

Milton Keynes Council

Kilkenny House

Inspection report

Kilkenny House Very Sheltered Housing Scheme
Stoneliagh Court Westcroft
Milton Keynes
Buckinghamshire
MK4 4BP

Tel: 01908506408

Date of inspection visit:
27 July 2023
28 July 2023

Date of publication:
16 August 2023

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Kilkenny House is an extra care housing scheme. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. At the time of our visit there were 37 people using the service.

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

Risks associated with people's care were assessed but these assessments required more detail. Medicines were managed safely, however 'protocols for 'as and when required' (PRN) medicines were not in place to help guide staff when to administer these. Governance systems were not always effective. There was a lack of oversight at provider level, however the registered manager had developed their own internal audits to monitor the quality of the service and take actions as needed.

People felt safe and were protected from the risk of harm and abuse. Risks to people were assessed and plans were in place to mitigate these risks. Staff received appropriate training and were supported with regular supervisions. There were enough staff to meet people's needs and staff were recruited safely.

People were asked to give their consent for support and the principles of the Mental Capacity Act were followed. 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 were supported to eat and drink and maintain healthy lives. People were supported to access healthcare services where needed.

Staff treated people with kindness, dignity and respect. People were complementary about the staff and the service they received. People were involved in decisions about their care and received regular reviews where they could provide feedback.

People and relatives were complementary about the activities and engagement opportunities provided by the service. People were given opportunities to maintain their social relationships and to maintain their independence.

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

Rating at last inspection

The last rating for this service was good (published 01 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kilkenny House on our website at www.cqc.org.uk.

Recommendations

We have made recommendations in relation to medicines' management and provider oversight.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Kilkenny House

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 1 inspector.

Service and service type

This service is registered as a domiciliary care agency. At the time of the inspection the service also provided care and support to people living in specialist 'extra care' housing. It provides personal care to people living in their own flats.

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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 July 2023 and ended on 01 August 2023. We visited the service on 27 and 28 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 members of staff including care assistants, support workers, team leaders, the registered manager and the service manager. We also spoke with 4 people who use the service and 5 relatives. We reviewed a range of records, including 5 people's care plans and associated risk assessments, service audits and 4 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and assessments were in place to reduce risks where possible, however the process required strengthening in some areas to provide more information to staff around how to identify and manage these risks.
- For example, 1 person's records noted an allergy to a particular food but did not provide further details as to how this impacted upon the person. We did not find any evidence of negative impact to people as staff knew people well. They were able to explain the person experienced minor discomfort and actively avoided these food items. The provider updated these records during the inspection.
- Where people had capacity and made unwise decisions, care plans detailed the information provided to people to help them understand these risks and how to reduce them wherever possible.

Using medicines safely

- Where people were prescribed medicines to be given as required (PRN), people did not have PRN protocols in place to give details to staff about what the medicine was used for and what signs and symptoms the person may display in the event the medicine was needed. However, we found no impact to people as at the time of the inspection, people receiving 'as required' (PRN) medicines were able to communicate to staff when they wanted these medicines.

We recommend the provider review current guidance around PRN protocols and take action to update their practice accordingly.

- Medicines were administered, stored, and disposed of safely. Any errors were documented and followed up by the registered manager.
- Staff received medicines training which included regular competency checks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Oh yes, if anyone of [staff] come in, and there is a problem or [staff] aren't sure they will speak with me to make sure."
- Staff received training in safeguarding, understood signs of abuse and how to report any concerns. One staff member said, "If I had any worries or concerns, I would go to my team leader or [Registered manager] right away."
- The provider had policies and procedures in place to safeguard people from the risk of abuse. The registered manager had made referrals to the local authority where this was required.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us they received their care visits at the times they requested and did not wait for long if they used their emergency pendant alarms. One person said, "Press the buzzer if we need anything, and [staff] come right away."
- The provider had checks in place to help ensure staff were recruited safely in line with current legislation.

Preventing and controlling infection

- Systems were in place to prevent and reduce the spread of infection.
- Staff and people confirmed there was adequate personal protective equipment (PPE) available, and this was used correctly.
- Staff received training in infection prevention and control and the use of PPE. The registered manager carried out spot checks to ensure staff were following this guidance.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. These were reviewed by the registered manager and any learning was shared during team meetings.
- The registered manager attended regular meetings with other managers to share any learning across services. This helped reduce reoccurrences and improve care quality.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed prior to joining the service. This meant the registered manager could make sure staff were able to effectively meet people's care needs.
- People's choices and preferences were included in their care plans. These were regularly reviewed and updated as people's needs changed. Team leaders regularly met with people to discuss their care needs and wishes.
- Where appropriate, relatives were involved in people's assessments. One relative told us, "I have regular reviews with [staff], anything that comes up is recorded and addressed right away. [Staff] have made a huge effort with [family member]."

Staff support: induction, training, skills and experience

- People were supported by staff with the right skills and knowledge to keep them safe and respond to their needs. One person told us, "They have the right training to help me."
- Staff received appropriate training and support to ensure they were effective in their roles. This included a robust induction with ongoing competency spot checks.
- Staff told us they felt supported in their roles and received regular supervision and support. One staff member said, "We have lots of training and if we are ever unsure [registered manager] will arrange for more if needed."

