

Bupa Care Homes (BNH) Limited

Kilfillan House Care Home

Inspection report

Graemesdyke Road
Berkhamsted
Hertfordshire
HP4 3LZ

Date of inspection visit:
06 April 2016

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26 May 2016

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

This inspection was carried out on 6 April 2016 and was unannounced. At their last inspection on 10 June 2014, they were found to be meeting the standards we inspected.

Kilfillan House Nursing Home provides accommodation and nursing and personal care for up to 32 people. There were 26 people living at the home on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received care that met their needs. Staff had access to information within care plans that enabled them to provide care appropriately and safely. People were protected from the risk of abuse because staff knew how to recognise potential abuse and report concerns.

There were sufficient numbers of staff by the provider to meet people's needs at all times and staff who were employed had undergone pre-employment checks to assess their suitability for employment in a care setting. Staff employed received regular training and felt supported by the management team to deliver care and support that was effective.

Staff were kind and caring towards the people they supported and each other and worked well as a team. They were clear about their roles and responsibilities and felt valued by the registered manager.

People were encouraged and supported to eat and drink enough to maintain their health and wellbeing, and had access to health and social care professionals, including the GP when required.

People were supported to participate in a range of activities and pursue hobbies that were of interest to them. We observed several activities in progress at the time of our inspection. People's views on how the service was run and operated were sought through meetings and surveys.

There was a complaints policy and procedure in place and complaints were investigated and responded to appropriately. Comments and compliments were also recorded and we saw many positive messages from people who used the service and their families.

People, relatives and staff were all positive and complimentary about the way the home was managed. There were systems in place to monitor the quality of the service and where issues were identified, immediate actions were put in place to address them. The management were committed to achieving ongoing improvement.

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.

People told us they felt safe at the home. Potential risks to people's health were identified and managed safely.

Sufficient numbers of suitable staff were available to meet people's needs at all times.

Safe and effective recruitment practices were followed.

People were supported to take their medicines safely and when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff obtained people's consent to the care and support provided.

Some people lacked capacity to make day to day decisions and this was documented in their plans of care.

People were cared for by staff who had regular training and supervision with their managers.

People were supported to eat a healthy and varied diet.

People had access to various health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and where appropriate their family were involved in the planning, delivery and reviews of their care. □

Care was provided in a way that maintained people's dignity and respected their privacy.

People confidential information had been maintained and was stored securely.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their choices and preferences.

Staff provided person centred care and support.

People were supported to participate in social interests and activities relevant to their needs and abilities.

People and their relatives were able to raise concerns confidently. Positive feedback was also welcomed.

Is the service well-led?

Good ●

The service was well led.

There were systems and processes in place to monitor the quality of the service and to manage risks effectively.

People, their relatives and staff were very positive about how the service was managed.

Staff were clear about their roles and responsibilities and were appropriately supported.

Kilfillan House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 06 April 2016 by one Inspector and was unannounced. The provider completed a Provider Information Return (PIR) before the inspection. This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, two relatives, four staff and the registered manager. We also received feedback from stakeholders and reviewed information from the latest contract monitoring visit undertaken by commissioners of the service.

We looked at care and support plans relating to three people who used the service and two staff files. We reviewed information relating to how the service was managed and quality monitoring documents and audits. We also carried out observations in communal areas of the home to see how staff supported people who were not able to give us feedback.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us "I feel a lot safer here than at home. I don't have to worry about anything, everything is taken care of here". Another person told us "there is always someone popping in to check on me, it's good to have the reassurance".

We observed that there were suitable arrangements in place to protect people from harm. Staff confirmed they had received safeguarding training and regular updates and were able to demonstrate they knew how to report any concerns. There had been no recent safeguarding concerns however the registered manager and senior staff understood their responsibilities in regards to informing CQC and the local authority should any concerns be raised. This meant that people were protected from abuse and avoidable harm by staff who knew how to keep them safe.

Staff told us that people had individual risks assessed and we saw this to be the case. Risk assessments were reviewed regularly and where risks were identified actions were put in place to reduce risks where possible and we saw that these were appropriately managed. For example, people who were at risk of developing pressure ulcers had specialist equipment was provided. In the same way people who were at risks of falls were closely monitored and were supported to use a walking aid.

People had their needs met by staff who knew how to reduce the risks. People told us that they thought there was always enough staff on duty including at night and over the weekend. We observed that calls were responded to efficiently and people confirmed they never had to wait long for assistance. Staff told us that there was a bank of staff available to provide cover for sickness and annual leave. This meant there were sufficient numbers of suitable staff available to meet people's needs and keep them safe.

A safe and effective recruitment process was in place to help ensure that staff employed to work at the service were suitable. We found that pre-employment checks were undertaken before staff were able to start work. We saw from reviewing staff recruitment files that staff completed an application form where gaps in employment were explored, a CRB was completed and a minimum of two references were required. This helped ensure that people received their care from staff of good character, physically and mentally fit for the role and able to meet people's needs.

