Kingsley Nursing Homes Limited

Kingsley Nursing Home

Inspection report

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Birkdale
Southport
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Tel: 01704 566386
Website:

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Ratings

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

Overall summary

This unannounced inspection of Kingsley Nursing Home took place on 25 February 2015.

Kingsley Nursing Home is registered to provide accommodation and personal care for up to 25 older people. The nursing home is accommodated across two Victorian houses that are connected by an internal corridor. Car parking is available at the front of the building and there is a garden to the rear of the building.

A registered manager was 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.

During the inspection we spoke with seven people who lived at the home. We also spoke with a number of visiting relatives. We spoke with three members of the staff team and with the registered manager and the provider.

Summary of findings

We found that people who used the service were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to allegations of abuse were in place. Staff told us they were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Each of the people who lived at the home had a plan of care. These provided a sufficient level of information and guidance on how to meet people's needs. Risks to people's safety and welfare had been assessed and guidance on how to manage identified risks was included in people's care plans. Care plans also included information about people's preferences and choices about how they wanted their care to be provided.

Staff worked alongside local health and social care professionals to make sure people received the care and support they needed. We spoke with a visiting health care professional who worked into the home and they gave us very positive feedback about the service.

Medicines were administered by registered nurses. We found that medicines were stored safely and adequate stocks were maintained. However, we found a number of areas of medicines management which required improvement. Regular medicines audits were being carried but these were not sufficiently detailed to ensure all areas of medicines management were being checked. You can see what action we told the provider to take at the end of this report.

The manager had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this and they were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests.

During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect. People we spoke with gave us good feedback about the staff team. People described staff as 'very kind' and 'lovely'.

People who lived at the home told us there were sufficient numbers of staff on duty to meet their needs. Some people commented that it would be nice if there were extra staff and this was echoed during our discussions with members of the staff team.

Staff told us they felt supported in their work. They told us they had the training and experience they needed to carry out their roles and responsibilities. The majority of staff held a relevant qualification and many of the staff had worked in the home for a number of years.

The premises were safe and well maintained and procedures were in place to protect people from hazards and to respond to emergencies. The home was fully accessible and aids and adaptations were in place in to meet people's needs and promote their independence. However, we found some limitations with the environment and the facilities provided. We have made a recommendation for the provider to re-evaluate the communal space and how it is utilised.

The home was clean and people were protected from the risk of cross infection because staff followed good practice guidelines for the control of infection.

Systems were in place to check on the quality of the service and ensure improvements were made. These included surveying people about the quality of the service and carrying out regular audits on areas of practice.

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?

Requires improvement

The service was not always safe.

Medication practices were not as robust as required and improvements were needed to the way in which medication practices were audited.

Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse.

Risks to people's safety had been assessed and were managed.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective.

The home was accessible and there were aids and adaptations in place to meet people's needs. However, some of the communal spaces and facilities at the home need to be re-evaluated and improvements made.

Staff felt well supported in their roles and responsibilities and they told us they had the skills and knowledge they needed to meet people's needs.

The manager showed that they had a sufficient knowledge and understanding of the Mental Capacity Act 2005. They had referred to relevant professionals in making a decision in a person's best interests and within the requirements of the law.

Staff worked well with health and social care professionals to make sure people received the care and support they needed.

Is the service caring?

Good

The service was caring.

People we spoke with gave us good feedback about the staff team.

During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect.

Is the service responsive?

Good

The service was responsive.

People received care and support that was responsive to their needs.

People's individual needs were reflected in a plan of care and people had been asked to consent to these.

Complaints were logged and investigated and action was taken in response to any learning from complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regularly surveying people about the quality of the service and carrying out regular checks and audits on areas of practice.

Kingsley Nursing Home

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.

The inspection was carried out on 25 February 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience with expertise in services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR. The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

During the inspection visit we spoke with six people who were living at the home and a number of visiting relatives. We spoke with three members of the care staff team, the registered manager and the provider. We also met a visiting healthcare professional and we sought their feedback on the service.

We spent time observing the care provided to people who were living at the home to help us understand their experiences of the service.

We viewed a range of records including; the care records for three people who were living at the home, four staff files and other records relating the running of the home.

