

## Kiwi House Care Home Limited

# Kiwi House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

.Kiwi House is a residential care home providing personal and nursing care for up to 78 younger and older people, some who were living with dementia. There were 48 people living at Kiwi House at the time of the inspection. The care home accommodates people across three separate floors. The service was purpose built as a care home to accommodate the needs of older people.

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

Risks were assessed and mitigated and reviewed regularly. People were kept safe from avoidable harm and medicines were managed safely.

There were enough suitably trained staff to meet the needs of those living at the service.

People's independence was promoted where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Management oversight had continued to improve; The service had a care manager who understood the service and they had recruited a new manager who would be registering with the Care Quality Commission.

The provider was open and honest and acknowledged improvements were ongoing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement (Published 5 October 2021)

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kiwi House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our last inspection there were two continued breaches in Regulations 12 (Safe Care and Treatment) and 17 (Good Governance). . At this inspection we found enough improvement had been made and they were no longer in breach of Regulations.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good 

The service was Safe.

Details are in our Safe findings below.

### Is the service well-led?

Requires Improvement 

The service was not always Well-Led.

Details are in our Well-Led findings below.

# Kiwi 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

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

The manager was in the process of applying with the Care Quality Commission to be the registered manager of Kiwi House at the time of the inspection. Registered managers and providers 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and professionals including the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service. We spoke with seven members of staff including the nominated individual, care manager, senior care workers, care workers, and kitchen assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the relevant parts of nine people's care records and multiple medication records. We looked at three 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.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection we found that care and treatment was not always provided for people in a safe way, this was continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that enough improvement had been made and the provider was no longer in breach of regulation 12.

- At our last inspection risks had not been managed or mitigated. At this inspection we found risks were assessed and monitored and regular reviews of risk assessments were taking place.
- At our last inspection we found that care plans had not been reviewed. On this inspection we saw that care plans had regular reviews and were updated when people's needs changed.
- People were asked for feedback on the service and regular meetings were held with people to enable them to express their views and for improvements to be made. At our previous inspection there was no evidence that people were being asked for feedback.
- The manager showed us how they reviewed accidents and incidents and complaints and used the information to support changes and improvements. Action was taken to minimise the risk of reoccurrence. This had improved since our previous inspection.

Using medicines safely

- Medicines were managed and administered safely.
- We did identify that PRN (Medicine given when required) did not have effective protocols. This meant that staff could not easily identify when the person may need the medication as they did not explain what signs to look out for when people may be in pain. We fed this back to the regional director who actioned this whilst the inspection was taking place.
- Staff had been trained in administering medicine and had been assessed as competent.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs that a person may be at risk of avoidable harm.
- One person told us that the service was safe, staff were kind and caring and popped in to ensure they were okay.

- Staff were aware how to report concerns to people's safety. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.

#### Staffing and recruitment

- There were enough experienced and suitably trained staff to support people's needs.. and concluded that staffing levels were appropriate to ensure people's needs were met.
- We looked at staff files and saw that staff were recruited safely.
- People told us that they thought highly of staff and that they were well looked after.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 requires improvement. At this inspection this key question remained the same. 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.

At our last inspection systems and processes designed to assess, monitor and improve the quality and safety of services and reduce risks had not been operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the service was no longer in breach of Regulation 17.

- There was no registered manager at the service and we had not received an application for a manager to register. The regional director told us that they had recently recruited, and a new manager would be starting soon.
- At our last inspection we found that defective equipment had been identified but not removed from use. At this inspection improvements had been made and we could see that equipment was regularly serviced, this included wheelchair checks, hoists and slings, beds and nurse call bells. Items which were unsuitable were removed from use.
- The regional director told us that they had audits in place that enabled them to monitor areas of risk more robustly. We reviewed the audits and they were effective in identifying improvements. They acknowledged that they still had more to do, but they were satisfied that risks to people's safety had been reduced. We observed that there had been significant improvements since our last inspection.

Continuous learning and improving care

- There was a clear focus on continuous learning.
- The regional director had identified areas for improvement and was working towards making changes in systems and processes to have better oversight of the service.
- The care manager was highly thought of by people and staff. They were open to suggestions and were keen to ensure people received a high standard of care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider demonstrated their duty of candour when responding to complaints about the service.
- The provider had submitted notifications regarding incidents they were required by law to tell us about.

The registered manager had a clear auditing process which showed who they had shared information with which included notifications to the care quality commission, safeguarding and the local authority.

- The provider ensured people were kept informed and apologised if errors occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The care manager had developed good relationships with staff, relatives and people using the service. Staff felt positive about the change of leadership.
- People told us they were given choice and control and were being involved in decisions regarding their care and support.
- Policies and procedures were in place to ensure people's equality characteristics were considered.

People and staff told us that they felt there were not enough staff. We recommend that the provider engages with people and staff to ascertain their views on staffing levels and consider their concerns.

Working in partnership with others

- The service had a good relationship with health professionals who supported people with their health needs.
- We saw in care planning that people had been referred to health care professionals when they needed to be.