

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Kexborough House

113 Churchfield Lane, Darton, Barnsley, S75
5DN

Tel: 01226385046

Date of Inspection: 08 January 2013

Date of Publication: February
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	MJM furnishings Limited
Registered Manager	Mrs. Louise Fuller
Overview of the service	<p>Kexborough House Christian care home provides personal care and accommodation for twenty-two older people. Accommodation is on two floors served with a passenger lift and there is a single storey purpose built extension. Kexborough House has large landscaped gardens to the rear of the property with accessible patio areas.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safety, availability and suitability of equipment	9
Supporting workers	10
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that they were treated with respect and that their opinions were sought. This told us people were involved in any decisions and they had choice. People made positive comments about the staff and were satisfied with the quality of care that they had received. Their comments included: "The carers are very helpful." "The staff are pretty good."

Relatives we spoke with were satisfied with the care their relatives had received and they told us that they had no concerns. Their comments included: "It is very clean." "You can visit when you want and staff are very welcoming." "There has been lots of improvements but there is always room for more." They also told us that they were involved with their relatives care planning.

We found that care plans and risk assessments were person centred and had been reviewed at regular intervals. We saw that people were referred to healthcare professionals when necessary and these visits were recorded in people's records.

We saw that people who used the service benefited from equipment that was comfortable and met their needs.

We found that staff were supported to provide care to people, trained and appraised.

We saw that the home had a procedure in place to deal with complaints. People told us that they felt "safe" and that if they had any concerns they would speak to a relative or staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

At the inspection we were able to observe people's experience of living in the home and we saw staff spoke to people in a kind and respectful manner. We spoke with three people and they told us that their opinions were sought. This told us people were involved in any decisions and they had choice. Examples given included choosing when to get up and go to bed, whether to join in activities and what to wear. Their comments included: "I prefer to sit in this room with a book." "In the summer time I liked to go out into the garden." People also told us that there was variation and choice on what to eat at meal times. One person commented: "If you don't like something they will give you something else to eat." We saw that a four weekly menu was displayed on the home's notice board and in the dining areas for people to look at.

The provider may find it useful to note that all the people and the relatives we spoke with told us they were satisfied with the food provided by the home but felt that further improvements could be made. People's comments included the following: "I would like to have more fresh vegetables." "Sometimes you want a hot meal and not just sandwiches." "We are always having soup with everything."

We spoke with five relatives and they told us that their relatives were treated respectfully and they were satisfied with the quality of care their relative had received. Their comments included: "She is treated very well." "They treat her with dignity and respect."

Relatives we spoke with told us that they were involved with their relatives care planning. One relative commented: "What I like here is that I can actually be fully involved." They also told us that staff communication was good and if they had any concerns that they would speak to the manager or one of the team leaders.

We spoke with two members of staff who were able to describe how they maintained people's privacy and dignity and the examples they gave included the following: knocking on people's doors and waiting for a response, ensuring doors and curtains were closed whilst supporting people with their personal care. One staff member commented: "It's not what we want, it's what they want."

We looked at the home's latest newsletter that was available in the reception area and a sample of three of the monthly residents meeting minutes. We saw in the resident meeting minutes for August 2012 that people had been asked if they wished to be involved in the running of the home which had included participating in staff recruitment and reviewing company procedures.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

We looked at a sample of three care plans. They contained a range of information that covered all aspects of health and care. The information included the following areas: communication, health, mobility, medication, nutrition and awareness. We saw that the care plans included details of a person's life history, their personal preferences, their relationships and their religious and spiritual needs. In one care plan we saw that one person had hand written details of their social background. We found that care plans and risk assessments were person centred and had been reviewed at regular intervals. We saw that people were referred to healthcare professionals when necessary and these visits were recorded in people's records.

Relatives we spoke with were satisfied with the care their relatives had received and they told us that they had no concerns. Their comments included: "I do like the place." "It is very clean and smells nice." "You can visit when you want and staff are very welcoming." "There has been lots of improvements but there is always room for more."

All the people we spoke with made positive comments about the staff and were satisfied with the quality of care that they had received. Their comments included: "The carers are very helpful." "The staff are pretty good." "Staff are cheerful."

The manager informed us that the home did not employ an activities worker and that she arranged many of the events. She gave us details of events that had taken place in the home in December 2012 which had included the following: a carol service and tea, a visit from a local reverend and a Christmas party with an entertainer. People we spoke with expressed how much they enjoyed the activities when they were provided. They told us how much they particularly enjoyed the weekly musical hour that was provided by a person's relative.

The provider may find it useful to note that people and many of the relatives told us that they would like more activities to be available for people to participate in. People's comments included the following: "It would be nice to have a few more little activities to break the day up more." "There are activities but not very often."

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People who used the service benefited from equipment that was comfortable and met their needs.

Reasons for our judgement

The people we spoke with told us about the equipment they used to maintain their independence. These items included zimmer frames, wheelchairs and walking sticks. One person told us "I always keep my walking stick with me." We observed people using their zimmer frames to move independently in the home.

