

Milton Keynes Council

Kilkenny House

Inspection report

Stoneleigh Court
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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	

Overall summary

Kilkenny House is registered to provide support for older people who require personal care and support in their own homes to enable them to retain their independence. The service is provided within an extra sheltered housing scheme and people receive domiciliary care support from care assistants based at the service. It is registered for up to 49 people. On the day of our visit, there were 34 people receiving care and support.

The inspection was announced and took place on 14 October 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People felt safe and were protected from abuse by staff that had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe.

Summary of findings

Specific and general risks to people's safety had been assessed and were detailed clearly within their care plans. Staff used these to assist people to remain as independent as possible.

There were sufficient staff members on duty to support people with their required care needs. Staff had been recruited using a robust recruitment process.

Safe systems and processes were in place to ensure that medicines were handled, administered and disposed of safely.

New staff received a robust induction to the service to help them prepare for their role and responsibilities. Staff were also provided with a variety of training, based upon people's needs, to help them to carry out their roles effectively. They had regular supervision meetings with their manager and annual appraisals to support them to meet people's needs.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected.

People's dietary requirements had been assessed. They were supported to make menu choices and encouraged to be independent in meal preparation if this was appropriate.

Prompt action was taken in response to illness or changes in people's physical and mental health. When required, staff supported people to attend healthcare appointments, if they could not be supported by relatives.

Staff treated people courteously, with kindness and compassion. They provided care and support based upon assessed needs. Staff had a good awareness of people's preferences and worked with them to ensure that effective care was provided.

People were supported to take part in meaningful activities within the sheltered housing scheme. Staff undertook baking and arts and crafts and also provided an on-site shop for people to use.

People knew how to make a complaint if they needed to, and were confident that the service would listen to them. The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

The registered manager, operational manager and senior staff consistently monitored and reviewed the quality of care people received. The service encouraged feedback from people and their representatives. This was then used to identify, plan and make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff had received training in the safeguarding of vulnerable adults and understood their responsibilities.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

Staffing arrangements meant there was sufficient staff to meet people's needs. The service recruited staff in a safe way and ensured that all relevant checks were completed prior to new staff being able to commence employment.

Safe systems and processes were in place for medication management.

Good



Is the service effective?

This service was effective.

People were supported by staff that had appropriate skills and had received relevant training to perform their role.

The service was meeting the requirements of the MCA 2005 and DoLS. Staff were aware of their responsibilities to always act in a person's best interests.

Staff provided people with support with meals where required as an assessed part of their care package.

People's health needs were monitored closely and advice and up to date information from relevant healthcare professionals sought when needed.

Good



Is the service caring?

This service was caring.

People had good relationships with staff that were kind, caring and compassionate.

Staff had a good understanding of the people they were supporting. People were treated with respect and dignity.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



Is the service responsive?

This service was responsive.

People's wishes were documented and they received their care in the way they preferred. Staff knew people well and understood their individual care and support needs.

Good



Summary of findings

The registered manager and staff promoted people's involvement in meaningful activities, both within the home and in the local community.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff.

Staff said the management team had an open culture and were confident that their opinions were respected.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The registered manager and provider recognised the importance of regularly monitoring the quality of the service provided to people.

Good



Kilkenny House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 October 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that that staff were available and people were at home.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported us during this inspection by making telephone calls to people's relatives.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We received the completed document just prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Prior to this inspection we also reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities within the communal areas.

We spoke with 13 people who used the service, three relatives and one healthcare professional who had regular involvement with the service. We also spoke with the registered manager and five care staff.

We looked at seven people's care records to see if they were accurate and reflected people's needs. We reviewed three staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People felt safe and secure in the service. They told us they trusted in the staff that supported them, to protect them from harm. One person told us, "Safe? Of course I feel safe here, why wouldn't I?" Another person said, "I always feel safe. They are good at making sure our doors are locked and windows shut at night. One time I called them at night because I could hear a noise and was scared. They came straight away. It is nice to know they are here for us, we are secure."

Staff said they worked hard to keep people safe both within the environment and with the care and support that they gave. They demonstrated a clear understanding of the signs they would look for, and explained the action they would take if they thought someone was at risk of abuse.

