

## Kevindale Residential Care Home

# Kevindale Residential Care Home

### Inspection report

Kevindale  
Broome, Aston On Clun  
Craven Arms  
Shropshire  
SY7 0NT

Tel: 01588660323

Date of inspection visit:  
07 August 2019

Date of publication:  
10 October 2019

### Ratings

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

# Summary of findings

## Overall summary

Kevindale is a residential home providing personal care and support for up to 18 people over the age of 65. At the time of inspection there were 18 people living in the home. The building was purpose built with accommodation on the ground floor, several bedrooms had patio style doors out to a small terrace.

People's experience of using this service and what we found

People told us they felt safe and staff had enough time to support them. Safeguarding policies and procedures continued to protect people from the risk of abuse and avoidable harm. Risk assessments supported people to manage risks in their daily lives in ways which upheld their rights.

Assessments had identified the support people needed. Not everyone, who may have needed it, had their capacity to consent to receive care assessed. This meant there was a risk people could have been deprived of their liberty without authorisation. People were supported by experienced and skilled staff. Staff had received training and induction; one staff said they had mainly learned by shadowing others. People told us staff were helpful and knew how to support them. People told us they enjoyed the food, which was freshly made and high quality.

Staff were caring and committed to supporting people in ways which upheld their dignity. People told us they felt comfortable when staff supported them with their personal care. Staff communicated well with people and respected their decisions. People's information was stored securely which protected their privacy.

Person-centred care was provided by staff who understood people's needs and preferences. Staff were responsive to any changes in people's needs and wishes. People were invited to participate in their reviews. The service had a complaints policy; people were aware of this and felt able to raise concerns. Some people felt there were not enough activities, this was in part due to staff vacancies which were being recruited to at the time of inspection.

The management and staff team were committed to providing high-quality care. The management ensured the quality of the service was maintained by regular checks and monitoring. People were encouraged to provide feedback about the service, and the service had responded. The management planned to re-engage with local forums to improve the quality of the service.

Rating at the last inspection

The last rating for this service was good (published March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Kevindale Residential Care Home

## Detailed findings

### Background to this inspection

#### The 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.

#### The inspection team

This inspection was carried out by one inspector.

#### Service and service type

Kevindale is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission and in this case also owned the home. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We

used all of this information to plan our inspection.

During the inspection

We reviewed the care records of two people, spoke to two people living in the home, three members of staff, a senior staff member, the registered manager and the cook. We looked at records relating to; medicines, recruitment and staffing. We reviewed a variety of records related to health and safety and management checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place which protected people from the risk of abuse and avoidable harm. Staff were aware of what might be a safeguarding concern and how to raise this. There had not been any safeguarding concerns raised in the previous twelve months.

Assessing risk, safety monitoring and management

- People's risk management needs had been assessed and plans put in place to minimise the risks they experienced in daily life.
- We saw evidence of risk assessments being completed to facilitate a person's wishes to access the garden area.
- The management had completed safety checks of the premises which ensured the environment remained safe. Legionella checks had not always been completed as regularly as the risk management policy suggested. The registered manager addressed this during the inspection.

Staffing and recruitment

- The registered manager followed effective recruitment practices which ensured appropriate checks were completed prior to staff starting work.
- Staffing levels had been calculated based on people's needs and were sufficient.

Using medicines safely

- Medicines continued to be managed safely. The registered manager had invited a local pharmacy who had completed an audit in May 2019 and found medicine management practice was good.
- The registered manager had not ensured everyone who needed medicines 'as required' had a protocol in place to guide staff. We discussed this with the registered manager who addressed this during the inspection.

Preventing and controlling infection

- There were effective infection control policies in place. Staff were familiar with them.
- The home was clean and tidy, staff followed good practice, using personal protective equipment, including; gloves and aprons when providing personal care.

Learning lessons when things go wrong

- The home had a system in place to learn lessons from incidents and accidents. Records of incidents were in people's individual records which made it difficult to analyse trends. We discussed this with the registered

manager who will address this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Two people had DoLS in place, however, the registered manager had not ensured everyone, who may have needed it, had had their capacity to consent to receive care assessed. This meant there was a risk people could have been deprived of their liberty without authorisation. We discussed this with the registered manager who responded immediately.
- Staff understood the importance of gaining people's consent, and we observed staff asking people if they wanted support prior to providing personal care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had not ensured assessments were consistent, they had been completed in varied formats. We found some assessments would benefit from more detail, however, staff spoken with understood people's needs.
- People were satisfied staff understood how to support them.

