Mr & Mrs K A Ackrill

Kelso Nursing Home

Inspection report

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Date of inspection visit: 17 and 19 August 2015
Date of publication: 06/10/2015

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

This was an unannounced comprehensive inspection that took place on 17 and 19 August 2015. At the last inspection completed in April 2013 we found the provider was compliant with the regulations and quality standards we reviewed.

Kelso Nursing Home provides accommodation, care and nursing for up to 12 older people in a small homely environment. At the time of the inspection there were 8 people living there.

There was a registered manager at the home at the time of the inspection. 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.

Overall, there were high satisfaction levels about the way people were nursed and cared for.

People felt safe and there were systems in place make sure that the environment and way people were looked after was safe.

Staff had been trained in safeguarding adults and were knowledgeable in this field.

Summary of findings

Risk assessments had been completed to make sure that care and nursing was delivered safely with action taken to minimise identified hazards.

The premises had also been risk assessed to make sure that hazards to people living at the home minimised.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce chance of such accidents recurring.

There were sufficient staff employed at the home to meet the needs of people accommodated.

There were recruitment systems in place to make sure that suitable, qualified staff were employed at the home. The home had a longstanding, loyal staff team who had worked at the home for many years.

Medicines were ordered, stored, administered and disposed of safely and overall there was good management of people's medicines ensuring people had medicines as prescribed by their doctor.

The staff team were both knowledgeable and well trained and there were induction systems in place for any new staff.

There were good communication systems in place to make sure that staff were kept up to date with any changes in people's routines or nursing requirements.

Staff were well-supported through supervision sessions with a line manager, an annual performance review and also practice observations by the manager or deputy who often worked alongside other staff in delivering people's care.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to consent. The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food, appropriate to their needs. Action was taken in circumstances where people had lost weight.

Relatives, staff and people were very positive about the standards of care provided at Kelso Nursing Home. People were treated compassionately as individuals with staff knowing people's needs.

People's care and nursing needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred and covered people's overall needs. The plans we looked at in depth were up to date and accurate.

There was good evidence of the staff and registered manager taking action when people's needs changed or responding to newly assessed needs.

There were limited communal activities but steps were taken to provide individualised activities to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to make a complaint. None had been raised since out last inspection in April 2013.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on.

The home was well-led. There was a very positive, open culture with staff proud of how they supported people.

There were systems in place to audit and monitor the quality of service provided to people.

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?

There were systems in place to make sure people were both cared for and nursed safely.

Staffing levels were pitched at a level that allowed for people's needs to be well met.

Medicines were managed safely making sure people were administered medicines as prescribed by their doctor.

Good

Is the service effective?

The staff team were both knowledgeable and well trained.

People's consent was sought about how they were cared for and the home was compliant with the requirements of the Mental Capacity Act 2005.

People enjoyed a good standard of food that was appropriate to their needs.

Good

Is the service caring?

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

Good

Is the service responsive?

People's care and nursing needs had been assessed.

Individual care plans had been developed for people that were accurate and up to date.

Activities were arranged based on people's individual interests and hobbies.

There was a complaints procedure that people were aware of with no complaints having been raised since our last inspection in April 2013.

Good

Is the service well-led?

The home was well led and managed with an open and transparent culture.

People's and relatives views were sought about the quality of service provided.

There were systems in place to monitor and audit the quality of service provided.

Good

Kelso Nursing 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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, 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 reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

This inspection took place on 17 and 19 August 2015 and was unannounced. One inspector carried out the inspection over both days when we met everyone living at the home. We spoke with those people who were able to tell us about living at Kelso Nursing Home.

The registered manager of the home and the deputy manager assisted us throughout the inspection. We also spoke with three other members of staff and a visiting relative.

We looked in depth at three people's care, treatment and support records and reviewed all the medication administration records. We also looked at records relating to the management of the service including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits and policies, completed quality assurance forms and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People we spoke with had no concerns about their safety, telling us they were well cared for and supported.

The provider had taken steps to make sure people were protected from avoidable harm and abuse; ensuring people's human rights were protected.

Staff were knowledgeable about identifying the signs of abuse and knew how to report possible abuse to the local social services.

Staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. The staff were also aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

The service was managed so that people were protected from avoidable risk and their freedom supported and respected.

The provider had a system in place to ensure risks were minimised in delivering people's care. Part of this was to carry out risk assessments for identified risk areas that could affect older people. These included risk assessments concerning malnutrition, falls, people's mobility and skin care. Risk assessments were in place for the people on whose care we focused. They had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments then underpinned care plans that had also been developed to make sure that care was delivered as safely as possible.

The premises had also been risk assessed to minimise the potential of any hazard to cause harm to people. This included ensuring that any radiators in use were covered. There was one person's bedroom where the radiator had not been covered but furniture was positioned to make sure a person could not get burnt from the hot surface. The registered manager told us that this radiator would be covered when the room became empty. Window restrictors were fitted to windows above the ground floor to prevent accidents and thermostatic mixer valves were installed on hot water outlets to protect people from scalding water. Portable electrical equipment had been tested to make sure equipment was safe to use.