One member of staff said, "We would explain to the person that we would have to raise concerns but that we would try and protect their confidentiality. We would then go to a team leader or the manager." Another staff member told us, "We would make sure the person was alright, raise the concerns and document things within the notes." Staff were confident any allegations would be fully investigated by the registered manager. The registered manager told us that it was the responsibility of all staff to report a safeguarding matter; many had been trained to complete the relevant paperwork which meant that there would be no delays in reporting matters if the registered manager was away from the service.

Where required, staff told us they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC). One staff member said, "It's our duty to keep people safe, no matter what." We found that staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. We also found that the registered manager had taken appropriate action in response to safeguarding concerns and investigations. Records detailed that the outcome of safeguarding concerns was communicated to all staff so that lessons could be learned.

Staff told us there were a variety of risk assessments used within the service. We were told that risk assessments were an important part of keeping people safe, and were reviewed on a regular basis to make sure they remained up to date. The registered manager told us that the risk

assessments would vary depending upon what needs a person had. We found that risk assessments had been completed in areas including moving and handling, falls and the general environment. Information was detailed, up to date and reviewed regularly but more frequently when someone was new to the service or their needs had changed.

Staff told us they were aware of the service's whistle-blowing procedure and were able to tell us who they would escalate their concerns to. They said that they would not hesitate to use this process if they felt it appropriate. If staff were concerned about the registered manager's practice, they were aware of other avenues they could pursue to report their concerns. This meant that any incidents of poor practice would be reported by staff to the registered manager.

Accidents and incidents were recorded and monitored. We saw records of these which were completed correctly in line with the provider's policies.

Equipment used to assist people was suitable and serviced regularly to ensure it was safe to be used.

Staff had been through a robust recruitment process before they commenced employment. The registered manager explained the importance of using safe recruitment systems and told us that the provider had a good recruitment process because it wanted to make sure that their staff were safe to support people. Records were well organised and new staff had completed application forms, which included a full employment history. We saw interview questions and answers and completed skills tests. Staff files included evidence of criminal record checks, proof of their identification and two employment references. There was a suitable recruitment and selection process in place.

People told us they thought there was enough staff on duty. One person said, "They always come to me quickly when I have called them. I never have to wait long." Another person told us, "I think there is plenty of staff here, we don't all need help so for those of us that do, yes, there are enough." Staff also confirmed that there were enough of them to safely support people to meet their assessed needs. One member of staff said, "You could always say we need more staff but for the care that people have, there are enough of us." The registered manager told us that staffing levels within the service were flexible to accommodate

Is the service safe?

busy periods or cover sickness. They were based upon a set amount of hours of care that people required and were reviewed regularly and adjusted when people's needs changed. We were made aware that possible staff changes might happen in the near future but that staff were being consulted about this and the possible impact it might have to their shift patterns. On the day of our inspection, there were sufficient numbers of staff available to keep the current group of people who used the service safe.

People told us that staff were good at supporting them with their medication if they required assistance. One person told us, "I take a lot of medication by the end of the day but they are so good at helping me to take it." Staff told us that they were working hard to ensure that medication practices within the service were strong. One staff member said, "It is really important that we get medication right.

There is no room for error." The registered manager told us that the service had implemented systems and process to try and reduce the risk of medication errors from occurring. They hoped this would further ensure people's safety.

We observed that medication was kept in people's flats and that the level of support people required with medicines varied. Some required minimal prompting and others, more support and guidance. Staff told us they always signed the medication administration records (MAR) after giving medication. We looked at MAR charts and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. Records confirmed that staff had received the required training to ensure they delivered safe care. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

People told us staff were well trained. One person said, “They always know what to do, no matter what.” Another person told us, “They always tell us about the training they have to do.”

The registered manager told us about the induction process that all new staff had to undergo. We found that this was robust and contained training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people’s assessed needs. Records showed that alongside reviewing people’s care records, policies and procedures and spending time working alongside more skilled people, new staff had to achieve certain competencies to ensure they were ready to provide support to people and had gained all the expected skills and knowledge needed to meet people’s needs.

Staff had access to a regular training programme which they considered was useful in helping them keep up to date with any changes in practice. One staff member said, “They are good at training and there are always lots of opportunities if you want to add to it. We have distance learning and can do face to face training. There are always new bits to learn.” Another staff member told us, “Training is great, there is lots of it.” The registered manager told us that the provider was very supportive of its staff completing extra training and working towards developing themselves.

Staff told us they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff told us they received regular supervision and attended frequent staff meetings. Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, all staff told us they could go to the registered manager and other senior members of staff, who they said were very supportive and always accessible to them.

