Kolbe House Society

Kolbe House

Inspection report

18 Hanger Lane
Ealing
London
W5 3HH

Tel: 02089924978
Website: www.kolbehouse.co.uk

Date of inspection visit:
09 January 2019
10 January 2019

Date of publication:
06 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 9 and 10 January 2019 and was unannounced.

The last inspection took place 11 December 2017, when we found breaches of Regulations relating to safe care and treatment, person centred care and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'Is the service safe?', 'Is the service effective?', 'Is the service responsive?' and 'Is the service well-led?' to at least good. The provider supplied us with an action plan on 22 January 2018 telling us that they would complete the necessary improvements by July 2018. At this inspection we found that improvements had been made and the provider was meeting all the Regulations.

Kolbe 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.

Kolbe House provides accommodation and personal care for up to 25 older people predominantly from the Polish community. There were 22 people living at the service at the time of our inspection.

There was a registered manager in post at the time of our 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.

Staff followed the procedure for the recording and safe administration of medicines and people were receiving their medicines safely and as prescribed.

The risks to people's wellbeing and safety had been assessed and there were detailed guidelines on people's records about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these. They knew how to respond to medical emergencies or significant changes in a person's wellbeing.

People were protected from the risk of infection and cross contamination and staff received training in infection control.

The provider ensured that lessons were learnt when things went wrong. There were systems in place to manage incidents and accidents and appropriate action was taken to minimise the risk of reoccurrence.

The provider employed enough staff to meet people's needs safely and there were contingency plans in the event of staff absence. Recruitment checks were carried out to ensure that new staff were suitable before

they started working for the service.

People's needs were assessed prior to receiving a service and care plans were developed from the initial assessments. Assessments and care plans were person-centred and contained the necessary information for staff to know how to support people and meet their needs.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training in this. People's capacity to make decisions about their care and treatment had been assessed. Processes had been followed to ensure that, when necessary, people were deprived of their liberty lawfully.

People's health and nutritional needs had been assessed, recorded and were being monitored. People gave positive feedback about the food and told us they were offered choice. People had access to healthcare professionals as they needed, and their visits were recorded in people's care plans.

The provider had consulted relevant guidance and taken steps to improve and develop the environment to meet the needs of people who used the service, in particular those living with the experience of dementia.

People were supported by staff who were appropriately trained, supervised and appraised. The registered manager sought guidance from a range of healthcare professionals and attended meetings and provider forums in order to keep abreast of developments within the social care sector. Important information was cascaded to staff to ensure they were kept informed and felt valued.

People told us they were happy and well cared for. They said that staff treated them with kindness, dignity and respect at all times. Relatives and professionals we spoke with confirmed this. People's end of life wishes, cultural and religious needs were respected and met.

There were organised activities and these were person-centred and met the needs of people who used the service, including those living with the experience of dementia.

There was a complaints procedure which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

The provider had effective systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

People, staff and relatives told us the registered manager and senior team were approachable and supportive, and there was an open and transparent culture within the home. There were regular meetings and people and staff were supported to make suggestions about how to make improvements.

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.

Staff followed the procedure for the recording and safe administration of medicines and people received their medicines safely and as prescribed.

The risks to people's wellbeing and safety had been assessed and there were detailed guidelines on people's records about how to mitigate these.

There were procedures for safeguarding adults and staff were aware of these. They knew how to respond to medical emergencies or significant changes in a person's wellbeing.

People were protected from the risk of infection and cross contamination and staff received training in infection control.

The provider ensured that lessons were learnt when things went wrong. There were systems in place to manage incidents and accidents and appropriate action was taken to minimise the risk of reoccurrence.

The provider employed enough staff to meet people's needs safely and there were contingency plans in the event of staff's absence. Recruitment checks were carried out to ensure that new staff were suitable before they started working for the service.

Is the service effective?

Good

The service was effective.

People's needs were assessed prior to receiving a service and care plans were developed from the initial assessments. Assessments and care plans were person-centred and contained the necessary information for staff to know how to support people and meet their needs.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training in this. Processes had been followed

to ensure that, when necessary, people were deprived of their liberty lawfully.

People's health and nutritional needs had been assessed, recorded and were being monitored. People had access to healthcare professionals as they needed, and their visits were recorded in people's care plans.

People were supported by staff who were appropriately trained, supervised and appraised.

Is the service caring?

Good

The service was caring.

