

Christadelphian Care Homes

Kingsleigh House

Inspection report

Kingsleigh House
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Birmingham
West Midlands
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Date of inspection visit:
18 March 2019

Date of publication:
24 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Kingsleigh House is a residential care home that is registered to provide care and accommodation for a maximum of 30 older people. 27 people were using the service at the time of the inspection, some of those experienced dementia. There was a registered manager who was present during 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.

People's experience of using this service:

Whilst some audits were in place there was not enough detail provided to give a clear overview of any patterns or trends. We did not always receive notifications as required to enable us to see what action the provider took to keep people safe.

Checks were carried out on people's satisfaction with their care using questionnaires. People knew the registered manager and felt they were visible around the home and were approachable.

People were supported by staff to remain safe. There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way. People received their medicines as expected.

People felt that staff assisting them knew their needs. Staff received training and had been provided with an induction, and felt able to approach the registered manager with any concerns. Meals were nutritious and people were kept hydrated. People were supported to maintain their health. People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt that staff were kind and caring. Staff maintained people's confidentiality and privacy and dignity. People were encouraged to be independent.

People's care plans reflected their needs and preferences and staff could explain specific care that people required. Activities were planned and people participated in them as they wished. Complaints were dealt with appropriately in line with the complaints procedure. People participated in activities that were tailored to their needs. End of life plans were considered when required.

Rating at last inspection: The rating for the service at our last inspection was 'Requires Improvement' with

breaches of Regulation 13 and 17 with our last report published on 08 September 2017.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets. At the last inspection the key questions around Safe, Caring, Responsive and Well led were rated 'requires improvement'. This was due to concerns around reporting of safeguarding concerns, management of medicines, staff not being deployed effectively and recruitment processes not always being robust. Other issues included, people not being supported to have their views and concerns heard, concerns around staff whether staff maintained people's privacy and dignity consistently, complaints not being addressed in a robust manner and concerns that checks and audits not carried out effectively. At this inspection we found that there had been some improvements, but further changes were required.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Kingsleigh House

Detailed findings

Background to this inspection

The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The Inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

Kingsleigh House is a residential care home that is registered to provide care and accommodation for a maximum of 30 older people. 27 people were using the service at the time of the inspection, some experienced dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

The inspection activity started on 18 March 2019 when we visited the location. We visited the location to see people using the service, their relatives, the registered manager and staff; and to review care records and policies and procedures.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the 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 used all this information to

plan our inspection.

We spoke with eight people that used the service and two relatives to gather their views on the service being delivered. We also spoke with a representative of the provider, the registered manager and three staff members, the activity co-ordinator, the cook, two volunteers and one trustee. We used this information to form part of our judgement. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at two people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The last inspection discovered that systems and processes to safeguard people from the risk of abuse were not always effective and staff did not always have a good level of understanding of safeguarding and the abuse that people could face. We found that some improvements had been made and that referrals had been made to the appropriate external authorities.
- The last inspection discovered that whilst staff recognised the potential signs of abuse that people may encounter, some were unaware of their responsibility to report concerns quickly. At this inspection we found that staff understood different types of abuse and knew how to report them appropriately to safeguard people. One staff member told us, "I would go immediately to the nurse or senior and inform them and then it would be shared with the registered manager who would contact the correct authorities".
- People told us they felt safe with one person telling us, "I would not be here if I felt unsafe". A relative told us, "I don't have any worries [about safety]". Staff told us how they had received specific training on safeguarding and one staff member said, "People here are protected, we keep them safe".

Staffing and recruitment

- During the last inspection we found that deployment of staff was not always carried out effectively. During this inspection we saw that action had been taken to improve and staff numbers had been increased.
- People told us that staff were available to them, with one person saying, "There are always staff around, I don't have to wait long for staff to come if I need them". A relative told us, "There are plenty of staff". A staff member told us, "There are enough staff, we have time for a chat with people". We found that rotas reflected the amount of staff on duty at the time of the inspection.
- Previously we found that staff recruitment was not robust, however this inspection found that staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- The previous inspection found that medicines were not always managed effectively, however during this inspection we found that people received their medicines safely and as required. One person told us, "I get my medicines on time". Staff told us how they had received training and spot checks on their competency in giving medication and felt comfortable in doing so.
- Staff were knowledgeable about people's requirements and could tell us about people's preferences in respect of how they liked to take their medicines.
- Medicine Administration Records (MAR) that we looked at recorded the medicines had been given appropriately.