People told us that staff asked for consent on each occasion they visited them. One person said, “They never

do anything without asking me.” Staff told us that even though people consented on one day, this did not mean they would on the next, so they always ensured that people were happy before supporting them. We observed that staff obtained people’s consent before assisting them with personal care. We found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines and this was stored within their care plans.

The registered manager and staff showed a good understanding of consent and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS). They were able to explain what it meant and how they would progress an assessment, if they thought anyone was being deprived of their liberty. At the time of our inspection no one at the service was being deprived of their liberty.

People told us that the support they required with nutrition and meal preparation was assessed as part of their care package. Some people took advantage of cooked meals and ate together in the communal lounge area, which they enjoyed. This was provided by the housing association and not the service itself. One person said, “In the week the food is lovely.” Another person told us, “They give us a choice and we have a choice of whether we want to eat in the dining room or our flats.” The registered manager told us about recent changes that had taken place in respect of nutrition. Weekend cover was being provided by a different organisation than in the week. A meeting was due to take place so that people could discuss their views about the weekend provision. Details of people’s dietary needs, including cultural, diabetic or vegetarian and eating and drinking needs assessments were recorded within care records and indicated if they needed any support with eating and drinking. The registered manager told us that if they had concerns about anyone with regards to nutrition they would contact specialist support.

The registered manager told us that most people’s health care appointments were managed by family members. Staff told us they were available to support people to access healthcare appointments if needed. For example, staff had recently supported one person to attend a hospital appointment because they felt it was important that they went, even though this was not an assessed part of their package of care. The registered manager also told us they had worked with the local authority falls prevention team who visited and chatted to people to offer advice.

Is the service effective?

We found that staff liaised with health and social care professionals involved in people's care if their health or support needs changed. The healthcare professionals explained that the service acted upon any advice that was given and were vigilant in monitoring for any changes

within people's conditions. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Is the service caring?

Our findings

People were happy with the care they received. One person said, “The carers do more than they are meant to, they are so kind. They always stop and have a chat and check I don’t need anything. I’m lucky to be here.” Another person told us, “They are a nice lot of staff, very helpful and go out of their way to help us.” We were also told, “I am really happy here, it is lovely, a really lovely, happy and friendly place.”

People told us they were treated with compassion by staff that cared for them and had their best interests at heart. One person said, “They always have a smile on their face, they always want to know what’s wrong if you are a bit down. They do care for us.” Another person told us, “I wouldn’t be without them.” Staff told us they worked hard to give people the support that they needed, they wanted them to have the best possible support. They considered that the keyworker system enabled them to build up positive and meaningful relationships with people and to enable them to understand in a more person centred way.

People were encouraged by staff in a supportive manner when they received care. One said, “They have tried hard to keep me independent, to allow me to do what I can.” Another person told us, “They are always patient with me, even when I think I am being slow. They’re a good lot.”

People also told us that staff showed concern about them, even when they were not working. One person said, “They ask me what I have done at the weekend if they have not been working and they tell me what they have done. I love to hear about it.” Staff told us they wanted people to have everything they could, they considered that they undertook more than people’s assessed needs but this was because they wanted the best for people.

Staff tried hard to ensure that people had a good quality of life. Staff members were well motivated and passionate about their work; this was evident from our conversations with them. They told us they worked hard to make sure that people felt valued and cared for and this was confirmed by the people that we spoke with.

One staff member told us how they ran a small shop from the service, they went out and purchased non-perishable items and then sold them to people who used the service. People were happy with this and enjoyed being able to buy small items for their flats.

Some of the people we spoke with knew they had a care plan, what it contained and where it was kept. One person told us, “Every time they come and see me they write in it.” It was apparent from our discussions and observations that people were given the information they needed to make required changes to their package of care, or discuss any issues that they had.

Advocacy services were available for people and we saw that the registered manager had available information for staff and people. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.

People told us that staff treated them with privacy and respect. One person told us, “They always knock on my door. They never come in until I say they can.” Staff understood the importance of maintaining people’s privacy and dignity in their own home and worked hard to promote this whilst providing care and to protect people’s confidentiality. The staff member said, “We keep people’s privacy as much as possible.” They told us that people lived in their own flats and that was their home. They were able to explain how they kept privacy, for example, when assisting the person to bathe, by letting them do what they could for themselves, making sure curtains were closed and doors were shut.

