Kinross Limited

Kinross Residential Care Home

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

About the service
Kinross residential care home is a care home without nursing registered to provide care and support to up to 29 people. The service provides support to older people, some of whom live with a dementia. At the time of our inspection there were 25 people using the service. Accommodation was provided across two floors and included communal lounges, dining room and specialist bathrooms with both single and shared rooms. All rooms had en-suite toilet and sink.

People's experience of using this service and what we found
People told us they felt safe. Staff had completed safeguarding training and understood their role in identifying and reporting concerns of abuse or poor practice. People had their risks assessed, monitored and reviewed. Staff understood their role in mitigating risk whilst respecting people's rights and freedoms. People had their medicines managed safely. Infection and prevention control measures were robust, however visiting arrangements were not in line with the latest government guidance. The general manager agreed to review the current arrangements to ensure that people's rights were being upheld.

Pre-admission assessments took place to ensure people's care needs could be met safely. People were cared for by staff that had completed an induction, on-going training and had the support to carry out their role effectively. Changes to people's health were responded to appropriately and close working partnerships with clinicians ensured people had positive health outcomes. People had access to community health care such as opticians and hearing specialists. People had their eating and drinking needs met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their families spoke positively about the staff team describing them as kind, friendly and caring. People had their dignity, privacy and independence respected. Staff knew people well and understood what was important to them. People had their communication needs understood and were involved in decisions about their day to day lives.

People had detailed person-centred care plans that reflected their care needs and choices. People had opportunities to enjoy their hobbies and interests and be involved in a range of social activities and events. A complaints process was in place and when used seen as an opportunity to improve practice. People had an opportunity to discuss end of life wishes and preferences. Staff had a good working relationship with community services that supported when end of life care was being provided.

The culture of the home was open and transparent. Quality assurance processes were robust and had been effective at driving improvements. People were clear about their roles and felt they had a voice. Links with professional bodies supported improvement and best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 2 March 2021 and this is the first inspection. The last rating for the service under the previous provider was requires improvement published on 30 April 2020.

Why we inspected
This inspection was prompted by a review of the information we held about this service.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective. Details are in our effective findings below	Good
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

Kinross 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Kinross is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kinross Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and had begun the registration process.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning team who work with the service. This information helps support our inspections. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the general manager, operations manager, quality manager, home manager, health care assistants, housekeeping and catering staff. We spoke with two nurses and a social worker who had experience of the service. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe. A relative told us, "(They) feel safe knowing there's always somebody about."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice.
- Safeguarding information had been produced in languages spoken by the staff team to aid learning.
- Records showed us that safeguarding protocols for reporting and investigating incidents were being followed.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed. This included risks associated with mobility, skin integrity and swallowing.
- Staff understood the risks people lived with and actions needed to mitigate avoidable harm whilst respecting people's rights and freedoms. This included the use of technology such as specialist air mattresses and alert alarm mats.
- People had personal emergency evacuation plans in place that provided key information should they need evacuating from the building. An up to date fire risk assessment was in place and fire equipment was regularly checked and maintained.
- Environmental risks had been assessed and included water safety, building security and storage of chemicals.

Staffing and recruitment

- Staffing levels met the needs of people and was responsive to people's changing needs. An example was increasing the night team from two to three staff in response to a higher incidence of people falling at night.
- Records showed us that staff had been recruited safely. The recruitment process included obtaining a full employment history, references and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People had their medicines managed safely. Medicines were stored securely at a safe temperature.
- Some people had medicines that had been prescribed for as required. These medicines had protocols in place providing staff with information to ensure they were administered appropriately.
- When people had topical creams a body map had been completed which indicated where each cream

needed to be applied.
● Controlled drugs, (medicines that have additional controls due to their potential for misuse), were managed in accordance with current regulations.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● Visiting arrangements were not in line with the latest government guidance. At the time of our inspection the home did not operate an open visiting policy. Visitors were still required to make an appointment in advance and in the majority of cases restricted to communal areas of the home.
● We spoke with the general manager who agreed to review current practice in line with government guidance to ensure people's safety was considered alongside their rights and freedoms.

Learning lessons when things go wrong
● The registered manager had oversight of accidents and incidents. Information was reviewed to ensure actions needed had been taken. Information was used to analyse trends, review risk and identify learning.
● Learning was shared with staff at daily handovers, on staff briefing notes and at staff meetings.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements. This included risks associated with skin integrity, malnutrition and falls.
- Assessments included the use of equipment and technology, including specialist pressure relieving mattresses and specialist moving and transferring equipment.

Staff support: induction, training, skills and experience

- Staff had an induction and on-going training that provided them with skills to carry out their roles effectively. This included mandatory training such as safeguarding, fire safety and moving and handling practices.
- Staff had completed dementia training. A care worker explained how it had helped their practice, "Dementia is an illness, but people have feelings like us and get upset like us. You have to talk as you would like to be spoken to."
- Staff received regular opportunities to discuss their role and professional development through supervision and observed practice. The quality manager told us, "Staff are not currently undertaking level two and level three (diplomas in health and social care), but are being offered the opportunity, with maths and English being part of the diploma."
- Senior staff had taken on additional clinical tasks which included administering insulin and wound care. Training and competency checks had been provided by the community nurse team.

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

- People had their eating and drinking needs understood and met. This included known allergies, likes and dislikes and diets linked to people's health conditions.
- We observed people being offered a choice of meals that provided a well-balanced diet. A range of drinks were provided throughout the day from both the hydration station and tea trolley.
- People were involved in decisions about the menu. A catering staff member told us, "Every few months the chef goes around serving (meals) and changes the menu following feedback from people."
- People's independence was aided with the use of adapted crockery, cups and the use of plate guards. One person told us, "I like eating in my room because I like my own company and the staff respect that."

