

Mr & Mrs R S Rai

# Kingsley Cottage

## Inspection report

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### 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

At the previous inspection in June and July of 2018 we rated the service 'Inadequate' in the areas of Safe and Well Led. We found the provider had breaches in the regulations under 12, 9, 20A and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the service was awarded a rating of 'Inadequate' overall. This was the first time the service had been rated 'Inadequate' overall.

As the service was rated 'Inadequate' we placed the service in special measures. We asked the provider to send us an action plan each month of how they were meeting the regulations. We placed two conditions on the provider's registration, telling the provider that they must send us documentary evidence to show that immediate action had been taken to cover all radiators and all exposed hot water pipes at Kingsley Cottage. In addition, we said the provider must send us documentary evidence to show that immediate action had been taken to prevent service users, visitors or unauthorized staff from accessing the first-floor boiler room.

Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvements are made within this timeframe, so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements and is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

We inspected this service again on the 5 and 7 November 2018. The inspection was unannounced on the first day. On the second day of the inspection the provider and manager were informed we would return to the home. The inspection was to check on whether the provider had made the necessary improvements.

Kingsley Cottage 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. Kingsley Cottage is registered to provide care and accommodation to a maximum of 17 older people including people with a diagnosis of dementia. At the time of the inspection there were 17 people living at the home.

There was an experienced 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.

We found some improvements had been made at the home since our previous inspection. At this inspection we found the provider was meeting the Regulations, and was no longer in breach. However, we continue to rate 'Safe' and 'Well-Led' as Requires Improvement.

The conditions we placed on the provider's registration at our inspection in June/July 2018 had been met. All radiators and hot water pipes at the home had been covered, and procedures were in place to prevent people and unauthorised staff from accessing the first-floor boiler room.

At our previous inspection we found the provider and registered manager did not always manage risks to people's safety, and people were placed at unnecessary risk. Care records required improvement to ensure people's care was delivered in a person-centred way, taking into account their wishes and preferences. In addition, communication techniques needed to be improved to make sure people were supported fully in everyday activities, and their care decisions.

Risk assessment procedures had been improved. Environmental improvements had been made at the home, to make sure people were cared for in a safe place.

Care records had been improved since our previous inspection visit. People were involved in the planning and review of their care. Care records were individual to the person and people's specific communication needs were being met.

The manager and staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and supported people in accordance with the Act. Staff were aware of who needed support to make decisions about their care and welfare.

Medicines procedures had been changed to ensure medicines were managed safely. Infection control practices had improved and the home was fresh and clean.

There were enough staff to care for people safely. Staff had received updated training to enable them to support people effectively.

People had access to sufficient amounts of food to maintain their health and weight. Action was taken to refer people to health professionals when needed, to gain treatment when their health needs changed.

Staff were available to take care of people's immediate care needs, and had time to spend with people.

People were treated with dignity and were consistently given choices in their daily lives. There were stimulating activities on offer to people, to engage them in hobbies, interests and events that might increase their wellbeing.

The provider had taken action to improve the service and had acted on the concerns raised in previous inspections. However, improvements needed to be sustained and built upon to ensure people always received good quality care that met their needs.

During this inspection the provider demonstrated to us that improvements had been made and is no longer rated as 'Inadequate' overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

## 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 consistently Safe.

The provider needed to ensure procedures were embedded and sustained at the home, so that people were always cared for safely in a safe environment. People were supported by a consistent staff team that managed the risks associated with their health, care and support. Medicines were managed and administered to people safely. Safeguarding procedures were in place, to investigate any concerns. There were enough staff to support people, and keep them safe.

### Is the service effective?

Good 

The service was Effective.

People were provided with nutrition that consistently met their preferences. People's rights were protected as staff worked within the principles of the Mental Capacity Act 2005 (MCA). Staff had the relevant training, skills and support to provide people with effective care. People were supported to maintain their health and referred to external healthcare professionals when a need was identified.

