

# St. Matthews Limited Kingsthorpe Grange

## Inspection report

296 Harborough Road  
Kingsthorpe  
Northampton  
NN2 8LT  
Tel: 01604 821000

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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?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This unannounced inspection took place over two days on 30 November 2015 and 1 December 2015. The service provides treatment and support for up to 51 people who require nursing support and may have dementia or mental health needs. At the time of our inspection there were 50 people living at the home.

There was a registered manager in post. 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.

People felt safe living at Kingsthorpe Grange however staff were not adequately deployed to ensure people's needs were met at all times. Risk assessments were not always complied with due to the way in which staff were deployed.

**This was a breach of regulation and you can see what action we told the provider to take at the back of the full version of this report.**

# Summary of findings

Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. Accidents and incidents were regularly analysed and action was taken to prevent similar incidents reoccurring. People were supported to take their medicines appropriately.

Staff received good training and were confident with the support they received from senior members of staff and the registered manager. Appropriate arrangements were in place to support people who did not have the mental capacity to make decisions about their care and people's healthcare needs were met effectively and in a timely manner. People were supported to eat and drink well and have a balanced diet.

Staff were pleasant and kind to people however despite opportunities to do so, there were limited engaging or meaningful conversations with people and most conversations were task led and did not focus on the person. People were supported to express their views and make decisions about their care and staff promoted and encouraged people's independence. Relatives and visitors were welcomed and arrangements were in place to support people with their end of life wishes.

People's needs were assessed before they began using the service and care plans were produced which reflected how people liked to receive their care. People were asked about their hobbies and interests and activities were arranged to accommodate this. People made great progress whilst at Kingsthorpe Grange and the service accommodated people's changing needs. People were encouraged to make suggestions to improve the service and complaints were handled appropriately.

Staff and people using the service had great confidence in the registered manager and there was a clear ethos to learn from incidents and consistently improve the service to provide the best care possible. The registered manager held regular meetings with the staff and they felt able to contribute their own ideas about improvements that could be made. The provider showed regular involvement and support for the service and good quality assurance systems were in place.

The Commission had been made aware of an incident that had occurred at the service which was being investigated by the Coroner. We will continue to liaise with the provider and Coroner on this matter until an outcome is reached. Part of this inspection considered matters arising from that incident to see if people using the service were receiving safe and effective care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People felt safe living at Kingsthorpe Grange however staff were not adequately deployed to ensure people's needs were met at all times.

Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Accidents and incidents were regularly analysed and action was taken to prevent similar incidents reoccurring.

People were supported to take their medicines appropriately.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff received good training and were confident with the support they received from senior members of staff and the registered manager.

Appropriate arrangements were in place to support people who did not have the mental capacity to make decisions about their care.

People's healthcare needs were met effectively and in a timely manner.

People were supported to eat and drink well and have a balanced diet.

**Good**



### Is the service caring?

The service was not always caring.

Staff were pleasant and kind to people however there were few meaningful conversations with people that were not task led.

People were supported to express their views and make decisions about their care.

Staff promoted and encouraged people's independence.

Relatives and visitors were welcomed.

**Requires improvement**



# Summary of findings

Arrangements were in place to support people with their end of life wishes.

## Is the service responsive?

The service was responsive.

People's needs were assessed before they began using the service.

Care plans were produced which reflected how people liked to receive their care.

People were asked about their hobbies and interests and activities were arranged to accommodate this.

People made great progress whilst at Kingsthorpe Grange and the service accommodated people's changing needs.

People were encouraged to make suggestions to improve the service and complaints were handled appropriately.

Good



## Is the service well-led?

The service was well-led.

Staff and people using the service had great confidence in the registered manager.

There was a clear ethos to learn from incidents and consistently improve the service to provide the best care possible.

The registered manager held regular meetings with the staff and they felt able to contribute their own ideas about improvements that could be made.

The provider showed regular involvement and support for the service.

Good quality assurance systems were in place.

