Westlake Care

Kingston House

Inspection report

Miners Way
Liskeard
Cornwall
PL14 3ET

Tel: 01579346993

Date of inspection visit:
04 April 2017

Date of publication:
11 May 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Kingston House on 4 April 2017. The inspection was announced. This is because Kingston House is a small service and we wanted to be sure someone would be available to speak with us. The service was last inspected in November 2014 when it was rated Good.

Kingston House is part of Westlake Care who specialise in the care of adults who have a learning disability, autistic spectrum disorder, physical disability and/or a sensory impairment. Westlake Care have two other homes in the south west. Kingston House is registered to support a maximum of three people. At this inspection we found the service remained Good.

The service had a registered manager in place. 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 relationships were strained and there were sometimes arguments between members of the staff team. Staff told us the language and tone of these arguments could be quite aggressive. On occasion the arguments had taken place in front of people living at Kingston House. This demonstrated a lack of respect and a disregard for the potential impact on people's well-being. The registered manager was aware of the situation and had informed the provider. A staff meeting had taken place to try and address the issues.

Roles and responsibilities were well-defined and understood by the staff team. The registered manager was supported by a deputy manager. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual.

Interactions between staff and people were friendly and supportive. There were enough staff available to help ensure people's needs were met quickly. Staff spoke with people to inform them of what was happening when supporting them to move around the premises.

Recruitment practices helped ensure staff working in the home were fit and appropriate to work in the care sector. Procedures were not consistently followed and we have made a recommendation about this in the report.

Staff had received training in how to recognise and report abuse and information on how to report concerns within the organisation was on display. Staff told us they were aware how to raise concerns both inside and outside of the organisation.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain

decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Records showed people were supported in line with the legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had access to regular training. Training to help staff meet people's specific needs was available. Staff meetings were an opportunity to contribute to the development of the service and individuals.

People's support plans included detailed information about their health needs. Care plan reviews were held regularly and information up-dated accordingly. People had access to a range of activities outside of the service and were supported to access the local community on a regular basis.

There were quality assurance systems in place to monitor the standards of the care provided. Audits into various areas of the service took place monthly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. Staff behaviour did not show respect for people or protect their emotional well-being.

Processes in place for the safe recruitment of staff were not consistently followed.

There were sufficient numbers of staff in place to meet people's needs.

Is the service effective?

Good

The service was effective. Staff received regular training to enable them to meet people's needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Applications to deprive people of their liberty in order to keep them safe had been made appropriately.

People had access to a varied and balanced diet which met their needs.

Is the service caring?

Good

The service was caring. Relatives and external health care professionals were positive about the care and support people received.

People's communication styles were recognised and respected.

Staff recognised the importance of family relationships and supported people to maintain them.

Is the service responsive?

Good

The service was responsive. Care plans contained detailed information about people's routines.

People had access to a wide range of meaningful activities outside of the service.

Monitoring systems were in place to make sure any changes in

people's needs were quickly identified.

Is the service well-led?

Requires Improvement

The service was not well-led. The management team had failed to address staff disagreements to ensure they did not impact on people's well-being.

Staff were not receiving regular supervisions.

Monthly audits were carried out by the general manager.

Kingston 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 checked 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 4 April 2017. It was carried out by one inspector and was announced. The provider was given 48 hours' notice because the service is a small care home and we needed to be sure that someone would be in.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs they were not able to express their views of living at the service. We spent some time with people and observed staff interactions with them. We spoke with the registered manager and four care workers. Following the inspection visit we contacted a further five members of staff, three relatives and three external healthcare professionals to hear their views of the service.

