

Sienna Care Limited

Kingswood House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 16 May 2017 and was unannounced.

Kingswood House provides accommodation for older people requiring support with their personal care. The service can accommodate up to 24 people. At the time of our inspection there were 20 people living at the home.

At the last inspection, in April 2015, the service was rated Good. At this inspection we found that the service remained overall Good but that the provider needed to ensure that there was always sufficient enough staff to safely meet people's changing needs.

Staff were appropriately recruited and people were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised care plans in place which enabled staff to provide consistent care and support in line with people's personal preferences.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The provider and registered manager were visible, actively looking at ways to improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

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

There was not always sufficient staff to safely meet people's needs.

People felt safe and staff understood their roles and responsibilities to safeguard people.

There were safe systems in place for the administration of medicines

Requires Improvement ●

Is the service effective?

The service remains good

Good ●

Is the service caring?

The service remains good

Good ●

Is the service responsive?

The service remains good

Good ●

Is the service well-led?

The service remains good

Good ●

Kingswood House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 16 May 2017 and was undertaken by 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 care service. In this instance our expert-by-experience had supported a relative living with dementia.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and Healthwatch.

During our inspection we spoke with five people who used the service and seven members of staff, the registered manager and the provider. We also spoke with four people's relatives and three health professionals. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to five people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas and arrangements for managing complaints.

Is the service safe?

Our findings

There was not always sufficient enough staff to safely meet people's needs. We observed whilst staff attended to people in their rooms that people were left in communal areas for up to 25 minutes unsupervised and unable to call for assistance should they have needed to. There was no call bell in some of the communal areas. A number of people needed closer supervision due to some of the behaviours they displayed which upset some people and visitors. A relative also told us that at the weekend there were often only two members of care staff who were kept very busy with no time outside their care task to spend with people. Rotas confirmed that there was sometimes only two care staff on during the day for up to 20 people, some of whom needed the support of two carers at times. We spoke to the provider about this and they agreed to review the staffing levels. Following the inspection the provider informed us that they were increasing their staffing levels throughout each day and had installed additional call bells in communal areas and in people's toilets within their bedrooms; this was in addition to the call bell system in each room. They also said that they would not exceed 20 people living at the home at any one time with the current staffing levels. The provider needed to ensure staffing levels were kept under review to meet the changing needs of the people living at Kingswood House.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us "I would speak to [name of registered manager] if I had any concerns; I think they then report it." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was refreshed each year. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the home. We saw that the registered manager had contacted the local safeguarding team when any concerns had been raised. Any issues raised had been appropriately investigated and actions taken whenever necessary.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of falls had risk assessments in place which detailed the appropriate controls in place to reduce and manage the risk. Records showed that the care specified had been provided; for example people had their food and fluid intake monitored to ensure their well-being. We saw that the information recorded for each person was kept up to date; this helped the registered manager to monitor people's general health and well-being and kept them safe.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications to the Care Quality Commission had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis. Action was taken as appropriate and the information shared with the provider as part of a monitoring process.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. One person told us "I have to have a lot of medicine, it is all on time and I know what it is for". We saw staff spent time with people explaining their medication and ensuring they had taken their medicines. Medicine records provided staff with information about a person's medicines and how they worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was stored securely in a locked cabinet secured to a wall away from communal areas. The registered manager ensured regular audits of the medicines were undertaken and any issues identified were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did they could be rectified. There was a system in place to safely dispose of any unused medicines.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, staff were undertaking specialist training in dementia to help them support the people living with dementia more effectively. One person told us "The staff are well trained and they know what they are doing"

All new staff undertook a thorough induction programme; staff and were encouraged to take relevant qualifications such as a National Vocational Qualification level 2 in social care. We saw from staff training records that training such as manual handling and safeguarding were regularly refreshed. Staff received regular supervision which gave them the opportunity to discuss their performance and personal development. One member of staff told us "[Name of registered manager] is very supportive and approachable."

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make decisions about their care and their day to day routines and preferences. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested. People told us they could get up and go to bed when they liked one person told us "I go to bed at 8:30pm which is my choice and I get up in time for breakfast which is 8:30am"

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. One person told us "The food is good and we get plenty to eat"

People had regular access to healthcare professionals and staff sought support from health professionals when needed. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One health professional who was visiting the home at the time of the inspection told us "The staff are very helpful and receptive to any suggestions in how best to support people."

Is the service caring?

Our findings

There was a warm and friendly atmosphere around the home. People told us that they felt happy living at Kingswood House. One person said "They [staff] are very caring and friendly." Another person said "I really enjoy living here as I have everything I need". Throughout the day of the inspection we observed family and friends visiting. One relative told us "There is a lovely caring atmosphere here; [name of relative] is very comfortable here and well cared for."

People had formed some good positive relationships with staff. In our conversations with staff it was clear staff knew people well and understood people's individual needs. The staff did not have as much time as they would have liked to spend with people but when they did there was a nice friendly exchange with people.

People's individuality was respected and staff responded to people by their chosen name. Staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. Staff spoke politely to people. People's confidentiality was maintained and staff knew not to talk about people in open communal areas.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. People told us that their wishes were respected; one person commented that they went to bed when they wanted and got up when they wanted, they said "I can do what I want to do."

The registered manager was aware that if people were unable to make decisions for themselves or had no identified person to support them that they would need to find an advocate for them.

Visitors were welcomed at any time and those who we spoke to said they always felt welcomed. We observed visitors being offered drinks and made to feel welcome. One relative told us "I can come whenever I like and at any time; everyone is very nice here."

Is the service responsive?

Our findings

People's needs were assessed before they came to stay at Kingswood House which ensured that their needs could be met. Detailed individual care plans were developed from the information gathered. One person told us "I was asked what I liked and we discussed how I wanted things."

Care plans detailed the care and support people needed which ensured that staff had the information they needed to provide consistent support for people. There was a 'This is me' document for each person which ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. Relatives told us they felt the staff knew their loved one and responded to their needs. The plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs.

People were encouraged to take part in activities. Although on the day of the inspection we did not observe any specific activities being undertaken one person told us " There are different activities available; tomorrow we have whack a balloon which is great for relieving any stress or tension." We saw a programme of activities displayed which included reminiscing and sing –a - long sessions, film and TV events. The activities programme could be strengthened to include more individualised activities for people if they wished.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. Relatives told us if they had any concerns they were happy to speak to the provider or the registered manager and were confident issues would be resolved.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people to feedback about the service and listening to staff. People and staff were asked to complete questionnaires and the information gathered from the questionnaires was used to improve and develop the service. We saw that following a recent survey there was overall satisfaction with the home. There were also regular meeting with the people living in the home and their families which enabled everyone to contribute to the development of the home and address any issues of concern.

A newsletter was sent out regularly which gave details of past and future events and any developments within the home. Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. We saw that following an outcome to a complaint all staff were to undertake enhanced training around dementia care.

People told us that they felt all the staff were approachable and we saw that both the provider and registered manager spent time speaking to people. One relative told us "[Name of Provider] knows everyone and is always very helpful; I could not praise the home enough." Staff told us they felt able to approach both the provider and registered manager if they had any concerns and that they were receptive to ideas. One member of staff told "You only have to ask and [name of provider] is responsive to whatever you need." We also saw how receptive and pro-active the provider was when we discussed staffing levels with him.

The provider had procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There were effective systems in place to monitor the quality of the service. The provider visited on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively and people's experience of the service was captured and acted upon.