Good



# Kingsthorpe Grange

## 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 30 November and 1 December 2015 and was unannounced. The inspection was completed by one inspector, one expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using a service like this, or has experience of caring for someone who uses a service like this. A specialist advisor has qualifications or work experience working with people who use a service like this.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 11 people who used the service and three relatives. We also spoke with eight volunteers and 13 members of care staff including the registered manager. We also looked at records and charts relating to three people, and three staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People that were able to communicate with us said that they felt safe living at the home. One person said, “It’s the safest place I’ve been in, in my life.” Another person said, “They [the staff] look after us. I feel safe and cared for.”

There was enough staff to keep people safe; however they were not always effectively deployed to meet people’s needs. Staff breaks were not adequately staggered to ensure there were sufficient numbers of staff available at all times and this left areas of the home without enough staff to meet people’s needs. This meant that people who required one to one supervision were not provided with this at all times; people who were at risk of falls did not have adequate staff supervision whilst they were mobilising and walking around the home, as a result of this during the inspection we witnessed one person fall over. We also saw that whilst there were adequate numbers of staff available during lunchtime periods they were not suitably deployed to ensure that everybody was encouraged to eat their dinner and that there was no conflict between people that used the service.

Risk assessments were in place but required improving as they contained little guidance or specific advice relevant to each person about how to reduce risks to people and keep them safe, for example if people became distressed or abusive. The risk assessments were not always complied with due to the way staff had been deployed, for example several people had risk assessments which stated they required one to one supervision and this was not always carried out. The registered manager confirmed that they would review the staffing arrangements to ensure improvements were made.

### **This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 18: Staffing**

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it; however we noticed that people were not always given adequate fluids to take their medicines. The registered manager confirmed that they had purchased disposable cups specifically for this purpose at the staff’s request and would address this straight away. Medicines were kept locked at all times and arrangements were in place with the pharmacy to dispose

of any unused medications safely and regularly. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff backgrounds were checked for criminal convictions and satisfactory employment references were obtained before they started work. The service completed their own checks with the Disclosure and Barring Service (DBS) in circumstances that staff had recently had a DBS check made against them to provide evidence and reassurance to themselves that the staff member was suitable to work in their care setting.

People were supported by staff that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. One member of staff said, “If I saw anything concerning I would report it straight away to the nurse or manager.” Staff confirmed their training covered topics including abuse, neglect and vulnerable people and that abuse could be in a variety of formats including physical, mental, financial and emotional. The provider’s safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their competency and knowledge of the safeguarding process.

People lived in an environment that was safe. People had emergency evacuation plans in place that provided staff with instructions on how to support people in the event of an emergency. This included what, if any, mobility equipment people would need and what staff support people would need to keep them safe.

Accidents and incidents were recorded and reviewed. Staff understood the requirement to record all accidents and incidents and these were completed in a timely way. Incidents included injuries, behaviour which may put themselves or others at risk, falls or anything unusual that impacted on the support people required. The registered

## Is the service safe?

manager analysed all incidents comprehensively and regularly and identified trends or patterns. Where

appropriate, the registered manager took action to prevent similar incidents from occurring and staff were aware of any changes that had been made as a result of the incident.

# Is the service effective?

## Our findings

People received support from staff that had received effective training which enabled them to support people using the service. Staff received a comprehensive induction which included shadowing experienced staff and completing mandatory training which included fire training, first aid and safeguarding. One member of staff said, “I had a lot of training and received support from a good mentor. The training is very good, I receive training for everything and it gets refreshed regularly.” Additional training relevant to the needs of people using the service were also completed. This included training on care planning, supporting people with diabetes and end of life care. We noted that whilst some staff had received training in supporting people with dementia and mental health needs, other staff, including senior staff had not. The registered manager confirmed that all staff would be required to complete this training.