We carried out a tour of the premises and this involved viewing communal areas such as the lounge and bathrooms. We also viewed the kitchen and a sample of bedrooms with people's permission.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at the home and that they felt confident to approach staff or the manager if they had any concerns. People's comments included "I've never really thought about it but yes I feel very safe here" and "Yes, I feel safe."

A safeguarding policy and procedure was in place. This included guidance for staff on what actions to take if they suspected or witnessed abuse. The policy was in line with the local authority safeguarding policies and procedures. We spoke with care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the person in charge. The manager was able to provide us with an overview of the action they would take in the event of an allegation of abuse, this included informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Hazards to the safety of people who lived at the home, staff and visitors had been assessed as part of a safe working practice risk assessment. Measures were in place to manage identified risks as part of this. For example, external steps and access to the basement was identified as a risk. The risk assessment identified possible hazards and information about how these were controlled or managed. Regular checks were carried out on the home environment and on equipment in order to protect people's safety. For example, checks on fire safety, water safety, electrical safety, hoisting equipment and wheelchairs.

We looked at how medication was managed. We saw that people's care plans included a section to document the person's needs with regards to their medicines. We also saw that people had given their signed consent for staff to administer their medicines. We found that medicines were stored safely and adequate stocks were maintained to allow continuity of treatment for people. People who lived at the home told us they got their medicines regularly and when they needed them. We found that medication was only handled and administered by trained nurses. We looked at the medicines records for three people who were living at the home. We found that medication administration records (MARs) were not always completed accurately. For example we found some missing signatures. We also saw that medication had been signed as administered to a person but the medication was still in the medicines dispenser. The manager told us this was because the person had declined their medicines. This indicated to us that a member of staff had signed as having administered the person's medicines before they had actually administered them. We viewed a sample of charts used to record when staff had applied prescribed creams. We saw some gaps in these records. We saw that regular stock checks were being carried out on medicines. However, MARs did not include the amount of medicines carried over from the previous month and this would therefore mean it was not possible to ensure the stock checks were accurate. The supplying pharmacist audited medication practices annually but there was no other auditing of medicines management (except the stock checks). Medicines audits help ensure medicines are managed safely and aim to ensure that any shortfalls can be promptly identified and addressed. We saw that only one member of staff booked medicines into the home. Good practice would involve medicines being booked in by two people and counter signed.

Failure to make appropriate arrangements for the safe administration of medication is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the course of the inspection we found there were sufficient numbers of staff on duty to meet people's needs. We saw that staff took their time when supporting people and they responded quickly to the call bell. People who lived at the home told us they didn't have to wait too long for assistance if they needed it but they told us they felt staff were very busy. People's comments included, "They could do with more staff at times", "The carers are very kind and compassionate to me. When I find them they have such a lot to do" and "Because there are not too many staff they are always busy." Staff told us the staffing levels were sufficient but that they would like additional staff to enable them to take more time when supporting people.

We looked at staff recruitment records. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that

Requires improvement

Is the service safe?

references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Policies and procedures were in place to control the spread of infection and domestic staff were employed to ensure people were provided with a safe and clean home environment. During a tour of the building we found all areas were presented as clean and there were a number of domestic staff carrying out their duties. The home had achieved a 5 star rating for food hygiene practices during the last food hygiene check carried out by the local authority. This is the highest award under the star rating system. The home had scored 93% in the most recent infection control audit as carried out by the local infection control team. The manager told us action had been taken to address the shortfalls.

Requires improvement

Is the service effective?

Our findings

We asked people who lived at the home if they felt staff had the skills and experience they needed to meet their needs. People told us they felt staff did. People's comments included; "The staff are very kind and professional" and "The staff meet my needs and are very good to me."

Staff told us they felt well supported and sufficiently trained and experienced to meet people's needs and to carry out all of their roles and responsibilities effectively. Staff meetings were taking place on a regular basis. We viewed a sample of staff files. These included staff training records and training certificates. This information showed us that staff had been provided with up to date training in a range of topics such as: safeguarding vulnerable adults, fire safety, food hygiene, infection control, health and safety, equality and diversity, dementia and moving and handling. New staff were required to undergo a period of induction when they started working at the home and this was based on the 'Skills for Care' common induction standards.