People told us they were happy and well cared for. They said that staff treated them with kindness, dignity and respect at all times.

People's cultural and religious needs were respected and met.

Staff spoke respectfully about the people who used the service and were kind and caring.

Is the service responsive?

Good

The service was responsive.

There were organised activities and these were person-centred and met the needs of people who used the service, including those living with the experience of dementia.

There was a complaints procedure which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People's end of life wishes were recorded and respected.

Is the service well-led?

Good

The service was well-led.

The provider had effective systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

People, staff and relatives told us the registered manager and senior team were approachable and supportive, and there was an open and transparent culture within the home.

There were regular meetings and people and staff were supported to make suggestions about how to make improvements.	

Kolbe 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 comprehensive inspection took place on 9 and 10 January 2019 and was unannounced.

On 9 January 2019, the inspection was carried out by one inspector and an expert by experience who undertook interviews with people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On 10 January 2019, the inspection was carried out by a member of the CQC medicines team.

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 information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service. Notifications are for certain changes, events and incidents affecting the service and the people who use it that providers are required to notify us about.

During the inspection we looked at the care records of five people who used the service, five staff files and a range of records relating to the management of the service, such as incident and accident records, audits, fire safety checks and medicines management.

We spoke with seven people who used the service, two relatives, one visitor, the registered manager, the care manager, the assistant manager, a senior care assistant and two care assistants. We also spoke with a visiting healthcare professional who was regularly involved in the care of people who used the service. We emailed a social care and a healthcare professional, and received one reply.

Good

Is the service safe?

Our findings

People told us they felt safe at Kolbe House. Their comments included, "I feel safe here, no problem at all", "This place is neither good nor bad but I feel safe here. Some carers are exceptional" and "Very good, safe and secure place." A family member agreed and said, "My [family member] is safe here. We are happy with the service that they are giving to my [family member]. I can't think of a better place for [them]."

At our last inspection of 11 December 2017, we found that staff did not always follow the procedure for the recording and safe administration of medicines and people were at risk of not receiving their medicines safely. At this inspection, we found that improvements had been made.

We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the service and this assured us that these were available at the point of need and that the provider had made suitable arrangements in respect of these. Medicines were stored securely in locked medicines cupboards or trolleys, and immobilised when not in use.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection (and observing past records), the fridge temperatures was found to be in the appropriate range of 2-8°. Room temperatures were also recorded on a daily basis. This assured us that medicines were stored at appropriate temperatures.

People received their medicines as prescribed. We looked at 10 MAR charts and found no gaps in the recording of medicines administered, which helped indicate that people were receiving their medicines safely, consistently and as prescribed. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance), and people's allergies to medicines were recorded appropriately. Running balances were kept for all medicines which had a variable dose (for example one or two paracetamol) and there was a record of the exact amount given. We found that antibiotics were given at the correct doses for the appropriate length of time as specified by the prescriber. Also, for people taking inhalers we saw records to indicate the number of puffs they had received from each inhaler and this was in line with the prescriber's instructions.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the local community pharmacy. Controlled Drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them and people's behaviour was not controlled by excessive or inappropriate use of medicines. At the previous inspection we found that some PRN protocols were not in place, had not been updated or reviewed recently. At this inspection we found that this issue had now been resolved. PRN protocols were in place and reviewed on a regular basis by the provider to ensure safe usage for these types of medicines. For example, we saw five PRN forms for pain-relief/anxiety medicines. There were appropriate protocols in place

which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit.

Medicines were administered by staff who had been trained in medicines administration. We saw a member of staff giving medicines to a person who used the service and saw that they showed a caring and supportive attitude towards them.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider including safe storage of medicines, fridge temperatures and stock quantities on a monthly basis. A recent improvement made by the provider included ensuring that all PRN protocols were up to date and had been reviewed on a regular basis. This showed the provider had learned from medicines related incidents to improve practice.

At our last inspection of 11 December 2017, we found that person-specific risk assessment did not always include any action or instructions on how to mitigate these risks. At this inspection, we found that improvements had been made.

Where there were risks to people's safety and wellbeing, these had been assessed and rated as high, medium or low. Person-specific risk assessments and support plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. Support plans were in place and included guidelines about how to minimise risks. For example, where one person was at risk of malnutrition, guidelines included, "[Person] needs full assistance with eating. One carer to assist at mealtimes. Fresh food cooked from scratch is served on a daily basis." Another person was at risk of skin deterioration. We saw that instructions to staff included to apply cream to pressure areas, and repositioning charts were in place for staff to support repositioning every two hours. A third person who had an allergy had a specific care plan and a risk assessment in place. We saw other risk assessments in place which included moving and handling, falls, skin integrity, hearing and use of walking aid.