Staff had the guidance and support when they needed it. One member of staff said, “I have support from the manager and nurse in charge. Supervision is every two months and any issues are raised and resolved.” Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the registered manager was a registered mental health nurse and worked alongside staff on a regular basis to maintain their own skills and provide support and leadership to staff. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

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 decisions 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 is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the registered manager was waiting for some people to receive formal assessments to take place by the appropriate professionals. Staff understood their roles and responsibilities in relation to assessing people’s capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary.

People’s healthcare needs were safely met in a timely and considerate manner. One relative told us, “The staff are on top of all of [name’s] medical and health issues. I’ve got no concerns. [Name] did have to go to hospital at one point but the staff went with him and stayed there.” Healthcare needs were followed up, for example, people that had diabetes were supported to have regular reviews when they were needed and people regularly saw the podiatrist, opticians and their GP as their needs dictated.

People were supported to eat well and maintain a balanced diet. One person said, “We always get a good meal.” One relative told us, “I like how [name] can have a big meal at lunchtime and [name] seems to really enjoy it.” People were given a choice of meals and if people were unable to understand the choices available staff showed people the meal options so they could make an informed choice. People’s weights were regularly monitored to ensure that people remained within a healthy range and where concerns were identified referrals to the appropriate professionals were made and reviewed.

# Is the service caring?

## Our findings

People received their support from staff that were pleasant and treated them with kindness and respect. People that were able to communicate with us told us that they liked the staff. One person said, “The staff are very nice people.” Another person said, “The staff care and are friendly.” Staff took their time to interact with people and to understand their needs. Staff encouraged people to enjoy themselves. We heard one member of staff laughing and singing with one person, and congratulating them on joining in when they did so. Staff remained calm, professional and showed resilience if people displayed behaviour which may put themselves or others around them at risk of harm. Staff worked as a team to support people during difficult times and gave them space and reassurance as required.

Staff had a good knowledge and understanding of people and their backgrounds but did not use this information to engage people in meaningful conversations. Most conversations with people were task led and there was little engagement with people about their backgrounds, interests or lives prior to coming to live at Kingsthorpe Grange. One person who was unable to verbally communicate but was able to understand and respond to written communication told us that the staff did not know about their working background prior to coming to the home and had not been asked in any way about their previous experiences. When the person communicated with us about their prior work experience, their demeanour and attitude changed to become engaged and positive. Staff communicated with this person by using a basic sign language, or showing them options but most communication between staff and all people using the service was task led and was not person centred.

People were encouraged to express their views and to make their own choices, and people who were unable to verbally communicate were supported to make choices in a way they could manage. For example, people displayed physical symptoms when they wanted to have a cigarette and staff responded positively and supported the person to meet their needs.

Staff promoted, encouraged and enabled people to maintain their independence. One person told us they were able to go out to the shops or go out with staff support. One relative told us that their relative was supported to go

out to the coffee shop or pub with staff and they really enjoyed this. People that had the ability to walk were supported to do so around the home to maintain their independence. People that required mobility equipment to mobilise or walk had access to these at all times.

The registered manager had a good understanding of advocacy, and an Independent Mental Capacity Advocate (IMCA) had been arranged for people who required it around specific decisions, such as moving home or decisions around whether a person would like to be resuscitated if they became unwell. The registered manager explained that plans were in place for people who did not have relatives or friends involved with their care and staff supported people to access this service.

People’s dignity and right to privacy was protected by staff. Staff had a good understanding of the importance of maintaining people’s dignity and privacy and this was respected at all times. One member of staff said, “We do our best to maintain people’s dignity. Some people share a bedroom so we have a screen protector that we use whilst people are receiving their personal care if another person is in the room and whenever we help people to get dressed we try to keep them covered up so they’re not completely naked.” People were discreetly asked by staff if they would like support to use the bathroom and this was done in a dignified manner.