The service worked on a multi-disciplinary basis to ensure people were provided with the right care and support they needed. We found that people's needs had been assessed before moving to the home and a plan of care was developed based on people's individual needs. We saw that people's care plans and associated records clearly detailed the care, support and treatment that people had been provided with. The provider was therefore able to clearly demonstrate that people were provided with good and effective care and support which met their needs. For example we looked at how one person had been supported to manage diabetes and the effects associated with the condition. We saw that the person had been supported with all required health related appointments to review their condition and they were having the required checks on their blood glucose levels.

The manager had sufficient knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. The manager told us they had been provided with training on the Mental Capacity Act (2005). Senior staff had also been provided with this training but it had not been extended across the whole staff team to date. The manager was also aware of the Deprivation of Liberty Safeguards (DoLS) which is a part of the Mental Capacity Act (2005). DoLS aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We saw that people's care plans made reference to their capacity to make decisions. We also saw some examples whereby people had been asked to provide information on what was important to them now and in the future if they were to lose some capacity to make their wishes known.

Care staff were able to describe how people's consent to care and support was obtained. Examples of this included asking people's permission before carrying out tasks. We saw that people had also been asked to sign their care plan to agree to the care provided. If people were not able to do so we saw that their families had been involved in their care planning and had signed to say they agreed with the care plan.

People's care plans included information about their dietary and nutritional needs and the support they required to maintain a healthy diet. We saw that people had been referred for specialist input from a dietician or speech and language therapist if they required additional support with their nutrition or with eating and drinking. People's food and fluid intake was also monitored if this was required. People's likes, dislikes and preferences for food and meals were documented in their care plan and the cook advised that they were aware of people's dietary needs and they told us how they accommodated these. For example people who had diabetes were provided with alternative meals or desserts as appropriate. People living at the home generally told us the food was good and that they had a choice of meals. We saw that people were encouraged and supported to eat their meals in a dignified way. People told us they had access to drinks throughout the day. We saw there were drinks available to people and staff provided drinks at intervals throughout the day.

The home was accessible and aids and adaptations were in place to meet people's mobility needs, to ensure they were supported safely and to promote their independence. However, the provider agreed to review the availability of disabled facilities as there was only one assisted bath and one shower room and they were both on one side of the building. The provider also agreed to refurbish two of the communal bathrooms as they required some repair/ updating. We also found that just over half of the people on one side of the building had en-suite toilets. The remaining people would have to cross the building (and floors) to use a communal toilet on the other side or use a commode in

Requires improvement

Is the service effective?

their room. This was one communal toilet on that side of the building but this was on a mezzanine (split level) floor and was therefore not accessible to people who could not use the stairs. The manager told us that this did not affect the people residing on that side of the building currently as a result of their personal care needs. However, the provider must ensure this information is included in the home's statement of purpose and ensure that people are fully aware of the current limitations of the building.

One person who lived at the home told us they found it difficult to access the lift independently and as a result they spent more time in their room then would otherwise chose to. This was being looked into at the time of our visit in order to resolve the matter.

The home did not have a dining room and people ate their meals on small tables in the lounge or in their bedroom. A number of people commented that they would prefer to have their meals in a dining room if they had the choice. One person told us "I have my meals in my room because there is no dining room." The manager told us that the conservatory had been used as a dining room in the past and was used as a dining area on special occasions. The provider agreed to review the current arrangements.

We recommend the provider re-evaluates the communal space and facilities provided and takes action to improve the home environment so as to meet people's needs more effectively.

Good

Is the service caring?

Our findings

People who lived at the home told us staff were caring. People's comments included, "They seem to be kind and compassionate. If they did not treat me with respect I would let them know", "They treat me with dignity and respect when carrying out my personal washing but allow me my independence", "The staff meet my needs and are very good to me", "All the carers are very good and treat me with dignity and respect at all times", "The carers are very kind and compassionate to me."

Relatives also gave us positive feedback about the care staff. Their comments included, "I feel that I can trust the staff when I'm not here" and "Her care is focused on her and she feels comfortable in raising any concerns."

People told us they chose their own daily routines and that staff respected their choices. Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by talking to people about the care they were providing.

We saw that staff responded quickly to people's requests. We saw that staff were warm and respectful in their interactions with people. Staff spoke about the people they supported in a caring way and they told us they cared about people's welfare.

