

Kettonby Care Limited

Kettonby House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

Kettonby House is a residential care home providing personal care to five people aged under 65 at the time of the inspection. The service can support up to five people and specialises in supporting people with learning disabilities and those with autistic spectrum disorders.

The service is a detached property set in its own grounds off a private drive in a quiet residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People received warm, competent care and support and relatives spoke positively about staff and management.

Relatives told us people were safe and they were protected by staff who understood their responsibilities and how to keep people safe. People were protected from risks by detailed, regularly updated risk assessments.

People had comprehensive care plans which detailed their strengths and promoted their dignity and independence. Their communication needs were assessed and recorded in detail and staff were observed appropriately interacting with people.

Safe recruitment practices were followed. There were enough staff to meet people's needs. Staff were well trained and understood the needs of the people they supported. We observed that there was a relaxed atmosphere and people and staff had good, caring relationships.

The home was well equipped, clean and tidy and good infection control practices were being followed.

People took part in varied tailored activities and were supported to access the community. Visitors were encouraged and welcomed. The home had strong relationships with health and social care professionals. People had a healthy, varied diet and ate food they enjoyed.

People were mainly 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 although there were occasions this had not occurred.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control,

independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We have made a recommendation about the way the provider records actions taken in response to incidents.

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 (report published 6 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to obtaining lawful consent for care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Kettonby 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 Care Act 2014.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Kettonby House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives of people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers and care

workers. We observed care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Some areas of risk had not been assessed which meant people were at risk of harm. We brought this to the attention of the registered manager who took immediate action to resolve this. Risk assessments which had been completed were detailed and contained clear instructions for staff on how to support people safely.
- People's behaviour support plans did not always contain clear information on tools and techniques staff should use to support people at times of distress. This was due to the high level of detailed information that was recorded. This meant staff were unable to easily refer to records to ensure that they were caring for people safely. We discussed this with the registered manager who ensured this was amended.
- Personal Emergency Evacuation Plans (PEEPs) had been completed for people and these were easily accessible. This meant important information could quickly be shared with the emergency services in the event the building needed to be evacuated.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training to enable them to recognise signs of abuse and told us they knew what to do if they had concerns.
- Information about whistleblowing and safeguarding was on display in the home and staff told us they knew where to find further information and policies if they needed to.

Staffing and recruitment

- Safe recruitment and selection processes were followed. The service had checked employees' Disclosure and Barring Service (DBS) status. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The registered manager knew staff well and ensured their skills and knowledge were matched with people to meet their needs. A daily board was displayed in the home to show people which staff they would be working with.
- Relatives of people who used the service described staff as 'great' and one relative told us, "If I had to give them a score I'd give them a million percent."

Using medicines safely; Learning lessons when things go wrong

- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Medicine was appropriately and safely stored and we saw staff had correctly completed medicine administration records.
- Staff knew what to do in the event of a medicines error. We saw that the correct procedure had been followed when errors had occurred and measures had been put in place to reduce recurrence, such as

additional training and a 'do not disturb' tabard for staff to wear when dispensing medicines.

Preventing and controlling infection

- All areas of the home were clean and free of odour.
- Staff had completed training in infection control, health and safety and food hygiene.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that decisions had been made about one person's personal and medical care when there was no legal authority to do so. Assumptions and decisions had been made by people who cared about the person, and believed they were doing so appropriately however there was no legal authority for them to do so. The appropriate processes had not been followed to ensure this was in the person's best interests.

The service had failed to ensure that people using the service had given consent before care and treatment was provided. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for Consent.

The registered manager responded immediately during and after the inspection. They suspended the relevant care activity, took steps to ensure legal authorities were obtained and sought medical advice.

- When mental capacity assessments had been completed, these were detailed and best interest processes had been followed, including the involvement of other people as appropriate.

- Staff told us they received training in the MCA and DoLS and could explain the implications for how people were supported. We confirmed this from training records.

Staff support: induction, training, skills and experience

- The registered manager ensured staff had regular training and refresher courses, so they kept up to date with current practice. Staff told us they had 'more than enough' training and were encouraged to seek additional training if they needed to.
- A variety of training was offered in different formats including online and face to face. Staff told us they enjoyed the training that was available and that it was relevant to their roles.
- Records showed that staff had the supervision and support they needed to carry out their roles. One staff member told us, "We have regular supervision. But if I have an issue, I can come and speak to [registered manager]. Everyone likes [registered manager] so much, you don't have to wait, if something is bothering you, you can come in and tell her."

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

- People were involved in meal planning and took turns to prepare healthy nutritious meals for each other with staff support.
- People's care plans included information on their needs in relation to food and drink, how their conditions affected them and what action staff needed to take to ensure they maintained a balanced diet.
- Meal times were planned to suit people's needs and choices to ensure that people were able to enjoy their food comfortably. Whether people preferred to eat together or separately this was accommodated.

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

- People's care plans contained details of professionals involved in their care and support. A board showing this information in a clear and concise way was on display in the office. This enabled staff to quickly see what appointments or reviews were due.
- We spoke to two professionals who had regular contact with staff and residents at Kettonby House. Both spoke positively about staff and the registered manager and described them as 'responsive' and 'consistent'. We were told, "They are proactive in spotting a problem coming" and "It's definitely a home I'd recommend to people."