Relatives and visitors were welcome in the home at any time. One relative said, “It feels like a breath of fresh air [name] being here. I feel welcome any time and next week we are having a birthday party here with all our relatives in a private room. It’s great that [name] can be a part of it all” Relatives were able to spend time with people in quieter or private areas of the home and staff treated them well. We also saw that the registered manager had taken active steps to locate family and friends for one person who had become disconnected with them.

People had basic end of life care plans in place however staff were working on making improvements to understanding and supporting people’s end of life wishes. Staff were undertaking training in the Gold Standards Framework for end of life care and had begun to involve relatives to understand people’s wishes and preferences. Staff were positive about making improvements in this area of care.

# Is the service responsive?

## Our findings

People's care and support needs were assessed before they came to live at Kingsthorpe Grange to determine if the service could meet their needs effectively. The assessment included an understanding of any medical conditions they had and how they liked to receive their support. The registered manager confirmed that they encouraged people and their families to come and visit the home before they moved in, and people were able to have a trial before deciding if they would stay on a permanent basis. The registered manager involved people as much as possible in the assessment and decision making process to ensure the home could provide their care how they liked it.

People had a care plan in place that documented people's needs and requirements. This included support people needed for managing people's behaviour, eating and drinking requirements and pressure sore monitoring. People were supported to dress how they liked and to maintain their personal care well. One relative said, "Whenever I come [name] always looks well cared for. He has always had a shave and is well moisturised." Another person said, "The staff here are lovely. They help me brush my teeth and have a wash every day." We saw that staff acted in accordance with people's care plan and people were provided with the care and support they preferred.

The assessment and care planning process also considered people's hobbies and past interests using easy read questionnaires. We saw that there were a variety of activities available for people on a daily basis however there was little sensory equipment or activities that would help engage and entertain people with dementia or mental health needs on a day to day basis. For example, we saw people engaging with staff playing an indoor game of basketball, whilst other people enjoyed an entertainer visiting the home and singing songs. However these activities relied on staff support and there were very few resources available for people to engage with by themselves. One person liked to shred or ruffle paper however there were few resources available to encourage and support the person to do this.

People made great progress whilst at Kingsthorpe Grange. We saw evidence of people that had arrived at the home with limited walking ability become more mobile and able to walk with greater confidence and independence. We saw that one person who had spent the majority of their time in

their bedroom had become more sociable and episodes of aggressive behaviour had reduced and the person had become settled and relaxed whilst at the home. We saw another person who had refused to sleep in a bed for over six months had been supported to resolve their concerns and was now happy to sleep in their own bed. Staff were responsive to people's needs and provided the care and support to help them flourish. The registered manager explained that they made great efforts on engaging people in activities they enjoyed during the day so they would become settled and happy during quieter times of the day.

People's needs were continually kept under review and relevant assessments were carried out to help support people receive the care that met their needs. The registered manager and staff were proactive and liaised with other agencies to enable people to access the support they needed which would enable them to live a fulfilled life, for example, the mental health team. Support plans were reviewed on a regular basis and staff were updated on people's changing needs to ensure people were given a consistent approach to their care.

People's changing needs were accommodated by the home. The home was split into four different units to accommodate people's different needs, and as people's needs changed they were able to move into other units which were better equipped to meet their needs and keep them safe. For example, some people who had early onset dementia required less staff support than some people who had advanced dementia and were supported in different areas of the home. We also saw in circumstances that people were settled in their current environment, they were supported to use other areas of the home throughout the day. This enabled people to make their own choices about how they spent their time and the people they socialised with.

People were supported to attend meetings within the home to make any suggestions for improvements. We saw that one concern had been regarding how staff handled people's laundry. The registered manager took action to resolve this and allocated an additional member of staff to ensure people received their own laundry back in an efficient and timely way. People reported they had seen a big improvement and felt they had been listened to.

People confirmed they were happy with the service and they did not have any complaints. People had access to a suggestions box which they could anonymously make

## Is the service responsive?

comments if they wished. Staff were knowledgeable about their role to support people to make a complaint and staff understood the complaints procedure and the requirement

to ensure a senior member of staff were made aware of a complaint. Complaints had been handled in accordance with the provider's complaints policy and were investigated in a timely manner.

