hollycoombe Healthcare Ltd

Kevlin 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

This inspection took place on 10 August 2016 and was unannounced. The service provided accommodation for up to 14 persons who require nursing or personal care. There were 14 people living in the home when we inspected, all of whom were living with dementia.

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. There was a registered manager in post.

People were safe living in the home and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur.

There were effective processes in place to minimise risk to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce these. Staff supported people to take their medicines safely. People were supported to access healthcare.

People received care from trained staff who were competent in their roles. Staff felt supported by the registered manager. They sought consent from people and had a good understanding of people's mental capacity.

There were drinks available in communal areas and people were offered drinks regularly, or could get them themselves. People were offered a good choice of fresh food at each mealtime, and specialist diets were catered for.

Staff and people had built positive, caring relationships and staff communicated well with people. There was a warm and homely atmosphere, and people responded positively to staff, often smiling and laughing with them. People were asked for their views on their care, and staff encouraged them to maintain their independence where possible.

Staff respected people's privacy and people could spend time in their rooms or communal areas. Staff had time to chat with people and supported people to take part in activities and hobbies of their choosing. Visitors were always welcomed into the home.

The registered manager had systems in place which helped to monitor the quality of the service delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to protect people from harm and where to report concerns.

The environment was kept safe and risks to individuals were well managed.

People were safely supported to take their medicines, and there were enough staff to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by trained staff who were competent in their roles. People received enough to eat and drink, and there was plenty of choice.

Staff sought consent from people before providing support to them.

People were supported to access healthcare.

Is the service caring?

Good

The service was caring.

Staff had built trusting relationships with people in the home, and they delivered kind, compassionate care. They adapted their communication to enable people to understand them.

People's dignity and privacy was always respected.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their own interests. The service involved people and their families in decisions about their care,

and their needs had been appropriately assessed to ensure the service could support them.

People's changing health needs were responded to promptly. Feedback about the service was responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager was familiar with everyone living in the home, and supported staff well. Staff worked well as a team.

There were many systems in place for monitoring and improving the service.

Kevlin 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 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.

The inspection was carried out by one inspector. This was an unannounced inspection.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with four people living in the home and four regular visitors. The staff we spoke with included the registered manager who had been in post since March 2015, the deputy manager, a senior care worker and two care assistants. In addition, we spoke with another care assistant who was shadowing for their first day working at Kevlin House.

We looked at care records and risk assessments for two people who lived at the home and checked five medicine administration records. We reviewed a sample of other risk assessments and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

One person living in the home said, "I trust [staff]." All of the relatives we spoke with said that people were safe, one saying, "It's such a relief for me not to have to worry about [relative]."

Staff had a good understanding of how to protect people from harm, and procedures around reporting any concerns. They felt that if they saw anything they were concerned about, they were confident to report it to their registered manager or an outside agency, such as the safeguarding team. Staff had received training in safeguarding, and we saw records to confirm this.

There was a range of risk assessments in people's care records, pertaining to each individual around their health and personal care needs. They included areas such as supporting people to move around, including risks of falls, use of bed rails, eating, and going out. The risk assessments contained plans for staff to follow in order to mitigate risks. Staff were able to tell us about people's individual risks associated with their mobility, and people were referred to the falls team if required. Staff reported incidents and accidents in detail and action was taken following them, and we saw that this had been recorded and risk assessments were updated accordingly.

Each person living in the home had their own evacuation plan in case of a fire, and a recent drill had been carried out. There was a fire risk assessment in place. The emergency lighting and extinguishers had been recently inspected. We checked other safety measures within the home including the testing of electrical items and lifting equipment. This demonstrated that the home ensured that the environment people lived in was kept safe.

Staff had good knowledge of how to identify and report pressure areas, and risk assessments were in place for this. Equipment to manage this need was in place for people who required it, for example, pressure relieving mattresses and cushions. Staff supported people to have a change of position when they needed. We saw that although care plans were reviewed regularly, some details had not been changed in one person's repositioning information in the electronic care plan. The registered manager told us that the district nurse had changed the person's plan to meet their support needs. This was reflected in the current repositioning chart we looked at, which was in use, but not the electronic care plan. The registered manager told us they would update this immediately, to mitigate the risk of staff not following the correct procedures. However, staff said that they were aware of the changes as they had communicated with staff during handover regarding changes. This showed us that people were supported to manage their risk of developing pressure areas effectively.

A new staff member we spoke with on the day confirmed that the registered manager had made appropriate checks before they were allowed to start working in the home. The checks included criminal record checks, references and identity checks. Records confirmed that these were in place before staff began working in the home. This contributed to people's safety as only staff who were deemed suitable were able to work with them.