### Is the service caring?

Good 

The service was Caring.

Staff were kind and caring, and knew people well. People were supported by staff to make choices about how they lived their daily lives. People were able to maintain contact with family and friends, and were supported with their communication needs.

### Is the service responsive?

Good 

The service was Responsive.

There was a range of activities on offer to people to stimulate and engage them, and enhance their enjoyment in life. People and their families were involved in planning how they were cared for and supported. People knew how to make a complaint and provide feedback to staff and the registered manager.

## Is the service well-led?

The service was not consistently Well Led.

Improvements to quality assurance procedures had been made since our previous inspection, however, these needed to be sustained and embedded into practice. The registered manager and provider were approachable and there was a clear management structure in place to support staff. There were systems in place, so people could share their views about how the home was run.

**Requires Improvement** 

# Kingsley Cottage

## **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 inspection took place on 05 November 2018 and 07 November 2018. The first day of our inspection visit was unannounced. On the first day of our inspection visit an inspector, an assistant inspector, and an expert by experience visited the home. 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 the second day, only one inspector visited the home.

Our inspection visit in June/July 2018 was prompted by the notification of an incident following which a person using the service had sustained a serious injury. This incident continues to be subject to an investigation, and because of this we did not examine the circumstances of the incident at this inspection visit. However, we looked to see that people's care was managed safely at our inspection. When the investigation of the incident is concluded we will consider any further action we may take.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at information we had received from other agencies, including commissioners of services. Commissioners are professionals who may place people at the home, and fund people's care. We considered this information when planning our inspection of the home.

This inspection was a follow up visit to check improvements had been made in the management of the service. We asked the manager and the provider, to supply us with information that showed how they managed the service and the improvements they had made. We considered this information along with the action plan they had submitted to us following our inspection in June/July 2018.

The provider had not been asked to complete an update to their Provider Information Return since our

previous inspection. This is information we require providers to send us at least once annually 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 gave the provider an opportunity to tell us about their service during our inspection visit.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We observed care and support being delivered in communal areas of the home. To gain people's experiences of living at Kingsley Cottage, we spoke with two people and six relatives of people who used the service. We spoke with the registered manager, deputy manager, two senior care workers, the provider, a management consultant, the chef and received feedback from four care staff.

We looked at six people's care records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at a range of documents produced by the manager which demonstrated how quality assurance was undertaken.

# Is the service safe?

## Our findings

When we inspected the service in June/July 2018 we rated Safe as 'Inadequate'. People were not cared for in a way that met their personal needs, or that reduced the risks of harm to their health and wellbeing. Systems required improvement to ensure people were always cared for safely. At this inspection we found the provider's new systems and checks needed to be embedded and sustained to ensure that people were always cared for consistently and safely. We have rated Safe as 'Requires Improvement'.

At our previous inspection we found significant shortfalls in the provider's systems to ensure risks to people were managed to keep them safe. This resulted in a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. When we visited the service in November 2018 to check whether improvements had been made we found people did not remain at this level of risk, because risks were identified and staff acted to mitigate risks. We found there was no longer a breach of Regulation 12.

For example, where people were at risk of developing damage to their skin, there were risk assessments in place that identified the equipment each person needed to minimise the risk, such as specialist mattresses and pressure relieving cushions. We found staff were using these items in accordance with people's care plans/risk assessments. In addition, care plans identified the person should be supported to re-position every two hours. Staff confirmed the person was being re-positioned every two hours. No-one at the home had developed damage to their skin since our previous inspection. However, documentation of the re-positioning every two hours still required improvement to show this support had always been provided.

At our previous inspection we were concerned that appropriate risk management plans were not in place to manage infill wedges on beds, to ensure infills reduced the gap between the mattress and foot boards, helping to avoid entrapment. An infill wedge is a soft supportive block to offer protection to people when in bed. We saw infills were being used, risk assessment and risk management plans were in place, and the risk of becoming trapped was mitigated.