Adapting service, design, decoration to meet people's needs

- People's rooms were decorated and furnished to suit their needs and preferences. Where people's conditions meant they needed specific fixtures or fittings, the registered manager ensured this was arranged. One relative told us, "They've adapted [person's] room and the house to suit [person] [staff] work really hard to make the environment nice."
- The shared areas of the home were designed to ensure people had space to be sociable and also time to themselves. The accessible garden had a large paddling pool and play equipment for people to use. Plans were in place to install new and more interesting equipment in the sensory room.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager was passionate about empowering people to achieve and this was reflected in staff attitudes. One staff member told us, "The thing I like most about my job is seeing people achieve things they wouldn't be able to without support."
- People's independence was valued. We saw that staff had worked with one person to increase their communication skill such as using sign language as well as Picture Exchange Communication System (PECS) cards. Another person had been supported to access activities in the community with increasing independence.
- People's care plans contained prompts to staff to observe people's privacy and dignity and consideration was given to people's need for personal time.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us they were happy with the care and support people received. They said, "They fight tooth and nail for [person], they explore lots of avenues to get [person] what he needs," and "They're really good with residents – I'd move in there myself!"
- Staff enjoyed working at Kettonby House. They told us, "The best thing about working here is spending time with the residents," and, "I love it. This has been the best job I have ever had."
- We saw that staff interacted well with people, showing them compassion and genuine fondness. People responded well to this and we saw that staff recognised and reacted appropriately when people needed additional support.

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

- Care plans contained assessments of peoples' communication needs. Their strengths were recognised and the support they needed was identified. For example, staff used PECS cards to help people make decisions about food and activity choices. We saw that people had personalised PECS books to carry with them so they were easily and quickly accessible.
- We saw that people's views were sought in ways which suited their needs. When people needed additional support to express their opinion, staff arranged this, for example through the use of advocates. An advocate works particularly to support those who have additional communication needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- We saw the registered manager had responded appropriately to complaints although records did not always reflect this. We discussed this with the registered manager who made immediate changes to their processes to ensure this did not happen again.
- Professionals who regularly work with the service described the registered manager and staff team as 'proactive' and 'very responsive'.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained extensive information to ensure staff knew people's care and support needs. The registered manager carried out regular reviews and changes were shared with staff to ensure they kept up to date.
- People's choices were respected and the registered manager gave us several examples of how staff responded to people's needs. For example, supporting people to have choice over clothing and how to spend their time.
- Relatives were involved in people's care. One relative said, "They work with me as a team." This joined-up approach to care planning ensured people received consistent care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were thoroughly assessed and clearly documented in line with the AIS. These were recorded in a 'communication passport' which meant staff could easily access them. People's behaviour as communication and the different ways people expressed pain and discomfort were clearly described in care plans. We saw staff using a range of methods to communicate with people, including sign language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported take part in a wide range of activities in line with their needs and choices. We were told by relatives, "Swimming, trampolining, there's always something going on," and, "They really try to make sure [person] has activities and things to do."
- Staff were responsive to the way people chose to spend their time. For example, one professional

described arriving unannounced one day to find staff had set up a spontaneous sensory messy play session in the kitchen in response to people's wishes.

- Visitors were welcomed. We were told by relatives and professionals that the manager was keen to be open and encouraged visitors whenever this suited people using the service. A relative told us, "I can visit whenever I like but this is done in a way that is best for [person]."

End of life care and support

- The service provided care and support for young adults with a diagnosis of Autism and profound learning and communication difficulties. At the time of inspection, the service was not supporting anyone in end of life care. However, the registered manager had put in place plans to discuss the wishes of people and their relatives regarding end of life care.

- The registered manager told us if such care was required they would provide this in line with people's wishes and needs, and would ensure staff completed appropriate training to support this.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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. 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

- There were not always records to document actions taken by the registered manager in response to incidents that had occurred.

We recommend the provider consider current guidance on ensuring systems in place to monitor and improve the service are formalised and documented.

- Information sharing requirements and the processes for recording and reporting incidents were unclear. Sometimes this resulted in information not being shared with the Care Quality Commission. We discussed this with the registered manager who immediately took steps to resolve this. For example, by reducing the number of documents staff used and creating clear instructions for staff to follow to ensure information was shared appropriately.
- The registered manager completed a range of audits and checks to monitor the quality and safety of the service, however, did not always identify when there was an issue. For example a lack of incident reviews meant that opportunities to reduce the chance of them recurring were missed.
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to and there were clear systems in place for them to do so.

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

- The atmosphere at Kettonby House was positive and staff were clearly focussed on supporting people to achieve good outcomes. For example, one person had relied upon a particular piece of restrictive equipment their whole life. Since moving to the service, staff had worked to reduce the person's reliance on this equipment until they no longer used it at all.
- People were supported to take part in education and work placements. We saw that these were reviewed by the registered manager to ensure they were a positive experience for people.

Working in partnership with others. Continuous learning and improving care

- The registered manager had volunteered to be part of a pilot scheme set up by the Northamptonshire Autism Network to peer assess similar services in the area. This helped to share good practice and identify

areas which could be improved.

- The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it. Work was nearly complete on a number of on-site supported living flats to provide people with a safe 'stepping stone' to greater independence.
- The registered manager and staff worked well with other professionals including social workers, specialist nurses and physiotherapists to ensure people received the care and support they needed. We saw written compliments from professionals who visited the service and all the professionals we contacted directly spoke positively about Kettonby House.
- The registered manager was receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service.

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

- Staff spoke positively about the management team and told us they felt well-supported. They told us, "[Registered manager] is a really good manager to have and [provider] pops in whenever [registered manager] is away."
- Regular team meetings were held and staff told us they were encouraged to feed back ideas and share good practice. One staff member told us, "It's a good team - we help each other along."
- People accessed and maintained good links with the local community with the support of staff. For example, whilst visiting the local town, people used personalised stamps to record that they had withdrawn money from the bank without needing to write their signature.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service had failed to ensure that people using the service had given consent before care and treatment was provided.