Another system the registered manager had put in place to maintain people's safety was the monitoring of any accidents and incidents that had occurred. Records were maintained individually of any accidents or incidents. These were then periodically reviewed to look for any trends where action could be taken to reduce the incidence recurrence. Overall, there was a low incidence of accidents and incidents and so action had not had to be taken.

At the time of inspection no one required bed rails. However, the registered manager was aware of the risks bed rails posed to people's health and had a template risk assessment for use in the event of a person requiring bed rails.

At the beginning of the inspection we found there were no personal evacuation plans in the event of fire. By close of the inspection the registered manager had put these in place.

The registered manager had systems in place to make sure that there were sufficient staff to keep people safe and to meet their needs. The registered manager told us that although dependency profiles were not used to determine staffing levels, by virtue of being a small service, staffing levels were flexible and based on assessed daily need.

People we spoke with, and also the relative and staff, had no concerns about staffing levels and thought they were sufficient to meet people's needs.

At the time of inspection the following staffing levels were in place each day: between 8am and 2pm, the registered manager, one nurse and two care assistants and a cleaner four days a week; between 2pm and 8pm, a nurse supported by one care assistant. The staff told us these levels could be increased on some days depending on people's needs. During the night time period there was a nurse on duty supported by a care assistant. With regards to cooking arrangements, a cook was employed three or four days a week; the other days the cooking being done by one of the care assistants who were then supernumerary to the staff providing care.

Kelso had a team of staff who had worked for a long time at the home for many years. Consequently there had been

Good

Is the service safe?

very few new staff recruited. The registered manager told us that they were very selective should a staff vacancy arise and would only take on a new member of staff if they had the right skills and attitude to fit in with the team. We looked at the recruitment records for two members of staff who had started working at the home since the last inspection. Although there had been a robust selection process, some of the required records, such as a photograph of the staff member concerned for one member of staff and proof of identity for another member of staff, were not in place at the beginning of the inspection. Following the inspection the registered manager confirmed that all the required records under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required.

The registered manager had put systems in place to make sure that medicines were managed safely.

There was a system for ordering medicines required and also a system to check medicines received against those ordered. The registered nurses were responsible for administration and medication administration records showed that people had received medicines as required. The nursing staff had received training in safe medication administration and had also had their competency assessed. There was good practice of a photograph of the person concerned at the front of their administration records together with information about any allergies they had to any medicines. Where a variable dose of a medicine had been prescribed, the number of tablets given was recorded. Prescribed creams could be given by care staff and there was information and body maps together with administration records showing people had these creams applied as directed.

The home had adequate storage facilities for all medicines and medicines were stored in an orderly way and not overstocked. We asked that the registered manager check with their pharmacist as to whether the controlled drugs cabinet met legal requirements. There was a small sealed container in the main fridge for storing medicines that required refrigeration. We carried out a sample audit of medicines held and found that the amounts held tallied with the records.

The home had suitable facilities and records in place for the destruction of medicines no longer required. Overall there was a system in place to account for all medicines entering the home.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care.

One member of staff told us, "All the staff know each person and their needs well." The relative we spoke with told us that they had confidence in the staff team who had been very reassuring.

The provider had a system in place to make sure staff received training that was appropriate to their role. This was confirmed by the staff and by records that detailed courses staff had attended and when they were due for update training.

Training courses staff had attended included: food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding and health and safety training.

One person accommodated had Parkinson's disease and staff had recently had training delivered by a Parkinson's nurse.

The registered manager told us that a new member of staff was about to start work and they would work towards the Care Certificate, which is the recognised induction standard. The new staff member would also be required to carry out 'shadow' shifts with other staff members as part of their induction training.

Staff told us they felt very supported by the registered manager as well as by other colleagues. They told us they received regular one to one supervision sessions in line with the home's policy every three months in addition to an annual appraisal to look at their career development and review their year's performance.

Formal staff meetings were not held but staff said they felt they had opportunity to air their views and be involved in the running of the home as they could speak to the registered manager at any time.

Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers, the daily diary and a communication book.

Generally, people's consent to care and treatment was always sought, in line with legislation and guidance.

The registered manager was aware of their responsibilities concerning the Deprivation of Liberty Safeguards (DoLS), which aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. Applications to the local authority had been made appropriately in respect of two people.

Staff had reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) as they had received training in this area. Some people living at the home had capacity to make their own decisions and they told us their consent was always obtained as to how they were cared for and supported. They told us that they could get up and go to bed at times that suited them and choices were always explained about their care. This was evidenced by their signing their care plan.

We discussed how records could be improved to evidence the home's responsibilities under the Mental Capacity Act 2005. For example, a relative had signed a form authorising their consent to the care plan for one person who lacked capacity to consent to their care but the relative did not have legal authority by way of a Lasting Power of Attorney for health and welfare to give this consent.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

One person told us, "The food is fine. The staff make sure the meals are pureed, which is what I need." A feedback form completed by a relative said, "I would happily eat all the meals I have seen."

