

Kilmar House

# Kilmar House

## Inspection report

Higher Lux Street  
Liskeard  
Cornwall  
PL14 3JU

Tel: 01579343066  
Website: [kilmarhouse.co.uk](http://kilmarhouse.co.uk)

Date of inspection visit:  
17 May 2018

Date of publication:  
19 June 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of Kilmar House on 17 May 2018. Kilmar House is a 'care home' that provides care for a maximum of 15 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there were 12 people living at the service. The accommodation is over two floors in both the main house and the annexe. The annexe is joined to the main house via a corridor on the first floor and through an external door on the ground floor and is only used by people who are independently mobile. A shared lounge and dining room are on the ground floor and a smaller lounge on the first floor. The first floor is accessed by two sets of stairs one of which has a stair lift. There is also a passenger lift.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received care and support that met their needs because there was a stable staff team who had the skills and knowledge to provide responsive and personalised care. People told us they were happy with the care they received and believed it was a safe environment. Comments included, "Yes definitely feel safe, because there's always someone around and I can use the call bell", and "They keep an eye on me and I feel sure they do all they can for me."

We spent much of the inspection in the shared lounge and dining room observing and talking with people. There was a calm and relaxed atmosphere at the service throughout the day of the inspection visit. People and staff welcomed us into the service and were happy to talk to us about their views of living and working there. We observed people had good relationships with staff and each other. People spoke positively about staff and their caring attitude. Comments included, "I'm happy that [person] is here. Staff know what they are doing", "Everything is done for my relative, I don't have to worry as I don't live near and that helps me" and "I am very happy living here. I'm part of this family the family I never had."

People's independence and wellbeing was promoted because staff had developed positive and meaningful relationships with people. People were encouraged and felt confident to make decisions about their daily lives. The culture in the service was one where there were no unnecessary rules or routines put in place to suit staff, rather than the people that used the service. People told us they made their own choices about their lives, commenting, "I was asked to change rooms and chose at that time not to", "They ask me, never tell me", "I choose how I spend my time doing what I choose to do. They suggest things like where to eat my lunch or whether or not I want to sit outside and I decide what I want to do."

People's care plans contained personalised information about their individual needs and wishes and people were involved in the planning and reviewing of their care. These care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Incidents and accidents were logged, investigated and action taken to keep people safe. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. Risk assessments had been kept under review and were relevant to the care provided.

Safe arrangements were in place for the storing and administration of medicines. Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses and opticians.

People were supported to eat a healthy and varied diet. Comments from people about their meals included, "They come round in the morning and ask what we would like for lunch and if there is nothing I want they will find something else", "I have an allergy and am always given lots of choice, I enjoy the food here", "If I don't like the choice of food I can choose something else that I would like" and "There is plenty of it and they can have seconds."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff knew how to recognise and report the signs of abuse. Staff were supported to develop the necessary skills to carry out their roles through a system of induction, training, supervision and staff meetings.

There was a positive culture within the staff team and the management provided strong leadership. There were opportunities for staff to raise any concerns or ideas about how the service could be developed. People and their relatives all described the management of the service as open and approachable. "It's a very good home here, it has a good reputation", "They run the home very well and the staff are all kind", "It's organised and they care" and "They are very good here. They get the right staff."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The service had a suitable complaints procedure.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Staff demonstrated person centred values, which placed an emphasis on respect for the individual being supported.

Staff had developed exceptionally positive, kind, and compassionate relationships with people.

People's rights and choices were promoted and respected. Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Kilmar 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.

This unannounced inspection took place on 17 May 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people, three relatives and one visiting healthcare professional. We looked around the premises and observed care practices during our visit. We also spoke with the registered manager and three care staff.

We looked at three people's care plans and associated records, Medicine Administration Records (MAR), three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

## Is the service safe?

### Our findings

People told us they were happy with the care they received and believed it was a safe environment. Comments included, "Yes definitely feel safe, because there's always someone around and I can use the call bell", "I feel safe, my balance is not good but I'm made to feel safe" and "They keep an eye on me and I feel sure they do all they can for me."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They told us they would have no hesitation in reporting to the registered manager and were confident their concerns would be acted on. They were aware of the reporting arrangements inside and outside of the organisation.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Individual risk assessments were in place which identified any risks to the person and gave instructions for staff to follow. These had been developed to minimise the potential risk of harm to people during the delivery of their care. Assessments covered areas such as the level of risk in relation to nutrition, pressure sores, and falls and how staff should support people when using equipment. These had been kept under review and were relevant to the care provided. Staff had been suitably trained in safe moving and handling procedures.

Records of incidents and accidents showed that appropriate action had been taken and where necessary changes made to learn from the events. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were accessible to staff and visiting professionals when required.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough suitably qualified staff on duty to meet people's needs. If additional staff were needed, such as when someone was unwell, extra staff were on duty as well as the registered manager providing care for people. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. Throughout the inspection we saw people received care and support in a timely manner and call bells were quickly answered.