People's care plans were individualised and included details about the people's preferences and choices. We found that other records, such as daily reports, were written in a sensitive way that indicated that people's individual needs and choices were respected and that staff cared about people's wellbeing. People who lived at the home had been asked to sign their care plans as being in agreement with the contents. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these in how they supported people.

All of the staff we spoke told us the culture of the home was 'good' and 'open' and they rated the care highly. The atmosphere in the home was welcoming, warm and friendly. People we spoke with told us they were warm and comfortable.

Good

Is the service responsive?

Our findings

The service worked well with other agencies to make sure people received the care and support they needed. People who lived at the home and their relatives gave us good feedback about how staff responded to their needs. People's comments included; "They're very good, they give me all the help I need" and "All my needs are met here."

We viewed the care plans for three people who lived at the home. We found these were individualised. They detailed people's support needs and provided guidance for staff on how to meet people's needs. Care plans include information about people's preferences and choices and about how they wanted their care and support to be provided. Care plans and associated records clearly detailed the care, support and treatment that people had been provided with. The provider was therefore able to demonstrate that people were provided with good and responsive care and support which met their needs. For example we saw that if a person experienced weight loss then they were referred to a dietician in a timely way and information provided by the dietician was clearly documented in people's care plans. Guidance on how to manage risks was included in people's care plans. For example the risk of the use of bed rails, risk of malnutrition, moving and handling risks, pressure area risk. We did note a lack of information in care plans about how to support people to prevent the risk of pressure sores. However we did note that people were being provided with appropriate pressure area care and the trained nurses maintained wound management records. The registered manager acknowledged this and agreed to ensure the care plans were amended accordingly. People's care plans had been reviewed on a monthly basis and more frequently if a person's needs changed. People had signed their care plans as being in agreement with the care provided.

We spoke with a healthcare professional who was visiting the home at the time of our inspection They gave us good feedback about the service and they told us communication between themselves and staff at the home was good.

The home employed an activities co-ordinator who worked four days per week. We spoke with the activities co-ordinator and they told us they had a programme of activities for people to partake in on a group or individual basis. Some of the activities included; reminiscence, reading, singing, crafts, bingo and trips out. An entertainer also visited the home fortnightly.

We saw there was a suggestions box in the hallway. We also saw a variety of information alongside this about how to report concerns or complaints. Each person who lived at the home had a 'service user guide' in their room. This included information about how to make a complaint.

We looked at the provider's complaints procedure. This was appropriately detailed and included timescales for responding to complaints. Few complaints had been made about the service in the past 12 months. People who lived at the home told us that if they had any concerns they would be happy to raise them with staff or the manager and they were confident they would be responded to and their concerns would be addressed.

We asked staff if they had any concerns about home or the quality of the service provided to people. They told us they had no concerns and they rated the service highly.

Good

Is the service well-led?

Our findings

Systems were in place to regularly check on the quality of the service, to ensure improvements were made and to protect people's welfare and safety.

The home had a registered manager who had been in post for a number of years and lines of accountability across the home were well established. All information we required as part of the inspection was provided appropriately and was up to date.

A number of checks/audits were carried out by the manager of the home on a regular basis. These included checks on matters such as; care planning, the management of complaints, medication, staffing, staff supervision and staff training. The provider also carried out checks on the service on a monthly basis. These included seeking people's feedback about the home and carrying out checks on areas such as; the quality of food, care records and the home environment. The checks identified any shortfalls and actions that needed to be taken. These were followed up at the next audit to ensure any required improvements had been made.

The provider gave out surveys to people who lived at the home and their relatives at regular intervals throughout the year. We saw that the results of surveys had been analysed with a view to improving the service in response to people's feedback.

Staff told us they felt there was an open culture within the home and that they would not hesitate to raise any concerns. The manager was described as 'approachable' and people who we spoke with felt the manager would take action if they raised any concerns. The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so.

The home was managed in a way that supported staff. Systems were in place to ensure staff were regularly supervised, staff training was up to date and staff meetings were held throughout the year.

We received feedback from a visiting health care professional who worked into the home. They gave us good feedback about the service and told us they had no concerns about the quality of the care provided.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the home were monitored to identify any themes or patters and to ensure action was taken to prevent any reoccurrences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not made appropriate arrangements to protect people who used the service against risks associated with unsafe management of medicines. Regulation 12 (1)(2)(g).