People were protected from the risk of infection and cross contamination. We saw that all areas of the home were clean, tidy and odour-free. All cleaning products were safely locked away. Staff had received training in infection control and we saw they wore protective equipment such as gloves and aprons when they supported people with personal care.

Staff carried out regular checks during the day and night to ensure people were safe. There were call bells in bathrooms, toilet and people's bedrooms and these were within people's reach. People told us the call bells were usually answered in a timely manner. Two staff members lived on the premises and were available in the event of an emergency or staff absence.

There were enough staff on duty at any one time to keep people safe and meet their needs and the staff rota we looked at confirmed this. The registered manager told us they had never required the use of agency staff. They said, "We have never ever had agency staff. I have been here since 1992, and we have always worked together. Our staff are always willing to work as a team and cover absence." We saw that there were enough staff on the day of our inspection and people did not have to wait for support.

There was a safeguarding policy and procedures and staff were aware of these. Staff received training in safeguarding adults and indicated they would know what to do if they thought a person using the service was being abused. Their comments included, "In case of safeguarding concern, I would call the manager and the council. That has never happened in the seven years I have worked", "People have to feel safe. I think they are safe. We ask them and their family" and "Observing, observing, observing. That's how we

make sure people are safe and cared for. We watch their body language, start a conversation and listen to what they have to say. I have not had any concerns."

There was a policy and procedures for the management of incidents and accidents and the manager kept a log of these. Each one was recorded and included details of the person, date, time, location and a full description of the accident. Records included the actions taken. For example, the GP was called and advised to monitor a person who had a fall. However, records did not include guidelines for staff to follow to prevent reoccurrence. We discussed this with the registered manager who showed us evidence that necessary actions were discussed with staff and recorded in people's care plans.

Lessons were learnt when things went wrong. The registered manager told us they discussed all concerns as a team and staff confirmed that they could approach the senior team about their concerns. Following the inspection, the registered manager told us they had added a section to accident and incident reports to include their analysis and measures in place to prevent reoccurrence.

People lived in a safe environment. The provider had a health and safety policy and staff were aware of this. There were processes in place to ensure a safe environment was provided, including the lift and stairlift, gas and electrical, emergency call system, boiler and water checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. The registered manager kept a log of when maintenance checks were due to be undertaken by external contractors. We saw that all checks were up to date.

The provider had taken steps to protect people in the event of a fire. People had Personal Emergency Evacuation Plans (PEEPS) in place. However, these were just a tick box form and did not include a narrative to explain how to support people to evacuate according to their individual needs. We discussed this with the registered manager who told us they would address this without delay.

There were weekly fire alarm tests and we saw records of these. There was an up to date fire risk assessment which was regularly reviewed and updated as needed. Staff received training in fire safety and all appropriate checks were carried out and recorded. Windows were fitted with restrictors to prevent them from opening wide and these were regularly checked.

Recruitment practices ensured staff were suitable to support people. The records we looked at included checks to ensure staff had the relevant experience and qualifications to work at the home. Checks were undertaken before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Good

Is the service effective?

Our findings

At our last inspection of 11 December 2017, we found that people's pre-admission assessments were basic, lacked detail and were not always written in a person-centred way. At this inspection, we found that improvements had been made.

People's needs were assessed prior to being admitted to the home. We saw that initial assessments included details of the person's medical history, background, family contacts, medicines, mobility, eyesight, hearing, dietary needs and mental capacity. Based on the assessment, a decision was made as to whether the home could meet the person's needs. The staff received English lessons and this had enabled them to improve the way in which they wrote in people's records. We saw that assessments and care plans were written in a respectful and person-centred way.

At our last inspection of 11 December 2017, we found that the environment was not designed in a way to support people who were living with dementia. At this inspection, we found that improvements had been made.

The provider had taken steps to improve the environment to meet the needs of people, in particular those living with the experience of dementia. For example, there were colourful signs on bathrooms and toilet doors, so people could find these easily. Toilet seats were bright red, and doors were painted in bright colours to facilitate orientation. Signs were in both English and Polish. There were pictures and photographs displayed for people to look at and bedrooms had been updated to reflect people's individual taste and interests. The garden was large and attractive and people told us they liked spending time in it.