# Is the service well-led?

## Our findings

People said that they had great confidence in the manager and felt well supported in their role. One member of staff said, "Management support is very good all the time." Another member of staff said, "Everyone gets on well. It's a happy atmosphere." Staff explained that the manager was approachable and spent a great deal of time in the units providing support to people and offering staff a role model to follow. The registered manager had a relaxed and calm approach which inspired a confident and relaxed staff team.

The ethos of the home was to continue to take the lead in providing the best mental health care and the culture within the home to do this focussed on learning and improving. The registered manager met regularly with the staff and shared information to support them to provide the best care possible. Following any serious incident, or incidents that may affect staff morale, the registered manager provided reassurance and took action to prevent similar events from reoccurring. For example, at the end of the first day of the inspection the registered manager met with the staff to make immediate improvements to the quality of interactions between staff and people using the service and to offer reassurance about the following day.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people that used the service at the best level possible. One member of staff said, "We work as a team. Everyone has their own duties and responsibilities but we help each other. It feels safe to work here." Staff worked well together as a team to ensure people were provided with consistent care and support. For example whilst one member of staff responded to one person requiring immediate support another member of staff took over the cleaning up one member of staff had been doing.

The registered manager held regular meetings with the staff and staff felt involved with making changes to the service. One member of staff said, "If we have an idea we go to the manager. If he agrees we try it out. We have meetings every month with discussions, problems and new ideas." Another member of staff told us that staff had raised concerns about the amount of records they had to complete and the registered manager had brought in

improvements to simplify this. Staff also raised concerns about one piece of equipment they were using and the registered manager immediately purchased a new one. Staff felt listened to and were happy with the team approach.

The provider and registered manager had a number of quality assurance systems in place to monitor the quality of care people received. The provider visited the service on at least a monthly basis to audit the service. This included reviewing the environment, care plans, staff files and any complaints. We saw that this identified where improvements needed to be made, and whilst there was no action plan as a result of the audits, the registered manager followed up on these actions. The registered manager also delegated responsibilities to senior staff; for example, nurses were responsible for completing medication audits, however the registered manager made checks to ensure these were being completed as required.

The registered manager explained that they had delegated handling staff breaks and the deployment of staff within each unit to the relevant senior members of staff. When we updated the registered manager about our concerns regarding the deployment of staff we were told they would review the staffing arrangements immediately.

The provider also appointed an independent lay visiting service to complete random annual checks. In the most recent visit the report commented and praised the service for its encouragement and prompting of people to maintain their nutritional and fluid intake.

The provider held regular meetings with all the registered managers of its services and they were involved in drafting and reviewing policies and procedures. This ensured they were current and relevant to each service. The meetings also covered best practice and were an opportunity for the registered managers to share learning.

The service worked on developing community links to understand how the home operated. The home arranged a coffee morning for local people to visit the home and talk to staff about how the home worked. The home was also supported by a large group of volunteers. The volunteers consisted of staff that used to work for the service and relatives of people that currently or previously used to live at the home. The volunteers told us they felt welcome at the home and arranged a number of activities to raise

## Is the service well-led?

funds for the service. People using the service were encouraged to attend events the volunteers arranged, and the funds from the most recent event were going towards getting people who used the service a Christmas present.

The provider had a process in place to gather feedback from people, their relatives and friends. This included a satisfaction survey that was completed on an annual basis. The registered manager was working to improve the format and quality of feedback they received from this to ensure improvements were targeted in the correct areas.

Policies and procedures to guide staff were in place and were reviewed periodically. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality. Staff were aware of the whistle blowing policy and had a good knowledge of who to contact externally if they felt they needed to raise concerns outside of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not adequately deployed to ensure people received safe care and support at all times. Regulation 18 (1)

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not adequately deployed to ensure people received safe care and support at all times. Regulation 18 (1)