Staff support: induction, training, skills and experience

- The registered manager ensured staff had received training which provided them with the skills and knowledge to support people effectively. One member of staff said, "I had induction training by shadowing,

the training was good, I watched DVD's and attended courses."

- Staff received regular supervision from a senior member of staff. Supervision is a meeting to discuss performance and identify development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food provided and their preferences had been included in menus. Food was freshly made and of high quality. If people did not want what was on the menu an alternative was provided.
- Staff understood who needed a modified diet and ensured they received this. Kitchen staff were knowledgeable about modified diets and were aware of people's allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain their health by following advice provided by health care professionals. Staff understood peoples long term health conditions and were able to support people to manage them.
- Staff ensured people had regular health screening including eye tests and oral care. Staff supported people to attend medical appointments at the GP surgery and local hospital.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People reported being cared for by kind staff. We observed respectful and positive interactions between people and the staff. Staff responded quickly to a person's request for support and offered reassurance.
- The registered manager and staff ensured care plans contained information about people's equality and diversity needs. Staff were able to support people when required.
- Staff were committed to supporting people respectfully. Staff expressed high regard for the people they were caring for. One staff said, 'The best thing about this home are the residents.'

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy by speaking discreetly when required and always knocking on bedroom doors before entering.
- People's information was stored securely to maintain confidentiality.
- Care plans included descriptions of how to support a person if they became distressed in ways which minimised the persons anxiety.

Supporting people to express their views and be involved in making decisions about their care

- Care plans included information about how best to communicate with people. Peoples' views were sought by staff.
- Staff respected people's decisions, for example, staff explained how they had agreed to provide support with personal care later in the morning as requested by the person.
- Staff ensured they took time to understand what people when communicating by seeking clarification from people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff ensured people's needs, wishes and preferences were included in their care plans.
- The registered manager ensured care plans were reviewed and updated when required.
- People were able to decide when they got up and where they ate. People were also able to decide where they spent their time during the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home had met this standard, information was available in a variety of formats when required, for example, large print and easy read versions. Staff were able to support people to understand information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to have visitors at any time. A relative we spoke to confirmed they visited at different times of the day and had always been welcomed. Information about who was important to the person was recorded in their care plan.
- Activities reflected people's interests but had been limited due to staff leaving. The registered manager was in the process of recruiting more staff at the time of inspection.
- The home had responded to people's concerns. One example included when people had asked for an exercise class to be moved back to before lunch. The registered manager agreed with people this would be achieved as soon as possible.

Improving care quality in response to complaints or concerns

- People told us they were able to raise their concerns with the staff and management team.
- The service had a complaints policy which they followed when people had expressed a concern. Records showed people's concerns had been responded to, records of any complaints had been kept with the persons care record.

End of life care and support

- People could remain at the home to receive end of life care. The home worked closely with community

health professionals to support people to be comfortable.

- People's future wishes had been considered and recorded in files where the person wished.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities in relation to the care they provided. Staff told us shifts tended to run smoothly and they were made aware of any changes at the beginning of each shift. One staff told us, "I think this is a well-managed home. We get a handover at the start of the day, there are clear routines." A senior member of staff said, "I have had good support to understand my role as a senior, I know what is expected."
- Regular audits of care practices ensured the management team were aware of any quality issues and could address them in a timely way. The management team completed regular competency assessments and spot checks which helped ensure staff maintained the quality of care expected.
- Most environmental risk assessments had been followed, however, the registered manager had not ensured the legionella risk assessment checks had been completed regularly. This was addressed during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were committed to providing high-quality care which reflected the preferences of people living in the home. One staff told us, "I feel equipped to do my job, I really enjoy working with the residents."
- People's identities and equality characteristics had been identified in care records. Staff we spoke with understood people's experiences and respected their beliefs. People had been supported to celebrate important religious festivals.
- The staff team regularly encouraged people to provide feedback about their experiences in the home. Kitchen staff asked people their views of the food each day. Resident and relative meetings had been held, however, people told us they were comfortable to discuss their experiences with the staff and the management team at any time. There was an open atmosphere in the home. People were comfortable to speaking with us and expressed their views during the inspection.
- The registered manager ensured staff were able to attend and contribute to staff meetings. Staff said they found meetings useful and informative.

Continuous learning and improving care

- There were systems in place to learn from people's experiences and improve care. For example, audits of care plans, quality audits and people's feedback.

#### Working in partnership with others

- The registered manager encouraged engagement with the local community, including; charities, day services and facilities.
- The registered manager had worked with Shropshire partners in care previously and planned to resume closer working with this organisation in the future.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility of duty of candour.