There were enough staff to keep people safe and spend extra time with them. People, relatives and staff we spoke with confirmed this. The registered manager had ensured there were enough staff to meet people's needs and be available within the communal areas of the home. The registered manager had a thorough understanding of the needs of people living in the home, and covered shifts based on these. The registered manager told us that they used the home's own staff, or provided cover themselves, in order to cover any last minute absences. The rota we reviewed confirmed this, and we observed that staff were always available to people throughout our visit.

People were supported to take their medicines safely and as the prescriber intended, by trained staff. Medicines were stored securely and organised in a comprehensive manner. We looked at five medicines administration records (MARs) and saw that staff had signed for each medicine given. Each MAR had a front sheet with a photograph of the person and details such as any allergies. This minimised the risks of people being given the wrong medicine or something they were allergic to. Where people received medicines that were associated with higher risk, this was also identified and variable doses were planned for and recorded. Other higher risk medicines were signed for by two staff and kept securely.

The home maintained separate records for the administration of ointments, creams and lotions. We saw that there were several missed signatures within these records. This included creams associated with pressure care. This meant there was a risk of other staff and health professionals not knowing if someone had received the cream that they needed. We discussed this with the registered manager and they informed us that all staff administered these as it was most appropriate to do this whilst administering personal care. The registered manager was aware of this and was taking on-going action regarding it. They assured us that people received their creams and ointments as prescribed, but that staff did not always sign the record.

Good

Is the service effective?

Our findings

People and their relatives felt that staff were competent to carry out their roles effectively. A relative said people were, "Well looked after." The training provided to staff was predominantly online, and included first aid, medicines and infection control. Whilst all the staff said that the computer training was good, one staff member said they would like to have more face to face dementia training. When we spoke with the registered manager about this, they said that they were providing on-going informal supervision as part of their role working with the staff. This consisted of observing how staff worked and communicated with people, and giving them feedback. Some staff members also attended external training which was classroom based, for example training on urinary tract infections. They said that this helped them to feel more confident in their role in knowing when to carry out testing for infection and what continence products to use. Other training included extra training in diabetes and insulin administration.

The care staff we spoke with confirmed that they had been supported to undergo qualifications in health and social care, including the Care Certificate. This is a current qualification which teaches staff about standards in care, including aspects such as equality and diversity and person centred care. The registered manager said that staff were only signed off for their certificate after being directly observed and deemed competent in their roles.

During our visit, a new care assistant told us that they were shadowing a more experienced staff member, and that they had been introduced to people in the home and shown around. They said their induction also consisted of being shown around the building and office as well as any fire escapes. They also confirmed that mandatory training was organised for them. All of the staff we spoke with confirmed that they received supervisions. These are meetings where staff can bring up any problems, get feedback on their practice or ask for any extra training. However, they said that they did not have to wait for a meeting should they wish to bring something up.

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 so they can 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 are called Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

All of the staff we spoke with demonstrated that they knew the principles of the MCA, and we observed that they were encouraging people to make decisions throughout the day of our visit. They were aware of the importance of making decisions in people's best interests if they did not have capacity, and when they should involve families or advocates in decisions. The registered manager had applied for a DoLS authorisation for some people living in the home, to keep them safe, and whilst awaiting authorisations, the

least restrictive methods were used. We saw that staff sought consent from people before providing care. The home was working in line with the MCA.

People were supported to eat a range of freshly cooked meals. All the people we spoke with said they enjoyed the food, had a good choice, and looked forward to meals. One person living in the home said, "It varies, but mostly very good and cooked nicely." They said they enjoyed the desserts. Another person said, "Lunch was really nice." They told us that they hadn't had anything off the menu and had chosen an omelette instead. Everybody was given a choice of food from the menu, or they were able to have something else if they wished. A relative we spoke with said, "Sometimes [relative] doesn't like something, but they always have something else. [Staff] are very accommodating."

Some people were supported to eat a softer diet due to swallowing difficulties. One relative we spoke with explained how the home had adapted a softer diet to accommodate their relative, and this had led to them eating more. Several people in the home were supported to eat diabetic diets. People had an alcoholic beverage with their meals if they wanted. We observed that lunchtime was happy and sociable.

People were supported to drink enough, and there were cold drinks available in all communal areas of the home. Some people, who were able, went into the kitchen themselves to make drinks, and other people asked staff for hot drinks whenever they required one, and these were provided. Staff also offered people hot drinks around throughout the day.