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

● Regular multi-disciplinary meetings were held with a range of professionals and reviews included new admissions, people's physical and mental health and provided occupational therapy and pharmacy advice and support. A community nurse told us, "The home is really good, we get to know all the residents which is nice for them."
● People had positive health outcomes. Some people with diabetes had been involved in a pilot project, managed by a community health team and supported by the home, which had led to a reduction and finally stopping of some people's insulin.
● Staff knew people well and were responsive to people's changing health care needs. A community nurse told us, "In the past there have been issues but now they manage the risk and are good at raising things with us."
● Records showed us people had access to community services such as chiropodists, opticians and hearing specialists.
● Hospital passports were in place that provided key information about a person when they transferred to other services. Information included details about the persons medicines, contacts and communication needs.

Adapting service, design, decoration to meet people's needs
● People's rooms were reflective of their history, interests and hobbies, making their rooms their own individual personal space.
● The layout of the home provided a range of communal space for both joining in social events with others or having private time with family and friends.
● Bathrooms and toilets provided handrails and adapted equipment which aided people's independence.
● Some people were living with cognitive impairments such as dementia. Memory boxes outside people's rooms had been used to aid orientation and included photographs and memorabilia familiar to the person.
● People had access to secure, accessible outside space.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff understood the principles of the MCA ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way.
● Records showed us that where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, family and appropriate health professionals. Examples included administration of medicines and providing personal care.
● DoLS had been requested appropriately. Authorised DoLS were in place but none had conditions attached at the time of our inspection.
● Power of attorney information had been evidenced and staff understood the parameters of legal

authorisations.
● We observed staff providing choices to people, listening and respecting their decisions.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their families spoke positively about the care provided. One person told us, "They (care staff), all work so hard. They are brilliant. There's nothing they can do to improve." A relative said, "Carers are friendly and caring and (relative) is always happy to come back when we've been out."
- We observed friendly, positive interactions between staff and people. Staff knew people well and understood their communication needs. This meant they were able to have meaningful interactions and conversations.
- People were supported at a pace that ensured their inclusion and enabled them to maximise their involvement and independence. We observed staff spending time engaged in conversation and sharing friendly banter. A member of the care team told us, "Residents are very cordial, we laugh together but if they're upset and crying, we can help; we can be their family."

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

- We observed staff offering choices and giving people time to make decisions about their day to day lives. Examples included, joining a planned activity or deciding where to have a meal.
- People had their decisions respected by the staff team. A relative told us, "Mum has asked just for ladies (carers) and they have listened."
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and knocking and asking if they could enter people's personal space. Staff were respectful of the private time people spent with their family and friends.
- People had their dignity respected. We observed staff providing support discreetly, speaking to people in a quiet voice, calmly and professionally. Personal care was provided in people's rooms and staff ensured the environment promoted dignity. This included closing curtains and doors, providing a lap towel and supporting the person to be as independent and involved as possible.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 had person centred care plans that detailed their care needs and lifestyle choices, were reviewed regularly and understood by the staff team.
- People had opportunities to follow their interests and hobbies and join in a range of social events. We spoke with one person who was enjoying some artwork. They told us, "We do all sorts here; it's interesting." A staff member said, "The last two years with COVID-19 have been tough for everyone but we have activities coming in now, the hairdresser, chair yoga once a week and singers. It's made such a positive difference to people's mental health."
- Links had been made with a local church. One person told us, "(Staff) knew it was important for me to have a priest and now I do, and he can come anytime."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed aids such as glasses, hearing aids any other support such as information provided in large print, picture format or a language other than English.

Improving care quality in response to complaints or concerns

- A complaints process was in place and had been shared with people and their families.
- Records showed us that complaints had been investigated in a timely manner and outcomes shared with the complainant and where appropriate staff. Complainants were provided with information about an appeals process which included the local government social care ombudsman.

End of life care and support

- People, and if appropriate their families, had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural preferences and decisions on whether they would or would not want resuscitation to be attempted.
- End of life care included support from community health teams in the management of symptoms such as pain relief. We read a compliment that said, 'I'm glad (relatives) last days were spent in the place that had

become her home, with people who looked after her so well."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People, their families and the staff team spoke positively about the management of the home. One staff member told us, "Any problems I'm happy to go the management and feel listened too. Very understanding and gets things done." Another said, "I have no concerns, if I see it, I say it and that's what the managers like."

● The management team were visible, knew people well and focused on delivering person centred care. A member of the management team told us, "I want the best for the residents, I don't like it when they are poorly, you try and do everything you can for them and treat them like your own family." Another said, "The new manager is lovely, he's interested in everything."

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The home did not have a registered manager in post. The manager had begun the registration process with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

● The management team had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

● Quality assurance systems and processes were multi-layered, aligned with regulatory requirements and effective at improving quality of care. A staff member told us, "We are getting there; I've seen improvements every day since I've started."

● Quality assurance surveys were used to gather feedback from people. The resident feedback form had been reviewed and included pictures to represent the written question. The quality manager told us this had increased the amount of feedback provided. Records showed us that issues raised, and outcomes were shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People, families and staff had opportunities to be involved in the service through a range of pre-scheduled meetings and informal conversations. Minutes showed subjects discussed included training, reflective learning, staffing and social events.

● The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included Skills for Care, CQC and local health and social care groups.