Medicines were managed safely at Kilmar House. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before

signing the medication record. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

All medicines were stored appropriately. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean, odour free and well maintained. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately where required. There were suitable facilities to store cleaning materials when not in use.

All necessary safety checks and tests had been completed by appropriately skilled contractors. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

## Is the service effective?

### Our findings

People's need and choices were assessed before moving into the service. This helped ensure people's wishes and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and dementia awareness. The registered manager was a moving and handling trainer and this meant they could provide staff with practical support about using specific pieces of equipment and the correct techniques.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff.

Staff told us they were well supported by the management team. Supervision meetings were held regularly as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. The registered and deputy managers shared the responsibility for completing supervisions.

Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses and opticians. This helped to ensure people's health needs were met. People and visitors told us they were confident that a doctor or other health professional would be called if necessary.

People were supported to eat a healthy and varied diet. Drinks were provided throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. Tables were laid with linen cloths and table decorations. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff.

Comments from people about their meals included, "They come round in the morning and ask what we would like for lunch and if there is nothing I want they will find something else", "I have an allergy and am always given lots of choice, I enjoy the food here", "Its cooked well, and they ask you what you would like every morning, they have a list", "If I don't like the choice of food I can choose something else that I would like" and "There is plenty of it and they can have seconds."

People made their own decisions about how they wanted to live their life and spend their time. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People's care files showed that they had signed to consent to all aspects of their care.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service did not have any locked doors and people were able to go out to the local shops and the garden as they wished. At the time of the inspection no one living at the service lacked capacity. However, if people did lack capacity, the service had suitable policies and procedures in place to ensure people's rights were protected.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift and a passenger lift to gain access to the first floor.

## Is the service caring?

### Our findings

Everyone we spoke with talked about the service being outstanding in their approach and in the way staff cared for people. People spoke positively about staff and their caring attitude. People and their relatives said that staff treated them with kindness and compassion. Comments included, "I'm happy that [person] is here. Staff know what they are doing", "The kindness is good and they care", "It's nice here and they seem to care", "Everything is done for my relative, I don't have to worry as I don't live near and that helps me" and "I am very happy living here. I'm part of this family, the family I never had."

We spent much of the inspection in the shared lounge and dining room observing and talking with people. There was a calm and relaxed atmosphere throughout the day of the inspection visit. People and staff welcomed us into the service and were happy to talk to us about their views of living and working there.

The care provided to people throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing and respected their dignity. For example, during lunch one person was having difficulty eating their dessert from a sundae dish. Staff asked if they would like it in a bowl instead. The bowl provided enabled the person to eat their dessert independently which was clearly what they wanted to do.

People's wellbeing was promoted because staff had developed excellent and meaningful relationships with people. Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Staff treated people like they were their own family, while both still respecting that this was people's home and maintaining appropriate professional boundaries. The registered manager and staff knew people well and constantly looked for ways to improve people's lives. An example of this was the relationship the service had developed with a local pre-school. This had resulted in an agreement that the pre-school spend one morning a week bringing the children into the service to play alongside people. As the day of the inspection was the day the pre-school visited we were able to witness the benefits to people from seeing the children playing. It was clear people living at the service enjoyed the visit and interacted with the children, laughing and smiling together. One person told us, "I love it when the children come in, it's lovely to watch them run around playing." Comments from staff included, "We are about creating new memories for people", "Everything is about the residents" and "It's all about what is convenient for the people living here."

At the last inspection the registered manager had purchased some chickens for the garden because one person had kept chickens before they moved into the service. The person, and others, would go into the garden each day to feed the chickens. Since the last inspection the person's mobility had reduced and they were no longer able to visit the chickens where they were located. At this inspection we found the registered manager was in the process of building a new chicken house and run in a part of the garden that had wheelchair access. This meant the person would be able to resume their visits to the chickens.

Staff supported people to keep in touch with family and friends. The service had installed Wi-Fi, that covered

all areas of the premises, to enable people to always be able to access the internet on their personal devices. The registered manager had also installed a computer for people who lived at the service to use. The computer was set up so that each person had their own private electronic e-mail account and could receive and send e-mails and use Skype. One person in particular used their account regularly to receive pictures of their family who lived out of the country. They told us this gave them a great deal of pleasure and made them feel they were staying connected with their family.

Two people living at the service had always belonged to a religious group that was very important to their daily lives and well-being. The service had ensured that they were able to go to regular meetings and arranged transport for them. One person's mobility had recently reduced and the service had arranged for a specialist taxi, that could accommodate their wheelchair, so they could continue to attend the weekly meetings. It was clear from talking to staff that they understood how important maintaining an active relationship with this group was for the emotional well-being of these two people.

Relatives told us they were always made welcome and were able to visit at any time. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

Staff promoted people's independence. People were encouraged and felt confident to make decisions about their daily lives. Staff interacted with people in an unhurried way and supported people at a time and pace convenient for them. Routines were led by the people living at the service. It was clear the service was run for and by the people who lived there. The culture in the service was one where there were no unnecessary rules or routines put in place to suit staff, rather than the people that used the service. People were able to choose where to spend their time and when they wanted to get up and go to bed. We saw that people moved freely around the premises choosing to spend time in shared areas or their own room. For example, on the day of the inspection one person had decided they wanted to stay in bed later and got up in time to have lunch.