We looked at people's detailed care records, staff training records, staff rotas, three staff files and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Following the inspection visit we contacted staff to hear their views of the service. Some staff told us relationships between certain members of the staff team could be fractious and there were frequent arguments which often took place in front of the people living at Kingston House. They told us these arguments had at times involved inappropriate and offensive language. This indicated a lack of respect for people's feelings and a disregard for how this behaviour might impact on people's emotional well-being.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes were in place but these were not consistently followed. One staff member had no references on file from previous employers or any character references. The registered manager told us this was a member of staff who had worked for the organisation previously and left for a short while. There was no record of this in their file. Disclosure and Barring checks had been completed appropriately.

We recommend that the service takes action to ensure recruitment procedures are consistently followed in all circumstances.

Staff had received training to help them identify possible signs of abuse. The registered manager had taken additional managers safeguarding training. Flyers and posters in staff areas displayed details of who to contact within the organisation if abuse was suspected. There was a safeguarding policy in place, however this had not been updated since 2015. The policy did not contain contact details for external agencies such as the local authority safeguarding team or CQC. Staff told us they knew how to raise concerns both inside and outside of the organisation. One commented; "I know how to report safeguarding concerns and I have never had any about the way that our service users are cared for at Kingston House." Another told us; "If my managers didn't take action then I would raise it with the police or yourselves."

Relatives and external healthcare professionals told us they believed people were safe living at Kingston House and were supported according to their needs. Relatives comments included; "I've more or less handed everything over to them. I have complete confidence in them" and "It's better than I could have imagined."

There were sufficient numbers of staff to meet people's assessed needs. On the day of the inspection visit people were supported to go out on planned activities and take part in daily routines. Rotas showed staffing levels were consistently met. The rotas had been planned to help ensure people's needs could be met at all times.

Care plans contained information to guide staff on the actions to take to help minimise any identified risks to people. There were risk assessments in place for any risks associated with the environment as well as any associated with people's individual needs and pastimes. Information on how to support people when transferring them using equipment was detailed and provided staff with clear guidance.

People's medicines were managed safely. Medicines were stored securely in locked cabinets in people's bedrooms. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were generally completed consistently and in line with current guidance. We identified one occasion when it had not been recorded if someone had taken their medicine as prescribed. The registered manager told us they would speak with the member of staff responsible. All staff were trained to administer medicines. At the time of the inspection no-one was using medicines which require stricter controls by law. There were appropriate facilities available to use if this became necessary.

People's monies were stored securely. Records of expenditure were kept and audited regularly. We checked the amount of money held with the records and found these tallied.

Any maintenance requests were responded to quickly to help maintain the safety of the premises. Recent improvements to the external environment had been made. This included installing outdoor lighting and a permanent wheelchair ramp. Two lifts had been installed which were directly connected to two people's bedrooms. The third bedroom was on the ground floor.

Personal Emergency Evacuation Plans (PEEPs) had been developed for each person. These outlined the support people would need to leave the building in an emergency.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. Staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process required staff new to care to complete the Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. A member of staff told us; "I received a detailed induction and completed all of the mandatory training required, the role of the job was well explained to me and after completing the induction and training I felt comfortable and confident in my role."

Training identified as necessary for the service was updated regularly. In addition staff had access to training to help them meet people's specific needs. For example some staff had received training in rebound therapy. This is exercise therapy for people with disabilities which uses trampolines to provide opportunities for movement, therapeutic exercise and recreation. An external healthcare professional told us; "They [the provider] invest in staff in terms of sending them on any training we recommend."

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. 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.

Everyone living at Kingston House was subject to a DoLS authorisation. The registered manager told us no conditions were attached to the authorisations. One person's care plan contained a mental capacity assessment to indicate they were unable to make decisions about their plan of care. Best interest meetings had taken place and were recorded as required.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). These areas were covered during the induction process and updated with regular on-line training.

Care plans contained detailed information on how to help ensure people ate varied and healthy diets which

supported their well-being. It had been identified that it was important to monitor people's food and fluid intake and this was consistently completed. Staff noted how much people ate and drank and there was information available to inform them on how much people should be consuming.