People told us they received their medication regularly. One person told us "the staff are as regular as clockwork I get me medicines at breakfast time and again the evening around tea time." Another person said "I see the nurses coming round it usually is around meal times so I know the times now and don't have to worry". There were suitable arrangements in place for the safe ordering, storage, administration and disposal of people's medicines, including controlled drugs. We noted that nurses administered all medication and followed safe procedures. We observed a nurse doing the lunch time medicines round and saw that they checked the details before assisting people to take their medicines. They then completed the medicine administration record (MAR). We checked the controlled drugs against the records and found the stock balances to be accurate. Regular audits of medicines were undertaken and we saw the last medicine audit did not highlight any concerns. All staff had training in the safe administration of medicines and also

had their competency checked periodically. This meant that people received their medicines safely by properly trained staff.

Is the service effective?

Our findings

People told us that staff understood their needs well and had taken the time to get to know people's needs and wishes. One person said, "Staff know my preferred routine, I like to stay in my room mostly but go to the dining room for lunch". They went on to say staff ensured that they assisted them in the way and at the times they wanted to be assisted

Staff were appropriately trained and supported to perform their roles and meet people's needs. New staff were required to complete an induction programme and then had an opportunity to 'shadow' more experienced staff and did not work alone until they had been assessed as being competent to do so. Staff told us they were supported by their manager and had regular 'one to one' sessions with senior staff during which individual performance was reviewed and discussed. We found that staff received regular training updates to support them in their role. Nursing staff told us about specialist training they received for example the local hospice had provided training in end of life care and support. Staff also received specialist care for example to support people living with dementia. This meant that people received their care from a staff team who had the appropriate skills and experience to meet people's needs effectively.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA. The home had made Deprivation of Liberty safeguards [DoLS] applications to the local authority which were awaiting outcomes.

People's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained from people in relation to sharing information, having their photograph taken and consent to their care plan.

People told us they liked the food at the home. One person told us, "The food is good and there is plenty of it". We saw that menus were set out on the table showing the choices. One person told us "if you don't like the main meal choices you can also have an alternative". Another person told us, "We always get choices of food and drinks; we have snacks as well when we want them". People were assisted at mealtimes in a calm and relaxed way. If there were any concerns about people's nutritional intake, a referral was made to a dieticians or and speech and language therapists.

People told us that their health needs were well catered for. Staff told us that chiropodists, dentists and opticians visited the home when people needed them. People told us that they had access to their GP who came to the home weekly and on request if required. Is the service caring?

Is the service caring?

Our findings

People told us that they were involved in planning their care and also around making decisions that affected them individually. One person told us, "We spoke about my care and support and talked about all kinds of things like what time did I like to get up and go to bed" the person went on to say "they are always reviewing it when things change as well." Another person said, "My relative helped when we were planning my care when I first came to live here, and they always invite them when they are reviewing things."

People who used the service and relatives made positive comments about how kind and caring the staff team were. One person said, "The staff are all wonderful, from the manager to the cleaner they all have time for you and are always smiling". Other people commented "It's good to be in a place where you can enjoy each-others company." Another person told us, "They [staff] always remind us it's our home and they are respectful of that."

People told us the staff treated them with dignity and respect for example one person told us "they always knock before coming into your room they wait to be invited in". A member of staff described how they always ensured people's confidentiality was maintained by being mindful of who was around before engaging in a personal conversation or discussing any support needs. We saw that people were assisted discretely when in communal areas. People were assisted to their rooms ensuring that any personal care was carried out in private with the door closed and where necessary away from the window.

The manager and many of the staff had worked at the service for many years which meant they had a stable consistent staff team. Staff were able to demonstrate they knew people's needs well and the manager was observed to be engaged in meaningful conversations with people throughout our inspection. We observe the manager and staff to always greet and acknowledge people with a friendly smile and welcoming gestures, for example would you like a cup of tea, what was your journey like is everything ok? People were seen to respond positively to both managers and staff interventions. One person told us when the manager had left the dining room "We see (manager) every day, sometimes two or three times a day they make it their business to come and speak with us even in the evening or over the weekend they pop in to see that everything is ok".

People were encouraged and supported to think about how they would like to be supported in the future if their condition was to deteriorate, about whether they would like to continue to be cared for at the home or go into hospital.

Staff had access to detailed information about people's life histories and preferences. This helped them to care and support people in a way that met their individual needs and personal choices and wishes. For example, we observed a person being encouraged to join others in the dining room for lunch. We observed another person who was a little upset being encouraged to go into the conservatory to join in the quiz and saw them become more relaxed when they saw other people they recognised. Relatives told us they were able to visit the home anytime they wished. One relative told us that they were always welcomed and invited to join in with all the social functions and events including summer fares and the annual BBQ. We saw that

relatives were assisting people with lunch joining in with the chatting and laughter.