People had their own flats within the scheme and as such had as much privacy as required. We saw that there was also a communal lounge and dining area in the complex where they could go if they wanted to leave their flat to meet visitors. People told us that visitors were able to visit when they wanted. They were also able to use the facilities within the scheme, with the person who lived there.

Is the service responsive?

Our findings

Staff and the registered manager told us that pre-admission assessments of people's needs were carried out prior to a package of care being commenced. Initial assessments were undertaken by the local authority which detailed people's past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. This information was then built on by the registered manager, prior to someone's admission. We found that these assessments took place in an environment which best suited the person, for example, one person became anxious about new places, so staff visited them at their current placement to reduce their anxiety. They then built upon this by meeting the person in the service. This helped because the person could then identify with them and plans could be made for their admission, in a staged manner.

We found that information was obtained about people's allergies and that their level of independence was assessed, so that suitable care could be delivered. People and their relatives were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support.

Staff said that care was delivered in accordance with individual care plans, which provided staff with information on how to manage their needs. They were reviewed on a regular basis and updated as and when people's needs changed. People and their relatives had the opportunity to contribute to their care and we saw from the regular reviews and feedback that was sought, that people were given every opportunity to have their say about the service they were provided with.

The registered manager told us that any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People told us they enjoyed the activities offered within the communal areas of the service. We were told that there were quizzes, domino games, bingo and that baking took place. The registered manager and staff told us that they gained information in respect of people's preferences for activities, when the pre-admission assessment was completed. We found that if following a particular activity was an assessed part of someone's package of care, then staff supported people to maintain these interests.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. One person told us, "I would be quick to go the manager about anything if I needed to." Another person said, "They know I would say something if I needed to." People told us they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. We found that there was effective complaints system in place that enabled improvements to be made. Alongside this, there were comments and suggestion boxes within the service for people to use. We looked at the complaints file and saw the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

There were procedures in place to obtain people's views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements. This ensured that feedback was used to improve practice and the overall service provided.

Is the service well-led?

Our findings

People told us that they saw the registered manager on a regular basis and could speak with them at any time. Everybody we spoke with knew who the registered manager was. One person said, “They always come round and see us. I really like them.” Staff told us that they had been included in decisions regarding the service. They said that there was an open culture, they could speak with the registered manager or operational manager about anything and they would be listened to. One staff member said, “I feel I could challenge things if I needed to and would always be listened to.”

Staff told us they received constructive support from the registered manager. One staff member told us, “The registered manager is always here for us, she is very approachable and we can always ask her anything. We don’t have to wait; we can just come and knock on the door.” Another staff member said, “We are a close knit team, we have a nice rapport. I love working here.” All staff members were very clear about their roles and responsibilities and told us they enjoyed working for the service.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information about the service and how they felt they performed. Staff meetings were held on a regular basis. Staff told us they were well attended and gave them an opportunity to discuss anything. We saw minutes to confirm this.

The registered manager told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider’s procedure.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The provider and senior care coordinator were able to tell us which events needed to be notified, and copies of these records had been kept.

Staff told us they had access to the provider’s policies and procedures, which included safeguarding, privacy and dignity and complaints. They told us that this was helpful if they needed to reinforce a certain aspect of their working life.

Senior staff carried out spot checks on staff to make sure they supported people in line with their care and support plans. The registered manager talked to people who used the service to find out if they had any problems with the care and support they received. People were supported to express their views through means of reviews of their support packages and annual surveys.

The registered manager told us they were proud of their staff team and their desire to provide high quality care. They said, “I have a really good team of staff, we work hard and want what is best for people, to have really good care and support.” From our discussions it was evident that the staff team was continually working to improve the service provided and to ensure that the people who used the service were content with the care they received. It was clear that they had a clear vision for where they wanted to be and the action they needed to take to achieve this.

The registered manager told us there were processes in place to monitor the quality of the service. This included; checks of the emergency systems, lighting and alarms and call system. We saw records to confirm this. The registered manager also told us about the range of audits that were carried out including, care plans and medication. Care records, risk assessments and medication records were monitored and reviewed on a regular basis. There were systems in place to monitor the quality of the care provided and we found that the findings from the audit checks, monitoring visits, complaints and compliments were used to identify areas for improvement; action plans were put in place with realistic timescales for completion. The service reviewed matters on an on-going basis, in order to improve the quality of service being provided and drive future improvement.