The Mental Capacity Act (MCA) 2005 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 decision, any made on their behalf must be in their best interests and as least restrictive as possible.

People can be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We found that the provider understood the principles of the MCA and had followed its requirements. The registered manager had identified people for whom restrictions had to be put in place and had taken appropriate action to make sure these were in people's best interests and were authorised by the local authority as the Supervisory Body. This included an authorisation for a person for whom going out unaccompanied could put them at risk of harm.

We looked at one MAR for a person who was administered their medicines covertly. We found that a best

interests meeting had taken place and this had been appropriately authorised. This assured us that people were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

People told us they were consulted in all aspects of their care and consented to their care and support. Records we saw supported this. People told us they could choose their bedtimes, what to eat and drink, and how to spend their day. During our inspection, we witnessed staff consulting people and obtaining consent verbally before supporting them. A care worker told us, "We ask them what they want to do during the day, what activities, if they want to go out, or watch TV. It is about them."

People were supported by staff who were well trained, supervised and appraised. New staff were subject to an induction where they were introduced to the provider's policies and procedures, undertook training and shadowed more experienced staff members. We viewed the training matrix for 2018 and saw that staff had received regular training in subjects the registered manager identified as mandatory, such as safeguarding, medicines administration, food hygiene and infection control. Further training was planned for 2019 and included MCA, whistleblowing, equality and diversity, challenging behaviour and first aid. They also received training specific to the needs of people who used the service such as simple nail cutting, dementia and activities for people with dementia. The provider used an external trainer who delivered most of the training in-house. All staff had achieved a recognised qualification in health and social care. Staff received regular supervision and a yearly appraisal. Records we viewed confirmed this. They told us they felt supported and could approach the registered manager anytime.

People's nutritional needs were met. The provider recognised the importance of food, nutrition and a healthy diet for people's wellbeing, and as an important aspect of their daily life. People were positive about the food. Their comments included, "I have no complaint about the food", "The food is alright", "The food is good, I like it" and "The food is OK. I can eat other than Polish food."

There were menus available for people so they knew what was on offer each day, and had the opportunity to request an alternative if they wished. The registered manager told us people were consulted about the choice of food and people confirmed this. People generally required typical Polish food and this was provided. However, they told us they could request other food if they wanted to. We viewed the menus for the week and saw that they changed daily and were rotated across the month. The food served looked appetising and well-presented and people finished their meals. The registered manager told us that all food was cooked using fresh ingredients and we saw this was the case on the day of our inspection. Tables were laid with cloths, cutlery and napkins and people were offered clothes protectors, when they needed these. The chef had accurate information about people's dietary requirements, including any allergies. Where people needed support, we saw they received this in a calm and unrushed manner, and engaged in social interaction.

People were supported to stay healthy and staff were responsive to people's healthcare needs. Healthcare professionals were regularly involved and provided advice and guidance to staff about how to support people with various medical conditions. Some people were living with diabetes and we saw that the district nurse attended daily to administer Insulin. We viewed the care plan for a person living with the condition and saw that a risk assessment was in place and detailed guidelines for staff to follow to meet the person's healthcare needs. For example, the need to provide suitable meals and which food to avoid. We saw a batch of biscuits had been baked specially for people living with diabetes. Staff had also recognised the increased risk for the person living with this condition, such as the need to have regular foot care by a chiropodist, regular eye checks and weight monitoring.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring and treated them with dignity and respect. People and relatives were complimentary about the care and support they received. One person told us, "I talk about my past with carers. Some of them are like angels" and another said, "I can recommend [Kolbe House] to other people." One relative stated, "I am pleased and have peace of mind because my [family member] likes this place" and "[Person] likes the people here so I am also happy." A healthcare professional echoed this and said, "They know their people and they are very caring. We never get any negative report."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Their comments included, "I am happy when people smile and are happy", "The residents need privacy, for example when they have a bath, I make sure the carers close the door, smile with them, talk with them, contact with residents is very important, they need time, they are all different", "Everything is fine. If the residents are happy, we are happy" and "I have respect for them. I like the contact with people and old Polish people have so much information about life, the war, etc."