At our previous inspection we found the provider had not acted to cover exposed hot water pipes, which posed a risk of scalding and burns to people. At this inspection we found all hot water pipes and radiators had been covered to make them safe.

We previously found risks against the spread of infection, such as Legionella, had not been mitigated. At this inspection the provider had completed actions and had procedures in place to prevent the spread of, and risks associated with, Legionella.

At our previous inspection we had concerns that the home needed to have clearer infection control procedures in place, for example, certain furniture needed to be changed as it was ripped and difficult to clean. This made it difficult to protect people from the risk of infection. We saw furniture in the home had been disposed of, where it had been damaged or ripped.

People told us, and we saw, the home was clean. Staff used protective equipment such as aprons and



gloves to prevent the spread of infection. The provider had dedicated cleaning staff on site daily, who followed a cleaning schedule (list of cleaning jobs they needed to complete each day). The registered manager monitored the cleanliness of the home with regular daily walk rounds, and the checking of cleaning schedules. An infection control audit had taken place since our previous inspection using the expertise of a management and auditing consultant and a health professional, to ensure the correct checks were in place to maintain clear infection control protocols. Action plans had been drawn up following the infection control audit, to maintain the improvements.

At this inspection, environmental risks to people's safety were managed effectively. For example, electrical testing had recently been undertaken, to update and refurbish key electrical components around the home. In addition, updated fire risk assessments and fire procedures were in place to support staff with any future evacuations, in the event of an emergency. Some areas of the home had been refurbished to improve infection control procedures, such as the employee's dedicated bathroom.

There was a calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. People told us they felt safe living at the home. One person said, "I feel comfortable here. There are enough staff and I feel we are very well looked after." A relative told us, "I have no concerns or worries at all with the care, they have kept [Name] alive here. She has never had a fall here."

Staff received training in how to safeguard people from abuse and could tell us what action they would take if they thought a person was at risk of harm. One member of staff told us, "If I saw anything, I would report it to the manager." The registered manager had a system in place to report any safeguarding concerns to the safeguarding team and the Care Quality Commission as required.

Staff told us that prior to starting work, they had been required to provide their work history, references from previous employers and complete a check with the Disclosure and Barring Service (DBS). The DBS check indicated if the prospective staff member had a criminal record or had been barred from working with vulnerable adults.

The manager and provider were taking action to monitor the accidents and incidents at the home, to see whether risks to people's health and wellbeing could be reduced. For example, each month the registered or deputy manager reviewed accidents and incidents to see whether there were any patterns and trends, and whether anyone needed to have a referral made to health professionals.

At our previous inspection we identified that some flooring needed to be replaced, so that the floors were even and reduced the risk of falls. One area of floor in the dining room still needed to be changed. The provider had identified the updating of flooring as part of their on-going improvement plan. Where people had reduced mobility we saw staff assisted them to move into the dining room area where the floor was uneven, to reduce the risks of falls.

We saw that staff were available throughout our inspection visit in the communal areas of the home and there were enough staff to support people safely with care tasks. Staff and the manager told us they did not usually use any temporary staff at the home. This meant people were supported by a consistent staff team who knew them well.

At this inspection we found people received their medicines as they should. Staff members supported people with their medicines by asking them if they wanted them and assisting them in a way they preferred.

For example, some people preferred to take their medicines from a spoon rather than from a pot. Staff members told us they had received training in the safe administration of medicines and that they had been assessed as competent before they were able to support people. Medicines were stored safely and at the right temperatures to ensure they remained effective. Where medicines were given to people at specific times of the day to manage their pain, or treat health conditions, the time of the administration of the medicines were recorded. Staff consistently recorded which medicines people received.

We saw that where people required medications on an 'as and when required' basis, there were protocols in place informing staff of when these medications should be given.