People told us they made their own choices about their lives, commenting, "I was asked to change rooms and chose at that time not to", "They ask me, never tell me", "I choose how I spend my time doing what I choose to do. They suggest things like where to eat my lunch or whether or not I want to sit outside and I decide what I want to do."

Staff had worked with people and their relatives to develop 'life history' documents to help them learn about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives. People told us, "We often talk in the garden or the lounge about the old days. I talked and still do to the manager, I think everyone knows about my life", "We often reminisce about life when we were young. They know my family members" and "We often talk about what we used to do. The manager makes it his business who our families are."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families to share their views about the service. People were involved in monthly care plan reviews and managers regularly spoke with people to ask for their views about the service. Where suggestions were raised these were always listened to and acted upon.

We saw that people's privacy was respected. Staff knocked on bedroom doors and waited for a response before entering. When people needed assistance with personal care staff provided this in a discreet and dignified manner. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Signage on individual bedrooms doors had

been designed and made by each person.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

## Is the service responsive?

### Our findings

The registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. The registered manager was knowledgeable about people's needs. Decisions about any new admissions were made by balancing the needs of people living at the service and the new person.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's specific needs and wishes. These were reviewed monthly or as people's needs changed. Staff told us care plans were informative and gave them the guidance they needed to care for people. People told us they had read their care plans and were involved in reviews. Comments included, "I sign regularly with my key worker, we talk it through", "I look at my care plan along with my sister" and "I talk it through and then sign."

Staff were given updated information about people's needs at the start of each shift. Daily records were written by staff detailing the care and support provided each day and how people had spent their time. Staff told us communication within the staff team and with management was good and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

People were able to take part in a range of group and individual activities. Since the last inspection one person living at the service had taken on the role of organising activities. They told us, "I take my ideas, and the ideas from other people, to the manager and we discuss them." Staff then delivered the activity programme that people living at the service had requested. The activity organiser also explained that when new people moved into the service they met with them. On the day of the inspection one person had moved into the service five days earlier and we heard the activity organiser talking to them about their preferences and ideas.

An activity took place every morning and afternoon seven days a week. These included puzzles, board games, balloon volley ball, beanbag tossing, bingo, quizzes, craft work and baking. Children from a local pre-school visited weekly and a local organisation brought in small animals regularly.

In response to feedback from people regular outings were arranged as well as supporting individual people

to go to outside events and groups that were important to them. People told us there was 'plenty to do'. Some people chose not to join in the activities and this was respected. We saw staff spend individual time with these people. People commented, "I try and join in, its enough and I go out sometimes with my sister", "I know when they're going on but don't really want to join in, I like my room. I have been on some outings", "I do the activities, joining in, and I like to be part of this extended family. I enjoy the outings", "I am not keen on the games. But there is an outing coming up and I think I may go on that" and "I am also supported by the manager to carry on with my outside activities, a special taxi comes that can take my wheelchair. I always go on the outings if I can."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern.

## Is the service well-led?

### Our findings

A registered manager was in post who was responsible for the day-to-day running of the service. 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 management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, was supported in the running of the service by team leaders. The management team were clearly committed to providing the best possible care for people and promoting their independence and well-being. There was a positive culture within the staff team and the management provided strong leadership. There was a stable staff team and staff told us they felt supported by management commenting, "We are a good team. I like working with everyone" and "We get lots of training and are well supported by the manager."

People and relatives all described the management of the service as open and approachable. "It's a very good home here, it has a good reputation", "They run the home very well and the staff are all kind", "It's organised and they care" and "They are very good here. They get the right staff."

People and their families were involved in decisions about the running of the service as well as their care. The registered manager was visible in the service and regularly sought people's views on an informal basis. In addition, there were regular 'residents meetings' where new developments for the service were discussed and people could contribute their ideas. One person told us, "When I talk with the manager we discuss things and I put forward ideas. We do have meetings as well." Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes. For example, people had asked for more outings and for the decoration to be changed in the living rooms.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. They did this through informal conversations with management, at daily handover meetings, staff meetings and one-to-one supervisions. Staff told us, "The manager is always trying to improve the service and he listens to staff's ideas" and "If any concerns are brought up they are always dealt with."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered and team leaders carried out audits of falls, medicines, and care plans. The registered manager also regularly worked alongside staff and this enabled them to monitor the quality of the care provided by staff. If there were any concerns about individual staff's practice they addressed this through additional supervision and training.

The registered manager told us they were aware that because they were the owner and the manager of the

service there was no independent system for monitoring the quality of the service. Therefore, they had recently commissioned an external auditor to carry out an audit of all aspects of the running of the service and the care provided. There were a small number of recommendations from this audit about improvements to medicines recording, fire check recording and General Data Protection Regulation (GDPR) training for staff. All of these recommendations had been actioned.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.