One person told us how they had been supported with health care since a fall, and that a physiotherapist had been visiting them regularly at the home. One relative we spoke with said, "[Staff] look after [relative's] health, showers, hair, nails…" Another relative also reflected this. One relative told us, "As soon as there's anything they call the GP." People were supported to access healthcare, and another relative confirmed that the home always organised transport for their relative to attend appointments, without any problems.

Good

Is the service caring?

Our findings

One person living in the home said, "The staff are all quite wonderful. They go out of their way to be cheerful." Another person living in the home said that when they felt low, they talked to staff and it helped them feel better. One relative confirmed, "[Relative]'s had nothing but love and attention since he's been here." Another relative reflected that staff made the effort to involve everyone in conversations and cheer people up if they felt upset. During our visit, we saw warm and pleasant caring interactions consistently between people and staff. We also saw that staff moved down to people's eye level when talking to them, which made them more approachable and so people could see who they were talking to. We saw that people responded positively to staff, often smiling and laughing with them.

Without exception, the relatives we spoke with said that Kevlin House was very homely and a pleasant environment to live in. One said, "It's like walking through your own front door." A staff member said, "It's lovely, it's very homely here. We are like a family." One staff member said they had enjoyed getting to know and understand people over their course of time working at the home, and that they found it rewarding.

Staff knew the people they were caring for well, and people and their relatives confirmed this. One relative said, "All the staff adapt to any situation." The staff we spoke with were able to explain people's communication, and how they supported them. They were also able to tell us about the people living in the home, including their preferences.

The people we spoke with all felt that their privacy was respected. Staff described how they helped people to maintain their privacy and dignity. They said that they knocked when they wanted to go into someone's room, and always asked discreetly to support people with personal care. For example, staff told us that they asked someone if they wanted to go for a walk with them so that they could ask them if they needed any support, away from a communal area. They told us this helped prompt people when they needed if they were unable to support themselves or communicate their needs effectively to the staff. This helped people to maintain their dignity.

People had information given to them in a way that they could understand. Staff told us how they gave people choice and adapted their communication to give people more choice when they needed to. For example, showing them different options of what to wear, meals choices, and reading body language. This helped people to maintain some independence and control. One member of staff explained how they prompted people to do as much as they could themselves. The registered manager explained how they encouraged staff to maintain this and promote choice when carrying out personal care, for example prompting people to dress themselves.

The people we spoke with said that they were consulted about how staff provided care. This included when they wanted support with personal care, how often and how they preferred this. One person told us that they discussed their emotional wellbeing with the staff, and were consulted about what staff could do to help them feel better.

All of the relatives we spoke with said they were kept informed of their relative's wellbeing, and involved in any changes or problems. Some relatives we spoke with said that they had been involved in planning their relative's care, others had said that they had entrusted the planning of care to the staff and had been consulted when needed. Another relative we spoke with said that they had attended reviews of their relative's care with the key worker.

All the relatives we spoke with said that they felt welcome to visit the home any time and that staff were accommodating to them. Some relatives explained that staff had been very supportive to them when their relative was ill.

Good

Is the service responsive?

Our findings

People said that their hobbies were respected, whether they enjoyed spending time alone reading, watching television, or getting involved in knitting or singing together in a group. One person we spoke with said they enjoyed knitting because they found it very therapeutic. They also said, "Sometimes you just need your own space", and that staff respected their privacy. All of the relatives we spoke with said that there was a lot going on in the home.

One relative we spoke with said they were always invited to regular functions put on by the home, and that they had recently enjoyed seeing visiting singers at a summer party. Another relative told us that they were always invited to events.

Staff had time to spend with people doing activities or talking, and we observed this during our visit. A relative we spoke with said, "They have time for everybody, they spend time with people." Activities which staff did with people in the home included jigsaws and crafts, or going through pictures or newspapers with people. People in the home also had enjoyed visiting entertainers, such as an Elvis impersonator. Staff responded to individual's wishes and acknowledged things that made people happy. For example, they ensured that one person living in the home had dolls to hold, because they enjoyed holding and dressing them.

One person we spoke with said they enjoyed helping in the kitchen, ranging from helping to prepare vegetables to washing up. Staff confirmed that if people wanted to be involved in the daily running of the home, they would accommodate this. The registered manager told us that staff had supported one person to do the ironing. This helped to give purpose to people and increase their wellbeing, one person saying, "It keeps your body working."

The registered manager was passionate about care for people living with dementia. They said they encourage staff to, "Get in their bubble with them, wherever they are", referring to listening to people's memories or walking around with them. This helped people to avoid distress as staff better understood how to work with people living with dementia. The registered manager also had a list to give to people's families of suggested items they could bring in that would help stimulate their relative and would be personal to them. The list included materials, films, scents or items that were of particular meaning or importance to them. The idea was to stimulate reminiscence and give the person a better sense of home and belonging.