People's weight was regularly monitored and action taken when people lost weight. Nutritional assessments identified people's needs and personal preferences. For example, one person of low weight had chocolate buttons on a table in front of them. Their care records documented that the person did not eat well but that they did enjoy chocolate.

One of the staff we spoke with was also the person who did the cooking on some days of the week. They knew everyone's likes and dislikes and what size portion people preferred.

Breakfast trays were prepared by the night staff and served to people within their room.

During the inspection we observed the lunchtime period. The majority of people ate within their bedrooms but some

Good

Is the service effective?

ate in communal areas. We observed some people being assisted with eating. Staff were patient and encouraged them to eat. Overall, lunchtime was a positive experience for people.

Records showed that a lighter evening meal was served and people could have a snack before retiring to bed.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including opticians, chiropodists, GPs and specialist health professionals.

Care plans detailed how people's health care needs were to be met, ensuring that chiropody, dentistry and other healthcare needs would be met. For example, one person who had Parkinson's disease was supported by a Parkinson's nurse.

Good

Is the service caring?

Our findings

The relative we spoke with told us, “The staff are very caring and the nurses are so good.” Another person said, “The staff are great and always respectful.” A feedback form from a relative commented, “We found you not only to be brilliantly professional but caring, compassionate and friendly.”

One person told us. “The staff always come if I ring my call bell, although they may have to come back to me if they are busy dealing with something more urgent.”

The registered manager and staff were all committed to providing good quality care and staff we observed were positive and caring in all interactions with people. Staff always took time to speak, and continually checked that people were okay and their needs being met. Staff also took time to speak with and support relatives. At the time of the inspection one person was at the end of life and relatives were able to spend the night sleeping in one of the vacant rooms so that they could comfort their relative.

At lunchtime, staff were patient with people and did not hurry them so that people could eat at their own pace.

People’s religious needs were being met with a priest visiting the home in respect of one person’s needs.

Throughout the inspection we saw that staff explained any interventions undertaken with people, such as when people needed assistance with moving and handling.

Staff we spoke with told us about how they respected people’s privacy and independence and said that they always knocked before entering people’s rooms.

Good

Is the service responsive?

Our findings

People received personalized care that was responsive to their needs.

People we spoke with expressed no concerns about the way care was planned and delivered and were very satisfied with the service being provided.

There were thorough assessment procedures in place to make sure that the home could meet people's needs. Before a person was accepted for a placement at the home, a preadmission assessment of their needs had been carried out. In some circumstances, for example for one person who had transferred from another service out of area, a telephone assessment had been carried out.

Once people were admitted the assessment tools were used to develop an individual care plan for each person after further assessment. The care plans were up to date and reflected people's needs. They were also person centred in the way they were written, giving a good overall picture of each person's ability and how to maintain their independence. For example, one person had limited dexterity and had had difficulty in changing channel on their television. The home had therefore provided the person with an extra-large remote control unit, which allowed the person to be able to change channel without calling for assistance form the staff.

People had been provided with specialist equipment where this was needed, such as air mattresses. Where these had been provided, we saw that there was a system to make sure people's mattress settings corresponded to their weight. People who required the use of a hoist for their moving and handling needs had their own slings to minimize risk of cross infection.

Being a small service with people accommodated for different needs, there were few communal activities provided. Instead, staff sought to meet people's recreational needs through personalized individual activities. Some people liked to go for short walks or chat with staff. Some people liked animals and arrangements were made for people to bring pets into the home. As part of the assessment, relatives or people were asked to complete a form, "About Me", that requested information about people's life history and interests.

People knew how to make a complaint if they needed, with the complaints procedure being detailed within the home's Terms and Conditions. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. No complaints had been raised about the service since the last inspection in April 2013.

There was a system in place for when people had to transfer between services, for example, if they had to go into hospital or be moved to another service. The system ensured information accompanied the person, which meant they would receive consistent, planned care and support if they had to move to a different service.

Good

Is the service well-led?

Our findings

One member of staff told us, “We all work as a team and get on well together.” Another member of staff told us, “The home is very well led.”

There was a positive culture at the home that was open, inclusive and empowering. There was also good management and leadership provided by the registered manager and deputy manager.

The staff told us that the registered manager, who was also one of the registered providers, was always available to speak with and maintained a high presence in the home. They said that the registered manager also worked alongside them in supporting people leading by example.

Relatives also confirmed that the registered manager was open and always available to speak with.

Throughout the inspection we observed that the service provided individual, person centred care with a friendly, caring staff.

The registered manager had a system in place to seek feedback on the quality of service provided. A survey had been carried out earlier in the year involving feedback from relatives. The returned surveys were all positive. Some of the comments from relatives included; “Always spotless, never any odours.” “The atmosphere is ideal for my mother and she has thrived.”

There was a system for monitoring accidents and incidents that sought to learn and make improvements where necessary.

The registered manager showed us the various audits carried out that also sought to monitor the quality of service and take action where necessary. These audits included medicine management, care plan reviews, wound audits and a check of commodes and wheelchairs.

The registered manager was aware of the issues that required notification to CQC and had submitted notifications as required.

Records we reviewed during the inspection were up to date, accurate and were stored confidentially.