People were supported to access other health care professionals as necessary, for example GP's, occupational therapists and dentists. Care documentation contained information about past appointments and any action taken as a result. Where it had been identified as necessary, regular health screenings were undertaken. External health care professionals told us staff were receptive to professional advice and input.

Good

Is the service caring?

Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly by the staff team. When staff supported people to move around the premises they spoke with them explaining where they were going. This showed staff recognised the importance of keeping people informed of basic changes in their environment and situation. For example, we saw a member of staff move one person's wheel chair into the living area. The person had limited vision and we heard the member of staff say; "[Person's name] you're in the lounge for a minute mate."

Relatives comments included; "It's a very person-centred service", "[Person's name] lives a happy and well balanced life in a place where his care needs are fully met by people who are genuinely interested in his happiness and well being. I have the utmost confidence in Kingston House, its staff and management" and "The staff team are very hardworking and genuinely affectionate towards people." An external healthcare professional commented; "Staff seem to know [the person] well." A member of staff told us; "It's a very laid back service." The registered manager arranged for anyone applying to work at the service to spend a little time with people. This enabled established staff to observe how candidates interacted with people. This helped ensure any new staff were confident engaging with people.

People's communication styles were recognised and respected. Care plans contained information about how people communicated. The registered manager told us they offered people choice using objects of reference to help them make day to day decisions. One person liked to be involved in choosing their clothes and would indicate their preference by focussing their gaze on the item. During the inspection we saw staff lean towards people before engaging them in conversation to establish eye contact or a physical connection. People responded positively to this approach.

One person liked to initiate physical contact with staff but was unable to accurately judge if they were scratching or hurting staff when they did this. There was clear guidance for staff on how they could support the person so their preferences and need for contact were met while helping ensure staff were not hurt. For example, the care plan read; "One member of staff to stand on one side and one on the other and occupy the left hand whispering, blowing or talking in his ear and holding his hand, stroking or tickling him." Staff demonstrated compassion and an understanding of the person's needs in this respect when talking to us about how best to support them.

Information in care plans was mainly focused on people's health needs with limited detail on people's personalities, interests and qualities. One person's care plan had more of this kind of information than the others. It listed the kind of foods they liked and very individual information about things which were important to the person. For example the care plan in respect of nutrition and hydration stated they liked coke and liked ; "to see this being poured." The other two care plans were less detailed. The registered manager spoke with us about one person's enthusiasm for loud music with a strong beat. They were able to name bands the person particularly enjoyed and clearly had a depth of knowledge about the person's interests. The care plan only stated they "Enjoy participating in local music events." This meant staff might not have had access to the depth of information required to support people according to their preferences.

We discussed this with the registered manager who said they would consider developing care plans so they gave a more complete picture of what was important to people.

Staff recognised the importance of family relationships and supported people to maintain them. The registered manager spoke with families regularly to help ensure they were kept up to date with any developments or changes in routines. Relatives told us they were always welcomed into the service and were able to drop in at any time.

Care plans were kept securely. This meant people's confidential information was protected.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Care plans contained information about people's background, medical conditions and support needs. There was detailed information about people's daily routines and how they preferred to be supported for example, when getting up or ready for bed. The care plans were reviewed regularly and families were invited to take part if they wished. One relative told us; "They listen to me and involve me."

Due to people's complex medical needs a lot of the information in care files was contained in letters from external health care professionals. This information was not consistently transferred to the relevant care plan but kept alongside it. This meant the information might have been difficult to locate. An external healthcare professional commented; "There are some communication failures, not due to a lack of effort but system failures." We discussed this with the registered manager who told us they would address the issue.

Daily records were completed for each individual in individual evaluation books. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. There was information about what people had consumed during the day and other personal details in respect of their well-being. Night staff also completed a report. This meant all the relevant information was kept in one place and was easy to locate. In addition there was a communication book to record more general information which needed to be shared amongst the team.