People got up and went to bed when they wished, with one person saying, "Staff help me get ready for bed when I want." Staff confirmed this and gave another example of somebody who chose to get up just before lunch, and this was respected.

A relative we spoke with said that the staff were responsive to their relative's needs and keeping them informed, "They contact us if there are any problems", and this was confirmed by everyone we spoke with.

People's care plans were thorough in terms of their support needs, and they provided staff with guidance

regarding how they needed to support people and what risks they should look out for. They included information about how people communicated, people's history, their families and sensor, spiritual and emotional needs. However, staff said although they would consult the care plans if they were not sure about something, that they predominantly used their daily handovers. These informed staff about any changes to people's care. We saw in people's care plans that people and families had been asked about their end of life wishes. Before going into the home, the registered manager or their business partner had thoroughly assessed people to ensure that they would be able to meet their needs. This showed us that people received care that was based on their individual needs and preferences, and what was important to them.

People were also asked their feedback directly during a yearly survey which asked people living in the home for their views on the service they received. Last year, this had shown that people felt staff were caring, and that people felt they were listened to. The registered manager told us that they tried to have a gathering where families would be invited once a month. This enabled them an opportunity to seek informal feedback from people during the course of the year.

There was a complaints procedure which had been given to people and their families. Although the home had received no complaints since early 2015, we saw that this complaint had been investigated appropriately. A relative said, "If there were any issues they would be resolved, I've no doubt."

Good

Is the service well-led?

Our findings

A staff member we spoke with said, "You can talk to [registered manager] about anything and they'll help you." The staff we spoke with said that they would feel confident to report outside of the organisation if they felt there was poor practice occurring. One staff member went on to say that they felt the registered manager had supported them to go further in their role, promoting them to a senior post.

The staff we spoke with said that they worked well as a team. The registered manager had introduced an incentive for staff where they could be nominated 'employee of the month', and they would get a voucher for this. They said this helped boost morale within the team.

The registered manager was familiar with everyone living in the home, and confirmed that they worked shifts alongside staff. All of the people we spoke with knew who the manager was and confirmed they spoke to them regularly. The registered manager said that working shifts allowed them to informally supervise staff and check their competencies. They said that they also carried out spot checks.

There were meetings for staff every month and for seniors every three months. Staff would raise any concerns or provide any updates on people's care at these meetings, as well as share ideas. Staff communicated daily through handovers in between each shift, where they would pass over any information to the next shift.

There were various systems in place to gain feedback from different people on the service, and this included annual surveys from family members, people living at the home, health professionals and staff. The feedback had been positive, in particular about the flexibility and approach of the staff. We could see that on-going action from the previous year was the improvement of activities provision. Staff were now carrying out more activities with people whenever they had time, and this was evident from what we saw and what people told us. The next surveys were due to be completed later in the year.

The registered manager carried out many audits in order to monitor the quality of the service, and they were committed to making on-going improvements. The deputy manager had carried out a monthly medicines audit and had identified some problems with signatures that they were addressing. The registered manager also had an annual running list of monthly audits that took place reviewing incidents and accidents. These were then used to see in a quick glance if particular people were having certain accidents or incidents, and then action was taken in these circumstances.

There was an infection control champion who carried out monthly infection control audits using a checklist which covered aspects such as hand washing and personal protective equipment use for staff, as well as the hygiene of the environment. This had led to further action taken by the registered manager to ensure that staff were not wearing jewellery or nail varnish whilst on shift for hygiene reasons.

The registered manager also carried out a general service audit once a month. This covered training, management of people's money, equipment and training for staff. There was also a health and safety

champion who carried out monthly health and safety audits. The registered manager had a further plan in place to introduce a member of staff to the role of dementia champion, which would focus on dementia support plans and observing staff interactions with people.

The registered manager had a detailed action plan in place for improving the service. Having been in post for a year and a half, they had made several improvements and were currently making improvements to the environment, including the garden and exterior of the building. Other planned improvements included the mealtime experience following an audit. This would involve implementing more table decorations and objects for people to talk about, as well as encourage staff to eat with people. The registered manager had devised a checklist to ensure this was introduced and maintained. The registered manager also had plans to improve person centred care and record keeping, and had detailed these in the action plan. They also planned to spend more time training staff on dementia care, and develop further audits. The action plan had recently been updated with dates and progress of on-going work and completed work, with goal dates for future work.

The registered manager had a good awareness of what they needed to report to other agencies such as Care Quality Commission or local authority safeguarding team. They told us they had regular contact with the local authority quality assurance team which helped them to remain up to date with relevant information.