Assessing risk, safety monitoring and management

- Any risks to people were identified, with risk assessments in place that related to people's needs. Staff understood these risks and had knowledge on how to reduce any risk of avoidable harm.
- People's risk assessments considered risks presented by the home's environment and/or any medical diagnosis or social need.
- Risk assessments included, but were not limited to; nutrition and weight, clinical needs, medicines and skin integrity, including specific hazards such as choking risks. Personal evacuation plans in the event of an emergency were in place.

Preventing and controlling infection

- People told us they felt that staff ensured hygienic practices were in place when assisting them.
- Checks on infection control were carried out periodically to ensure that a high standard was maintained. One person told us, "They [staff] keep the place clean". A relative told us, "Every part of the home is clean".

Learning lessons when things go wrong

- The registered manager told us how they learnt from incidents where outcomes could be improved. An example was how extra staff had been introduced following the previous inspection and how referrals to external agencies and recordings had been improved upon to ensure people's wellbeing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, medical diagnosis and care needs.

Staff support: induction, training, skills and experience.

- People and their relatives told us about knowledgeable staff. One person said, "The staff know everything I need and provide it". A relative said, "The staff know how to help [person]".
- Staff members told us that supervisions to discuss their work and training needs was regular, with one staff member saying, "My supervision happens every two to three months, but I can go to senior staff any time".
- Staff received an induction, which included shadowing longer serving staff members and familiarising themselves with the people and the home. There was also an in-house induction workbook completed by staff. This induction complimented and was in addition to the care certificate which staff completed within three months of starting their employment. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- There was a system in place to monitor training. This was updated and gave current information on training. A staff member told us, "I get lots of training, in particular online training and can ask for extra courses. We are also looking at doing more face to face training in the future".

Supporting people to eat and drink enough to maintain a balanced diet.

- There had been a recent change of chef and we saw that there had been some people who had raised issues with management. However, comments during the inspection indicated that people were now satisfied with the food they received. One person said, "The food is excellent it's like an hotel. I would give the food four stars they [chef] are trying out a new menu". A second person said, "The food is good". People we spoke with told us they received choices at mealtimes and could request alternatives.
- We found that people were supported when they needed assistance with food and drink.
- Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other healthcare professionals to ensure positive outcomes for people and we saw that staff understood the needs of people who required visiting healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs and agreement. One person told us, "If I need a doctor they [staff] will call them no hesitation". A second person told us, "The staff ensure that I get to my medical appointments".

Ensuring consent to care and treatment in line with law and guidance

- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that applications for DoLS had been actioned appropriately and that approvals were in place where these had been granted.
- Staff understood why people would require DoLS and one staff member told us, "It is used to make important decisions where people cannot decide for themselves. It keeps them safe from the danger that they don't understand".
- People told us that staff asked for their consent before assisting them. One person told us, "The [staff] always ask for consent and knock my door before entering".
- Staff had a good working knowledge of how they should gain people's consent when providing personal care or assisting them. A staff member told us, "I ask people's permission before helping them and explain what I am going to do". I ask if people are okay and always acknowledge that they have a right to refuse".

Adapting service, design, decoration to meet people's needs

- We saw that the building was decorated in a way which supported people's needs. For example, toilet doors were painted in a vibrant colour so people could identify them.
- There was a memorabilia area in the home comprising of activities with a link to a more by-gone age people would identify with.
- People's bedrooms were decorated to their taste, with photographs and pictures displayed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- During the last inspection we found that staff did not always maintain people's privacy and dignity consistently. This time we saw improvements had been made and observed staff carrying out care which supported people's privacy and dignity. One person told us, "The staff are respectful towards me and they always knock my door before entering". A staff member told us, "Privacy and dignity is important, the people here are important to the staff, so we treat them as we would our own family".
- We found that people were encouraged to be independent and one person shared, "I am encouraged to do things for myself where I can". The registered manager spoke to us of their plans to adapt a little used kitchen into a safe area where people could make drinks and snacks independently or with support where needed.

Supporting people to express their views and be involved in making decisions about their care.

- We previously found that people were not always supported to have their views and concerns heard. During this inspection people told us, "They [staff] listen to what you have to say". We saw that staff had open communication with people and saw they were asked their views and given the opportunity to make choices and decisions.
- One person told us, "I have choices and staff listen to what I want". People told us they had choices around food, clothing, outings and activities.
- People told us that they had been a part of their care plan and attended reviews. Staff shared that care plans were updated in the event of any changes.
- Where people required the services of an advocate the registered manager told us this would be arranged. An advocate supports people by speaking up for them so that their opinions are heard and their views are shared.