People told us that the staff team were "an exceptional bunch, and that nothing was too much trouble". One person said, "I really don't know what else they could do we get fed and watered and everything we need is provided". Another person told us they were delighted they had chosen to come and live at Kilfillian house as it met and exceeded all their expectations". There was a relaxed and calm atmosphere in the home and we saw that staff related to people in a relaxed and positive way. Staff had time to sit and chat with people and enjoyed some two way 'banter' with people.

Is the service responsive?

Our findings

Everyone we spoke with said they were encouraged and supported to make choices and be involved in their care. They told us that they were confident in the ability of staff to care for them as they wished. Relatives told us that staff involved them with developing people's care plans where they were not able to do these themselves. Staff obtained as much information as possible about people's lives and this was recorded in a 'map of life' document. This helped staff develop care and support relevant to people's current and future needs and adjust it when people's needs changed. For example if people's mobility deteriorated and they required specialist equipment to support them.

Staff told us that they had access to information about people's needs and preferences which enabled them to provide care consistently and in ways that people preferred. We found that people's care and support needs were closely monitored and updated on a regular basis so that any changes to their needs had been identified. We found that when people's needs had changed, staff had made appropriate referrals. This included, for example, to the dietician, dentist and opticians. In addition specialist equipment such as pressure relieving equipment, moving and handling equipment had been provided. Staffing levels too were flexible to accommodate people's changing needs.

We observed a range of activities on offer, people were getting their hair and nails done, and there were arts and crafts and a quiz on the day of our inspection. People told us they were given choices about what they liked to do and how they wished to spend their time. For example some people preferred to stay in their room, one person said they "liked to listen to the radio" and another person enjoyed reading. They said there was no pressure to join in anything if they didn't want to. The activity co-ordinator told us that there was not a structured activity plan as people were asked each day what they would like to do. Staff demonstrated that having a range of activities that suited everyone was important to reduce the risk of people becoming isolated. Most of the activities took place in the conservatory which had loads of interesting things for people to do including games, puzzles, arts and crafts.

Outside artists came to the home to provide additional entertainment. For example singers or musicians. People enjoyed this and the engagement with other community activities and events which people's families and relatives were also encouraged to attend. People told us they enjoyed the garden more in the finer weather including having tea outside.

Meetings were held for people and their relatives to discuss how the home was run. We found that action had been taken in response to any concerns, issues or ideas raised. For example, food and menu choices were discussed and varied, and activities and events were reviewed to make sure there was enough variety and people were interested in what was on offer. This showed that people had a voice and were listened to.

Complaints were documented and investigated appropriately and people told us they knew how to raise concerns if they needed to. People told us you can raise anything here and they will try their best to rectify it.

Is the service well-led?

Our findings

People were positive about how the home was operated and managed. People and staff told us they were confident in the manager's ability and the way they led by example and had a visual presence in the service. One person said, "I see the manager every day she comes and says hello" Another person said "Yes I know the manager, she is around most days". Relatives also spoke positively about the home and how it was run and one relative said their family member was happy living there and that was what was important to them". People told us they held regular residents and relatives meetings which provided them with a forum to exchange information and have a cup of tea together.

We received many positive comments about the management team from staff and people and saw that there were numerous compliments recorded. People told us they were approachable and kept them informed about both events at the home and about their relatives. A member of staff commented that "communication is very good here we are kept up to date with any developments or changes."

The ethos of the home was open and inclusive and had a homely and positive atmosphere. The manager had been at the home for many years and demonstrated a commitment to delivering high quality care. There were various quality monitoring procedures and audits in place for example medicines audits, care plans, infection control. We saw that where actions for improvement had been identified these had been followed up to ensure that the relevant action had been taken. In addition to the managers audits there were regular quality checks by a senior manager and these too had actions and a date by which they would be reviewed to ensure they had been addressed in a timely way. For example mattress checks had been completed and care plan audits.

We saw that maintenance checks were completed so ensure the building, equipment and checks were completed regularly. These included water temperature and gas safety checks as well as fire drills and equipment checks.

One staff member told us, "The manager is accessible and very clear about the quality of service they expect us to deliver". Staff members confirmed that they understood their responsibility to share any concerns about the care provided, they told us they were aware of the whistleblowing procedure and that they would confidently use it to report any concerns. Staff also told us that the manager was very supportive and had an 'open door' policy. One staff member said, "This is a great place to work." We saw that staff worked well together and they told us that they worked well as a team and had the same values and vision to have a caring relaxed home.

The manager received support and regular supervision from an area manager. There were opportunities for the manager to engage and network with colleagues from other services in order to share good practice, support learning and to improve the quality of services provided.

People told us that quality survey questionnaires were sent out each year. One person said that they did not have to rely on completing a survey they could discuss anything they wanted to at any time and it would be

dealt with. This showed there were systems in place to regularly monitor and improve the service and that people views were listened to and valued. For example people were supported to share their ideas at activity groups and through regular relatives and residents meetings.