# Is the service effective?

## Our findings

At our last inspection in March 2018, we found there was an inconsistent understanding and application of the Mental Capacity Act 2005. This resulted in the provider being rated as 'Requires Improvement' in the key question of Effective. Since our previous inspection care records had been improved, and people were supported to make decisions based on their capacity and understanding. We have rated Effective as 'Good'.

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 with appropriate legal authority. 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. Where people lacked the capacity to make all of their own decisions, the manager was acting in accordance with the MCA. They recorded when someone might require assistance to make a decision, and who should be involved in the decision-making process to act in the person's 'best interests'. The registered manager understood the legal power of attorney process to ensure people's rights were protected where these types of agreements were in place with their family and legal representatives.

Staff understood the need to seek verbal consent from people prior to supporting them, and put this into practice. No-one had an application in place to deprive them of their liberty, as the provider and registered manager assured us everyone currently had the capacity to consent to any restrictions placed on their care.

When people began using the service, they and their family members, were involved in assessing their needs and planning their care. This involved assessing people's support needs, their nutritional needs and whether they required support to maintain their health.

People had access to healthcare services when they needed it. These included GP and district nurses and specialists regarding eating and drinking. One relative told us, "When [Name] had an infection they were seen very promptly by the GP." People also had access to regular reviews of their eyesight and dental needs. People's weights were being monitored and any identified weight loss was acted upon by referring people to see a doctor or health professional.

Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The induction training was based on the 'Skills for Care' standards providing staff with a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for the training of care workers in the UK. The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. On staff member told us, "You can ask for any

additional training you would like and the manager will make it available." They added, "They are really supportive in developing my skills."

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify any training requirements. They also participated in yearly appraisal meetings where they set objectives for the next 12 months.

The decoration of the home was adequate for people who lived there. We found for people who had a diagnosis of dementia, there was clear signage to support people when moving around the home to indicate where lounge and dining areas were and where people could access toilets and bathrooms.

Kingsley Cottage was not a purpose-built residential care home, but had been adapted to accommodate people with care and support needs. However, not all areas were easily accessible for people. For example, one person used an assisted wheelchair and the corridors were narrow, which restricted them to certain areas of the home. The registered manager explained they had agreed with the person to change where their room was located, so that they could more easily access their room with their wheelchair. In addition, the person's wheelchair had been assessed by a health professional, to ensure it was used at a tilt angle and without footplates, to reduce the risk of injury to the person when moving around.

At our previous inspection we had identified that some flooring needed to be replaced, so that the floors were even and reduced the risk of falls. We found that one area of floor in the dining room still needed to be changed, to reduce the risks of falls. The provider had identified the updating of flooring as part of their on-going improvement plan. Where people had reduced mobility we saw staff assisted them to move into the dining room area, to reduce the risks of falls.

People told us they liked the food they were given and that they had a choice. People ate their meals with pleasure. The dining room and lounge areas were calm during mealtimes, people chose where they ate and who they sat with and there was a relaxed atmosphere. Tables in the communal dining area were set with tablecloths, mats, cutlery, flowers and condiments to make the mealtime experience a sociable and enjoyable event. Music was playing, and people sang or hummed to the tune.

People made choices each day about what they wanted to eat from freshly prepared food. A daily menu was displayed in the dining room. For those people who had short term memory loss or dementia, a visual choice of meal was made, so they could see the choices on offer. Comments from people included; "Staff offer [Name] a choice of food, and the food is served at the right consistency for her" and "[Name] is asked about what their favourite foods are, and then it is provided. It's a home from home."

During lunch people had access to drinks of their choice to accompany their meals. Other people sat in easy chairs with lap tables to eat, while others ate in their rooms with support from staff. Where people needed support to eat, we observed staff provided this appropriately and sensitively, waiting until people had finished before offering more food and offering support at the person's own pace.

Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked. We spoke to the chef at the home who told us people could ask for alternative meals if they wished. Kitchen staff knew people's dietary needs and ensured they were given meals which met those. For example, some people were on a soft food diet or were diabetic. Information on people's dietary needs was kept up to date and included people's likes and dislikes.

# Is the service caring?

## Our findings

At our last inspection in June/July 2018 we found improvements needed to be made to ensure people were always treated in a caring way. We rated the service 'Requires Improvement' in Caring, at this inspection we have rated Caring as 'Good' because people were treated in a caring way that respected their choices.

People described the staff members supporting them as, "Lovely," "Kind," and "Thoughtful." One relative told us, "The staff here are lovely here, the registered manager and staff are caring." Another relative said, "What a lovely job the staff are doing with [Name], they are so good to them. They have been marvellous with us as a family too, helping us all to deal with grief and loss."

Staff told us they were happy working at the home, and described their job as satisfying. One member of staff said this was because they felt people were at the centre of what they did. Comments from staff included; "I believe Kingsley Cottage is a home from home. It's very warm from the moment you enter the building" and "The staff and management are lovely people who go above and beyond. All staff work together to ensure the residents come first and I couldn't ask for a nicer care home to work in."

Staff members we spoke with could tell us about those they supported. This included people's life histories, where they used to live, what they used to do and what they still liked doing. For example, one person liked to listen to music. We saw a staff member supported this person with their choice of music and spent time with them singing and dancing. Staff member's we spoke with talked about those they supported with respect and fondness.

We asked the registered manager how they assessed and supported people and staff regarding their protected characteristics. This included people's ethnicity, religion, sexuality, disability etc. We saw a record had been made regarding people's religious preferences in their care records. Staff also provided this information when they first started work at Kingsley Cottage. People were also asked, through the assessment of their care and support needs, for information regarding other areas of their life and their wishes, for example, regarding their ethnicity or cultural preferences.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The registered manager and staff team recognised people's different levels of communication. Care records described the way people communicated and how staff should engage with them. For example, people who wore glasses and hearing aids, this was detailed in their care records, so staff knew when to encourage people to wear communication aids. Where people had specific communication needs, we saw that alternative methods of communicating were used. For example, communication and picture cards were available to help people make choices. Pictorial aids and visual choices were available for people at mealtimes.

One person at the home had a specific sight impairment. Staff sat with the person during activities and at mealtimes to ensure they understood the environment around them, and what was on offer. For example,

whilst conducting some craft activities the person expressed a preference to do adult colouring, a staff member sat with them identifying colours, pictures, and where to colour using touch and sounds techniques to guide their hands.

People were supported to maintain relationships with those that matter to them. We saw friends and families coming in and visiting people throughout our inspection visit. Private areas were available for people to spend time together when needed or requested. However, most visitors and family members joined in with chats and social activities. Everyone told us their friends and families could visit at any time without any restrictions.

People and relatives agreed, staff assisted people to make decisions by asking them what they wanted, and respecting those choices. Staff told us people made choices about what they wore, where they spent their time, and when they got up and went to bed. Care records showed people's preferences about when they wanted to get up and when they wanted to go to bed. One relative said, "Mum's opinion is always taken into account."

People appeared clean and well presented. We saw people were dressed in a range of styles to suit their personality. People had personal items, photographs, pictures and ornaments they had chosen to decorate their room and make it personal to them, which made their room feel like home. One staff member mentioned one person enjoyed art, and explained they had decorated their room with their paintings.

We saw staff respected people's privacy, by knocking on people's doors and asking their permission before entering their room. People who shared bedrooms had privacy curtains between beds to ensure they had privacy when they needed it.

We saw information which was confidential to the individual was kept securely in the office and only accessed by those with authority to do so. When people had the authority to access people's information this was provided in a private and confidential area.