All the people and relatives we spoke with told us that staff respected their privacy and dignity. On the day of our inspection, we observed staff knocking on bedroom doors before entering, and closing curtains and doors before supporting people with personal care. People told us they were encouraged to remain independent and ask for help if required. Staff displayed a gentle and patient approach throughout the day. They communicated clearly and appropriately with people, making eye contact, offering choices and explaining what they were doing when supporting them. They were attentive to people's needs and nobody had to wait for support when they requested this.

Care plans included information about each person's spiritual and cultural requirements. Many people using the service were Roman Catholic and a priest visited regularly to conduct services in the home. All the people using the service and the staff were Polish and Polish culture was respected by all. For example, we saw that all the Christmas decorations were still up and asked the registered manager why they had not removed them. They explained that in Poland, the decorations stayed up until the beginning of February.

All the staff we spoke with demonstrated a passion for their work and a dedication to the people who used the service. There was a calm and unrushed atmosphere and everyone looked happy and relaxed. We saw examples of person-centred care during our visit. For example, where a person using the service became disorientated to place and was leaving the dining room before having their dessert, a care worker gently took their hand, explaining they had not had their dessert yet, and calmly encouraged the person to return to the dining table.

Good

Is the service responsive?

Our findings

At our last inspection of 11 December 2017, we found that care plans did not contain enough detail for staff to know how to meet people's needs and were not always written in a person-centred way. At this inspection, we saw that improvements had been made.

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the initial assessments and were based on people's identified needs, the support needed from the care workers and the expected outcomes. We saw that people's needs were reviewed regularly or whenever there were changes to people's needs. Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet these. A healthcare professional told us, "I know they are very professional. People are well cared for. When we ask something, they know exactly."

We saw detailed guidelines for staff to follow when people required specific care. For example, there were pictorial instructions with detailed explanation about how to support a person who needed to be cared for in their bed, including how to place pillows to maximise the person's comfort when lying in bed.

Each person's care plan included an 'Accident and emergency' checklist. This form contained details of the person, their GP, next of kin, past medical history, allergy status, if the person had a Deprivation of Liberty Safeguard (DoLS), and any other important and relevant information. The registered manager told us they ensured this document was sent with the person when they attended the hospital to ensure that hospital staff had the necessary information to meet the person's needs.

People and relatives told us they were involved in discussions about their care and support, and had signed to give consent for their support. They added that the care was good and personalised to their individual needs. Relatives said they were consulted and took part in reviews with their family members. Records we looked at confirmed this. We saw a comment from a relative which stated, "My [family member] is very well cared for. [They are] less able to make coherent conversation but despite this, I find that staff engage with [them] and are solicitous. It is sometimes very touching to observe."

We looked at a sample of daily care records of support and found that these had been completed at every shift and described a range of tasks undertaken, including information regarding people's wellbeing, social interactions, or anything relevant to the day. We saw that records were recorded in both Polish an English and were written in a person-centred way using appropriate language and showing respect and care for the person receiving support.

At the last inspection on 11 December 2017, we found that organised activities were not always person-centred and did not always meet the needs of people living with dementia. At this inspection, we found that improvements had been made.

People told us they enjoyed the activities on offer. Their comments included, "I love reading both English

and Polish newspapers" and "I do my reading, puzzles, and like to sit in the garden in the summer time." There were designated staff members who organised activities according to people's needs and wishes. Staff had attended specific training about activities for people living with dementia and were using their knowledge to organise meaningful activity sessions. These included monthly piano and guitar concerts, exercise classes and local trips. Local volunteers attended on a regular basis to provide activities to people, and children from local schools performed concerts at the home and talk to people who used the service.

The registered manager had purchased a range of material suitable for the needs of people living at the service. This included jigsaw puzzles, games and books. There were also material specific to the needs of people living with dementia, including tactile objects and sensory equipment. There was an activity plan displayed in the communal area so people could see what activities were planned for each day. We saw that activities planned were taking place at the time of our inspection.

The staff were responsive to people's needs and where there were concerns, we saw these were addressed appropriately and holistically. For example, one person who used the service was experiencing some difficulties and displaying behaviours that challenged. We saw that meetings had been organised with relevant people, such as healthcare professionals and family members to discuss difficult situations and find ways to improve the situation. A recent care plan review meeting indicated that the situation had improved. A family member had commented, "[Family member] is clearly doing very well indeed. [Person] looks well, [their] mood is stable and [their] mental capacity is better than when [they] arrived. The staff are genuinely excellent."