One staff member we spoke with described how they supported people to understand how and why equipment was being used. They also told us that they took care in the way they used equipment to make sure the person was comfortable and safe.

We found that the home had processes in place to make sure equipment was suitable for its purpose, was available and properly maintained. We looked at a sample of checks completed by external contractors for the home in 2012. The sample included the following: mobile hoist and bath hoist checks, passenger lift checks and portable appliance testing.

We also looked at some of the bathrooms and we saw that there was equipment in place to support people to bathe and that the bathroom areas were clean. We also looked at a mobile electrical hoist that the home used and we noticed that two fabric slings needed to be cleaned. The manager informed us that there was a schedule for cleaning the hoist but not the accompanying slings. She told us that she would ensure that the slings would be cleaned and added to the cleaning schedule. The area manager also informed us that a spare hoist was kept at the provider's head office as part of their contingency planning. We saw that the home had only one slide sheet available for staff to use. The area manager informed us that they had a selection of slide sheets to support moving people of different sizes at the provider's head office and she would ensure that these were brought to the home as soon as possible.

We looked at the home's staff training matrix. We saw that staff had received yearly moving and handling refresher training. We spoke with a new member of staff who was in the process of completing their induction. They told us that they were not allowed to use the hoist until they had received their moving and handling training. They also told us that they had job shadowed staff for several days before assisting other members of staff to move people using a moving support belt. The manager informed us that the new staff member's moving and handling training was overdue and it was arranged to be completed at the end of the week.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people but their comments did not relate to this outcome.

We looked at the induction booklet used by the home and staff to document and review their progress in their training. We saw that there was a comprehensive induction process in place for the home to follow. We found that a new staff member's induction training had been delayed due to the manager taking annual leave during the Christmas period. The manager told us that she knew that the staff member's induction training was overdue. During the inspection she arranged for the staff member to attend two days mandatory induction training at the end of the week. We also noticed in the sample of care plans we looked at that the new staff member had not signed to confirm that they had read people's care plans. The manager also assured us that she would ensure that the staff member was given time to read all the people's care plans in the home.

The provider may find it useful to note that on the day of the inspection, we spoke to a senior staff member and they were not aware who had been supervising the member of staff's induction whilst the manager was on holiday.

We looked at the home's staff supervision and appraisal schedule. We found that staff had received an appraisal and regular supervision up until August 2012. We saw that staff supervision's had been scheduled to be completed in December 2012 but we found that twelve supervisions had not taken place due to the manager being on annual leave. The area manager told us that she would work with the manager to see how they could improve on how supervisions were scheduled so that they were not missed in the future.

We looked at the home's training matrix and we found that there was a process in place to highlight when staff needed to complete refresher training. The manager told us that the provider used an accredited external training company to supply their training material. She also told us that staff completed a test sheet at the end of each training session and that these were sent off to the training company to mark. We looked at a sample of staff training certificates which included the training the manager had completed. The manager told us that she had not been able to find a suitable training company to enable her to complete her NVQ management level training. The area manager told us that the provider would prioritise and ensure that the manager had access to this training.

All the staff we spoke with told us that they felt supported by management and felt that there was a very friendly supportive team working at the home. They commented: "Very supportive, the manager understands if we have a problem." "Smashing team." Staff also told us that they were supported to develop their skills and obtain further qualifications.

The provider may find it useful to note that staff told us that they found the way staff refresher training was "packed in" over two days made it difficult to take information on board and to retain it. They also told us that smaller groups would be helpful as it would provide a better learning environment.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People who used the service and those acting on their behalf can be confident that their comments and complaints are listened to and dealt with effectively.

Reasons for our judgement

We saw that the home had a procedure in place to deal with complaints. We also saw that the home had displayed their complaints procedure on the home's notice board. The manager informed us that they had not received any complaints in 2012 and that if people or their representative had any concerns that they would usually speak to them and that this was recorded in people's care plans.

We saw that there was a clear recording process in place to record complaints. We looked at a copy of the home's complaints policy and we saw that it gave details on how the complaint would be managed and included the following: people's roles and responsibilities, timescales for providing an acknowledgement and outcome of investigation and that a solution had been agreed with the complainant.

The provider may find it useful to note that the area manager informed us that if a person needed support to make a complaint this would be provided but we found that this had not been reflected in the home's complaint's procedure or policy.

All the people we spoke with told us that they felt "safe" and if they had any concerns that they would speak to their relative or a member of staff. We also looked at a sample of the minutes of the monthly resident meetings where we saw that people were asked if they had any concerns they wished to raise. We also found evidence that people were encouraged to come and speak to the manager in her office if they had any issues or problems which they felt they could not raise at the meeting.

Relatives we spoke with told us that if they had any concerns they would talk to the manager and most felt confident that they would be dealt with appropriately. Their comments included the following: "I can phone up anytime if I have any concerns." "Any concerns I speak to the manager."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