## Is the service responsive?

### Our findings

At our last inspection, we found shortfalls in the provider's systems to ensure personalised care met people's individual needs. We rated the service as 'Requires Improvement.' We found there was a breach in Regulation 9, person centred care. At this inspection sufficient improvements had been made and there was no longer a breach of Regulation 9. We have rated Responsive as 'Good'.

At our previous inspection care records were not always up to date or detailed enough to provide staff with all the information they needed, to support people according to their preferences and health needs. The registered manager explained since our previous inspection visit a full review of each person's care records had been undertaken. Care records showed, and relatives confirmed people had been involved in planning their care.

Risk assessments had been updated, and each person's care records were also being updated to show key facts 'at a glance' in a personal profile document. These were being added to the front of each person's care records. Although this was still 'work in progress' these were due to be finished by the end of November 2018. We saw records where the personal profile had been added. These gave staff more immediately accessible information about the person's everyday needs. In addition, each person had information in their care records to show their life history, with information on where they grew up, their family and cultural backgrounds, and what they did for a living. This information helped staff to engage in meaningful conversation and activities with them.

Staff knew people well, and when to offer them support and assistance. We saw one person became restless if they remained seated too long, without social stimulation or tasks to perform, so staff regularly engaged the person in activities and spent time with them, walking around the home, around the garden or chatting. A member of staff explained, "Sometimes [Name] gets restless when they are hot, so we need to make sure they can move somewhere else to cool down. This often helps."

People were involved in activities they found enjoyable and stimulating. Throughout this inspection we saw people engaged in music and movement, singing and crafts. People told us they regularly went out to places of interest and attended 'in house' entertainment which included external entertainers. One person said, "I like the painting, the dancing and the singing." They added, "When the weather is nice I like to go out into the garden." A relative told us, "[Name] likes doing the artwork, and the knitting."

People told us they enjoyed their daily lives at Kingsley Cottage and considered it to be their home. Staff members explained each day people decided what they wanted to do that day, as the home was a small place each person had the opportunity to spend time with staff individually if they wished. We saw staff spend time sitting with people. One staff member said, "Staff do get to spend quality time with the residents; this could be talking to them about their day; sitting with them at meal times; playing games with them."

A display board detailing any forthcoming planned trips, and pictures and reminders of recent trips was on display in the communal corridor for people to see. In addition, visitors from the local community came to

the home regularly to spend time with people.

Staff attended a daily 'handover' meeting at the start of their shift to exchange information about people at the home. Staff told us this assisted them in keeping up to date with people's health and care needs. These handover records were used to communicate important messages and listed key information about each person that lived at the home.

There was information about how to make a complaint or provide feedback about the service available in the reception area of the home. The provider told us this could be provided to people in large print, picture format, or in different language versions if people required.

People and their relatives told us they knew how to raise concerns with staff members, the provider or the registered manager if they needed to. We found systems were in place to monitor and investigate complaints, however, none had been received at the home. A typical comment from people was, "We have no need to complain." One relative said, "Mum is very happy. I never needed to complain, as nothing needs to change."

Some people at the home had end of life care arrangements in place. The arrangements included decisions that had been made regarding whether people should be resuscitated following a cardiac arrest (DNAR CPR). Where people wanted to engage in discussions about end of life arrangements, this was on offer. One person had asked for their family to be with them, other people made decisions about their funeral arrangements. People choose whether to share their wishes with the provider.



## Is the service well-led?

### Our findings

At our inspection in June/July 2018 we found significant shortfalls in the provider's oversight of the service and their ability to monitor and improve the service. This resulted in a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We rated the service 'Inadequate' in Well Led. At this inspection we checked to see if improvements had been made. Where improvements had been made these needed to be sustained and embedded into practice. We have rated the service 'Requires Improvement' in Well Led. We found there was no longer a breach of Regulation 17.

We had previously rated the service as 'Inadequate' in 'Well Led' more than once. This led to concerns that the provider did not have the skills or knowledge required to make and sustain the required improvements to the care provided. Although at this inspection we found improvements had now been made to the service, some evidence of a sustained improved at the home was required. We continue to monitor the service to ensure improvements have been sustained and embedded into practice.