Monitoring systems were in place to help ensure any changes in people's needs were quickly highlighted . For example, one person sometimes became ill during the night. A visual monitoring aid had been put in place to allow staff to observe the person without disturbing them. The appropriate processes had been followed before installing the device.

People were supported to take part in a range of pursuits outside of the service, which were meaningful to them and reflected their individual interests. They accessed local amenities on a regular basis and were frequent visitors to the local town. Each person had access to their own vehicle. This meant they were able to go out individually as well as in a group if they wanted to. People from the three Westlake Care services occasionally met up for an event. For example, an Easter egg hunt was planned. Relatives told us their family members had busy lives. Comments included; "I can hardly see him he's so busy" and "The level of activities is brilliant."

Staff told us people were supported to go out regularly. Activities in house were less structured and one member of staff told us they thought people could sometimes get "bored" due to the lack of stimulation in the service. They told us it was difficult to involve people in activities due to their complex health needs and more sensory opportunities and equipment would help staff support people at home.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. There were no on-

going complaints at the time of the inspection. Relatives told us they would be confident to raise any concerns they had with the registered or deputy manager. One commented; "Any concerns are dealt with quickly and in a friendly way."

Requires Improvement

Is the service well-led?

Our findings

There was a registered and deputy manager in place at the time of the inspection. The registered manager had worked at the service for several years, initially as a support worker. They knew people well and demonstrated a thorough understanding of their needs. The registered manager told us they were well supported by the provider who responded well to any requests for help. They received supervisions from the general manager regularly. In addition they attended monthly management meetings which were an opportunity to share examples of good working practice and discuss any problems they might have.

Staff said both the deputy and registered manager were aware of the friction between some of the staff team and at times had been involved in the disagreements. Staff did not have confidence in the management's ability to address the situation effectively. One told us; "Nothing is ever done." A staff meeting had taken place the day prior to the inspection. The registered manager told us this had been held to address some disagreements which were taking place between some members of staff. There were no minutes available for us to consider on the day of the inspection. Following the inspection we contacted the registered manager to discuss the concerns raised. They confirmed the service was going through a difficult period and the provider was aware of the situation. They also provided us with copies of the staff meeting minutes which had been attended by staff, the registered manager and the general manager. These showed the management team were aware of disputes between staff and were taking action to address these.

The registered manager told us formal supervisions had lapsed in recent months. They assured us they were addressing this and had a plan in place to ensure all staff received regular supervisions. It is important staff have an opportunities to raise any concerns they may have in confidence. One member of staff commented; "I feel there have been occasions when support towards staff from management could have been better, however in a recent staff meeting this was raised and has been addressed and we have been reassured that this will improve." The staff meeting minutes confirmed this.

Quality assurance questionnaires were circulated to relatives and any other visitors to the service annually. The questionnaires for 2017 had recently been sent out at the time of the inspection. We saw some completed surveys for previous years and found these were largely positive. The results had not been collated or analysed to give the provider an overview of people's experiences of the service.

The general manager carried out monthly audits covering all areas of the service. Any required improvements were highlighted and action taken to address them. Policies and procedures had not been updated since 2015. We discussed this with the registered manager who told us they were aware of the need to bring these up to date.

Relatives and external professionals spoke positively about the staff team. A relative told us; "They are an excellent staff team, very hard working and affectionate." Comments from external healthcare professionals included; "When visiting the property, it feels like a home and clients and staff have a lovely relationship, it's obvious that staff turnover is low, and that all staff are working to the very best interest of their client's needs. Well done to Kingston House."

Roles and responsibilities were well-defined and understood by the staff team. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual.

Accidents and incidents were logged and we saw records to verify this. The records were not consistently attached to the file but were loose leafed in a folder. This meant there was a risk the record could be mislaid. There was no analysis of the records taking place to aid learning or help identify any trends or patterns.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from psychological ill-treatment. Care and treatment was provided in a way which disregarded people's needs. Regulation 13 (1)(4)(d)