Ensuring people are well treated and supported; equality and diversity.

- People and their relatives were positive about how staff provided personal care. One person told us "They are not carers they are my friends, they go above and beyond in how they provide personal care". A relative told us, "Staff are caring, I preferred my relative being here rather than in hospital, the standard is next to none".
- Staff told us how they had good relationships with people and their relatives.
- The registered manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. The vast majority of people using the service shared the same religious denomination, but

those who didn't were supported and respected in the same manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Improving care quality in response to complaints or concerns

- Previously we had found that complaints had not always been addressed in a robust or appropriate way. We saw that complaints were now dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.
- People told us that they knew how to complain and would do so if they needed to. We saw that the complaints process was in an easily accessible format.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were in place and these included, but were not limited to; moving and handling, health and medical diagnosis, personal care needs, nutritional needs, skin care and medicines. Care plans were reviewed in a timely manner.
- We found that care plans held a person's life history and gave an insight into their likes, dislikes, hobbies and interests.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records.
- We found that people were encouraged to participate in activities which were in line with their interests and preferences. Examples of activities carried out were flower arranging, planting vegetables, music concerts and shopping trips. People told us of how they were encouraged and supported to attend activities in line with their faith and said that they enjoyed these.
- We saw that 'interactive pet' toys had been purchased and people enjoyed stroking these and they were a talking point between people.

End of life care and support

- End of life plans were not generally in place, however the registered manager told us how they had been trained in end of life care by a hospice, so had the knowledge to support people and to compile plans where they were required.
- We found staff were knowledgeable around decisions made where people opted not to be resuscitated in the event of a cardiac arrest and the 'Do Not Attempt Resuscitation' (DNAR CPR) agreements were easily accessible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The previous inspection had identified that systems and processes were not always robust and concerns were not always identified in an appropriate and timely way to ensure the quality and safety of the service. During this inspection we found that some changes still needed to be made. Some quality assurance audits were being completed, but they did not offer a clear oversight of the service. There was no clear evidence that patterns and trends were identified or acted upon effectively to maintain people's wellbeing. An example being where people had experienced falls.
- People told us they knew the registered manager and one person said, "The manager is very accessible". A relative told us, "The manager is friendly and approachable". A staff member told us, "People living here know the registered manager, he listens to everyone's opinion and is very supportive. He has helped me to improve myself and my career".
- We saw that the previous CQC inspection rating was displayed within the home and on the provider's website.
- The registered manager said they were supported by the provider and we saw representatives of the provider present throughout the inspection.
- Staff told us that they understood the whistle-blowing policy and would use it if they felt the need. A whistle-blower exposes any information or activity deemed not correct within an organisation.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had not always ensured that we were notified of events as required by the law. We saw that two notifiable incidents had occurred within the previous three months that we had not been notified of. This meant that we were not able to see if the action taken by the provider in response to the incident was appropriate. These notifications were sent into us retrospectively.
- People told us they liked living in their home and one person said, "It's lovely I wouldn't like to be anywhere else". A relative told us, "There is family feel to the home". A staff member said, "This is such a good home I would recommend it to my parents, it really is a home from home".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Previously we had found that people's feedback was not always addressed and captured through quality assurance processes. This time we found that feedback was taken from people in the form of questionnaires. We saw that people were asked if they felt safe, were cared for well and had their privacy

and dignity maintained, amongst other questions. We found that overall feedback was positive. The registered manager told us they offered feedback verbally to people during resident's meetings, people reinforced this had happened.

- Residents meetings were carried out and people told us that they had attended. One person told us, "During the resident's meetings we share our ideas that is how we got the new fish tank". The registered manager told us that information taken from meetings was always considered. Staff had attended staff meetings and told us they felt listened to.

Continuous learning and improving care

- The registered manager told us how the new computerised system had initially caused some challenges for staff, but they were now using it effectively and it had been a positive enhancement to the home, as it optimised the time staff could spend with people.
- The registered manager told us how they were always learning from people's needs and would continue to improve as much as possible.

Working in partnership with others

- The registered manager and staff told us how they worked closely with health professionals such as District Nurses and GPs. Staff told us how they worked with relatives to update them as to the person's wellbeing, with one relative sharing with us, "They [staff] always contact me if there are any concerns".