The provider had a complaints procedure in place and this was available to people who used the service, staff and relatives. People told us they knew how to make a complaint although they had not needed to. People confirmed that communication was good at the service and if they had a minor concern, they were able to discuss this and felt listened to. The care manager told us they talked to people every day to make sure they were happy. They said, "Everything is fine. If the residents are happy, we are happy."

The registered manager kept a log of compliments received from people and relatives. We viewed a range of these which included comments such as, "There could not have been a better place for me to go", "Thank you for trying so hard to help [family member], we really appreciated all you tried to do", "[Person] constantly sings your praises and is so happy staying at Kolbe House" and "The care and compassion that my [family member] received in Kolbe House was outstanding."

People's end of life wishes were recorded in their care plans. Care plans included a 'future wishes' section where people's wishes about how they wanted their end of life care. For example, one person's care plan stated they did not want to be hospitalised but wished to be cared for at Kolbe House and another person wanted 'peace, stability, family contact, and the visit of a priest'. One person was receiving end of life care at the time of our inspection and was being supported in bed. We saw they were provided with a hospital bed and pressure relieving equipment to help promote their comfort and prevent their skin from deteriorating, and the district nurse attended weekly.

Good

Is the service well-led?

Our findings

At our last inspection on 11 December 2017, we found that although the provider has a number of systems in place to monitor the quality of the service, medicines audits and other checks had failed to identify the issues and breaches of Regulations we found. At this inspection, we found that improvements had been made.

The registered manager carried out regular audits of all areas of the home. These included medicines audits, environmental checks and health and safety checks. In addition, members of the provider's committee conducted monthly audits of the home which included people's records, training, recruitment and complaints. We saw evidence that these were regular and thorough and action was taken when any issues were identified. For example, when one emergency light was not working, we saw that action was taken to repair this without delay.

The nominated individual visited weekly and discussed any issues with the registered manager and were available to speak with people who used the service, their relatives and staff at anytime. One staff member told us, "The committee comes every week and speaks to us. There is always someone who listens. It's very supportive here. If we get good feedback from family, it makes my day. It's not just a job."

People and relatives we spoke with were complimentary about the staff and the registered manager. People thought that the home was well managed and the staff worked well as a team. People's comments included, "I know the manager, [Registered manager's name] is very kind, nice and friendly woman", "Fantastic place and staff" and "Yes, I recommend it to other people." Relatives agreed and said, "The manager and her team are always available, and I am definitely informed about my [family member]'s health" and "I am free to speak to the manager or carers. They are very friendly, kind and wonderful. They are keeping my [family member], as if in her own home."

Staff commented that they felt supported by the management team and were confident that they could raise concerns or queries at any time. All staff we spoke with were positive about their jobs and all said the registered manager was supportive. Their comments included, "I have good contact with manager. We have a daily report and we communicate well. I have no problem with communication here. When we have any problem, we can contact the manager anytime" and "I think the manager is supportive. You can always call her for advice and she always does. She will always pick up the phone."

People and relatives were supported to feed back about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results showed an overall satisfaction with the service people received. Comments included, "The staff at Kolbe always show professional conduct and I would recommend anyone for this fine home", "This is an excellent care home where people are cared for with care and professionalism", "Very helpful staff", "Residents appear very well cared for, staff are helpful, friendly and caring" and "My [family member] is in a very good place and well looked after."

Staff told us they had regular meetings and records confirmed this. The items discussed included safeguarding, health and safety and issues concerning people who used the service. Outcomes of complaints, accidents and incidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this. There were also monthly committee meetings which included discussions about maintenance, staffing, risk assessments and the needs of people who used the service.

The registered manager had been in post for eight years and had achieved a recognised management qualification in health and social care. They kept abreast of developments in social care by attending the provider forums organised by the London Borough of Ealing. They also attended regular conferences and themed workshops. They had recently attended a training course in medicines management for managers. They also liaised regularly with other managers in the area to share information and seek advice. They cascaded important information to the staff team to ensure they were informed and used their knowledge to continue to improve their practices.

There was a business plan in place which included what was planned in terms of refurbishment and areas of improvement. We saw that further improvements had been made since our last inspection, such as making the environment more suitable for people living with dementia, new furniture had been provided in bedrooms and included new armchairs. The provider's annual general meeting was planned on the day of our inspection to discuss plans for future development.

The registered manager worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. A healthcare professional told us they had full confidence in the home and the staff and would not hesitate to recommend it.