Following our previous inspection in June/July 2018 we placed two conditions on the provider's registration, telling the provider that exposed water pipes needed to be covered, and that a boiler room needed to be made inaccessible to people at the home. We found these conditions had been met. The provider had also submitted an updated action plan to CQC each month since July 2018, to keep us informed of events and actions taken at the home.

At our previous inspection we found the provider was in breach of Regulation 20A, as they had not displayed their current rating in a prominent position at the home. At this inspection we saw that the provider had displayed their rating in the reception area of the home and so had met this requirement.

Since our June/July 2018 inspection the provider and registered manager showed us updates to the environment, risk assessment and risk management procedures, care records, and the introduction of new monitoring and auditing techniques.

An external management consultant had been appointed by the provider to conduct regular audits of the service, and to inspect the home. This was to identify improvements and to support the learning of the provider and registered manager in establishing more rigorous quality assurance procedures.

The provider had reviewed and updated their auditing and monitoring systems, based on the advice of their consultant. The manager conducted regular daily, weekly and monthly checks and audits in a number of areas including medicines administration, infection control, care records, premises and staff performance. Quality checks also included gathering the views of people. Where any actions or areas of improvement were identified, either by the registered manager, provider or consultant, these were written into an action plan, which was monitored each month to review the actions completed and what still required action. An ongoing improvement plan of the home was then updated with any changes.

The registered manager was introducing a personal profile for each person, giving staff information 'at a

glance' at the front of care records. This was being done to improve the accessibility of key information before the end of November 2018. We saw updated care records were detailed and showed how staff could mitigate risks to people, as well as providing personal information about likes and dislikes and people's preferences for their care.

There was a clear management structure to support staff in delivering effective care to people. The registered manager was supported by a deputy manager, and senior care staff. Staff were supported by the registered manager and provider on a daily basis, as they were based at the home and worked on site five or six days each week. The registered manager and provider both operated an 'Open Door' policy, which meant anyone could speak with them whenever they wished.

The registered manager conducted regular walk rounds of the home, so was visible and accessible to people who lived at the home and their relatives. Comments from staff included; "I feel the manager is very approachable and friendly", "They (provider and registered manager) always make time for people and the staff."

We asked staff members about the values and ethos of Kingsley Cottage. They told us it was about creating a homely environment for people where they could relax. People, and relatives, we spoke with believed the staff and management team reflected these values when supporting them and their family members.

The provider and registered manager organised regular meetings with staff, people, and their relatives, to ensure people were kept up to date with any changes around the home, and to gather views and feedback. One staff member told us, "We have regular meetings where we can raise any issues; the manager, deputy manager and the owner of the home are always asking if we are okay."

We saw that people were given an opportunity to provide feedback on their experience of the service in quality assurance surveys each year. People were also encouraged to offer feedback to staff through a complaints and feedback form, which was displayed in the reception area of the home. We saw comments from a recent relative's survey was positive. One hundred per cent of the people surveyed said they would recommend the home to others.

We examined the ongoing improvement plan to assess the improvements that were planned at the home in the forthcoming months. Improvements planned included conducting the next quality assurance satisfaction survey of people who used the service in November 2018. The registered manager explained these would be done individually with each person, with the support of staff where this was required. The new survey would be written using pictures and images, to help people indicate how they were feeling about certain aspects of the home and their care. The provider was also undertaking some improvements of the premises and décor at the home, such as flooring.

The provider and registered manager were aware of the requirements of the Health and Social Care Regulations and had systems in place to notify us regarding specific incidents and other events that occurred at the home, as required by CQC.

The provider had established working links with the local community, other healthcare professionals, and community services providing support for people. These included, GP, district nurses and specialist health professionals. People living at Kingsley Cottage benefited from these established links as they had good access to these services.