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

- People were supported to maintain a balanced diet. Staff prepared meals and drinks for people when required.
- Care records detailed any specific dietary needs people had and what support they required.
- Risks associated with eating and drinking, such as choking, were assessed and safety measures were detailed in care plans.

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

- People were supported to access healthcare services. One person told us, "[Staff] call the doctor if I am unwell."
- People were supported to maintain healthier lives. With support and encouragement from staff, 1 person had made changes to improve their diet and to exercise resulting in them losing weight. This meant they were able to move more and had regained some independence.

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 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was aware of their responsibilities under the MCA and had procedures in place in the event a person lacked capacity to make decisions
- Staff received regular MCA training and sought consent from people prior to providing support. Care plans contained signed consent forms as well as people's decisions and choices about their care.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff were kind and compassionate when supporting people. People were complimentary about the service. One person said, "The compassion and care that you get from all staff and the manager is so helpful in any crisis you have. Its brilliant, if my mum and dad were alive and I was looking for a place for them, this would be the first place I'd take them. I couldn't wish for anything better."
- Equality and diversity policies were in place to support staff in making sure people were treated fairly, in line with their religious preferences. For example, the provider had worked with 1 person to produce a written, step by step guide on how they wish to be supported in line with their religious beliefs.

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

- People were involved in decisions about their care and were able to express their views.
- Team leaders met with people weekly to gather feedback and views from people. One person said, "My care plan is in my flat, we always talk about it and make any changes together."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person told us how the staff had made arrangements for them so they could stay out and enjoy the local pub quiz without worrying about getting back in time for their medicines.
- Staff respected people's privacy and dignity. One person told us, "They always ring the bell when they get here, never just walk in."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were detailed and gave clear information to staff so they could support people safely and appropriately. These plans and care notes were accessible to all staff to ensure staff had the right information to care for people.
- Team leaders regularly reviewed people's care plans and made changes if necessary.

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 care plans detailed information about their communication needs.
- Care plans were clear where people required adaptations or equipment, for example, if a person required glasses or a hearing aid and provided detailed guidance for staff on how to support people with these needs. For example, 1 person's care plan detailed how their furniture was to be left in position to support them with wayfinding.
- A relative told us, " [Staff] just know how to communicate with [family member], they understand all their quirks and mannerisms to understand what [family member] wants and how they feel. I can't fault them."

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

- The provider supported people and their loved ones to maintain their relationships. They had recently introduced a 'support worker' role to the service. This new role was used to provide people with dedicated 1 to 1 support with their social needs. This was in addition to a regular 'activities co-ordinator', who arranged group activities in the service.
- For example, staff worked with 1 person to locate and arrange regular visits to their late husband's grave. Staff said, "We now use this time to clean the grave, lay flowers and visit which [person] recalls and really enjoys this time."
- The provider arrange for regular trips into the community for people living in the service. On the day of the inspection, people were visiting the local museum, 1 person told us, "It's nice to get out with people, before it could be lonely, but not since being [at Kilkenny House]." Another person said, "[Support worker] takes us out, I get out a lot now, I really like being out."
- The registered manager had set up a weekly shop. This enabled people who found it difficult to go out

shopping to continue to have control and buy the things they wanted.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and monitor complaints. This helped them identify any recurring issues so they could be resolved.
- People and relatives told us they did not have any complaints, but they would be confident to complain if the need arose. When asked about how to make a complaint, one person said, "Oh yes, I would have no problems going to [registered manager] and I know they would listen and deal with it right away."

End of life care and support

- No one was receiving end of life support at the time of the inspection. Staff had received training in end of life care and had a positive relationship with the district nursing and hospice teams if people needed support at the end of their life.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to assess, monitor and check the quality of the service provided to people was not always effective.
- There was a lack of oversight at provider level. Areas identified at this inspection had not been picked up by the provider, for example, omissions of PRN protocols and missing details from risk assessments. The provider was aware of the need to implement more robust systems and was due to have a full audit of the service completed shortly.

We recommend the provider review their governance systems

- The registered manager had developed a number of internal audit tools to support them to monitor quality within the service. These covered areas such as medicines records, care plans and staffing. Where these had identified areas for improvement, the registered manager had addressed them immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had completed a service user questionnaire in 2022, however there was no action plan to evidence feedback was used to improve the service. The provider acknowledged this and told us they would be developing an action plan following the next survey which was due shortly.
- The registered manager met with people regularly and team leaders met with people weekly to gain feedback and check their wellbeing. This meant any changes to people's preferences and care needs could be actioned promptly.

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

- People were at the centre of the service and staff supported them to improve their well-being and achieve positive outcomes.
- The service was well-managed. People and relatives were happy with the service provided. One relative said, "Kilkenny house is a gem and there should be so many more places like that." Another said, "The care is amazing, the registered manager does as much as they can to make sure everyone is comfortable and to make sure they have what they need."

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 and provider understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as safeguarding concerns.

Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were fully met. Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. Information about referrals and contact with health professionals was included in people's care records.