

Mr & Mrs R S Rai

Kingsley Cottage

Inspection report

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Tel: 01543422763

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18 September 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Kingsley Cottage provides accommodation for up to 17 people who require support. On the day of our inspection visit, there were 17 people living at the home, some of whom were living with dementia.

We carried out an unannounced inspection visit on 18 September 2017. Our inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of providing care or support for people.

We had previously inspected the home on 7 February 2017 and rated the home as 'Requires improvement' overall and inadequate within our question 'Is this service well led?' Our rating reflected our concerns with the safety of the home's environment; how the staff supported people who needed help with decision making and the effectiveness of the systems used to monitor and improve the quality and safety of the service. We received an action plan from the provider which said the improvements would be made by July 2017. At this inspection we found the provider had made the improvements they told us they would make, although further improvements were needed.

People had mixed views about how they were supported to be involved with activities related to their hobbies and interests and people spent time unoccupied. When people lacked capacity to make decisions for themselves, capacity assessments had been completed however, these were not always specific to the decision being made. Further work was needed when decisions were made in people's best interests.

Staff were available at the times people needed them and had received training so that people's care and support needs were met. Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible.

People were involved in decisions about their care and told us that they received support in the ways they preferred. People were supported to maintain relationships with people important to them and visitors were welcomed at the home.

People were dressed in their own style and if they needed support, staff helped people to take a pride in their appearance. The staff understood how people wanted to be supported and ensured people's privacy and dignity.

People had a choice of food, and were encouraged to have enough to drink. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home. People knew who to speak to if they wanted to raise a concern

and there were processes in place for responding to complaints. People were happy with the service provided and how staff provided their support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff understood how to identify and report suspected abuse. Risks to individuals had been identified and information about how to manage these was recorded to ensure consistent care. There was suitable staffing to ensure people received the care they wanted. Medicines were managed so that people received them safely as prescribed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Where people did not have capacity, it was not always evident how decisions had been made in their best interests. Some restrictions to people's liberty had not been identified. Staff understood the importance of gaining consent from people prior to providing care. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and caring. Staff knew how people wanted to be supported and provided care in line with their preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had mixed views about how they were supported to

engage with their hobbies and interests. People had a support plan which reflected their needs. There was a complaints procedure in place and people knew how to raise concerns and complaints but had not felt the need to do so.

Is the service well-led?

The service was not always well led.

Further improvements were still needed within the service to ensure people received care they needed to meet their individual needs. Quality assurance systems had been introduced to monitor and review how the service was delivered. Staff received support to develop their skills and able to contribute their views on how the service was managed. People were consulted about the quality of the service.

Requires Improvement 

Kingsley Cottage

Detailed findings

Background to this inspection

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

This inspection took place on 18 September 2017 and was unannounced. Our inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of providing care or support for people.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public.

On this occasion we did not ask the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with six people who used the service, three relatives, four care staff, the registered manager and provider. We reviewed information from the local authority quality monitoring visits. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Some of the people living in the home were unable to speak with us in any detail about the care and support they received, so we observed interactions to help us understand their experience of care.

We looked at the care records for five people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure people were supported to manage risks to their health and well-being; for example, to prevent them from choking and how medicines were managed. Improvements were also needed as areas of the home and equipment were in poor repair and posed a risk of cross infection. We found the provider did not have a robust approach to the assessment of risks relating to legionella, and there were concerns about the fire safety procedures in place. On this inspection we found the necessary improvements had been made.

Some people were at risk of choking and since our last inspection the provider has reviewed how they were supported. Where people's drinks needed to be thickened; a new thickening agent was being used in their drinks. Staff told us that people felt this was a more enjoyable way to have fluids and they were happy to use it; this reduced their risk of choking when drinking. One member of staff told us, "The new thickener is so much better, and is still like a drink. They are much happier using this now."

The provider had organised for a fire safety assessment to be completed and necessary work was carried out to ensure the home was safe for people. Legionella checks had been completed and there were systems in place to continue monitoring the water system. To ensure people's safety, the provider now carried out risk assessments of the premises and completed regular tests of essential supplies and equipment. The bathrooms and equipment had been refurbished to provide people with safe facilities to bathe and for having a shower. One member of staff told us, "A lot has been happening here and the bathrooms are better for everyone." Two toilets were still waiting to be refurbished but there were plans in place to complete this work as required.

At our last inspection we found that the provider had introduced protocols to enable staff to support people who received 'as and when needed', these are known as PRN medicines. However, these were not sufficiently detailed and did not provide the information staff would need to identify that a person was in pain, if they could not express themselves verbally. We also saw that not all medicines were being stored in the medicines cabinets and action had not been taken when the medicines fridge became faulty.

On this inspection we saw that people received their medicines as prescribed. Medicine administration records had been completed to confirm that people had received their medicines. Where people required medication on a 'when required' basis, the staff knew when they would need these. Where people needed varying dosages of particular medicines, the staff knew how to monitor this to ensure they had the correct medicine they needed. The provider had taken the necessary action to ensure that all medicines were stored safely. Where medicines needed to be stored at a specific temperature, this was monitored to ensure their integrity.

People felt safe in the home and where they may be at risk from falling or needed additional care to keep safe, staff knew how to support them. One person told us, "They look after me well here. I don't have to worry anymore." One relative told us, "[Person who used the service] had some falls at their home and

weren't safe. It's lovely now to know they are well looked after and are well. They seem much happier for that and no longer scared about being alone." The care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing.

Staff understood the signs of abuse and what they should do if they had any concerns and were confident they would recognise any changes that may indicate people were at risk of harm. The staff said they would report any concerns about people's safety with the registered manager or the local authority. One member of staff told us, "I'd like to think we know people really well as a lot of us have worked here for a long time. We notice the changes in people and if we thought anything had happened we would report this. We have the phone number to call if we want to do it ourselves or tell the manager." The registered manager understood the requirement to notify us if they made a referral to the local safeguarding authority.

People felt there were enough staff to support them when they needed it. We saw staff responded to people's individual needs and had time to sit and talk with people about subjects that interested them. People told us the staff regularly checked how they were feeling and whether they needed anything. One person told us, "There are staff around if you need help and I have no worries." One relative told us, "There's always two or three staff here and there is always someone around if you need anything." People were relaxed in staff's company and the staff knew people well and understood their individual risks and abilities. We saw one person was unwell and needed emergency care; the manager was available to provide additional support to ensure people continued to receive the support they needed. One member of staff told us, "The manager is very good, if we need help they are around to support us."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

At our last inspection we found the provider was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because improvements were needed as where people may lack capacity, assessments were not completed and family members were making decisions on other people's behalf. Where restrictions had been identified, authorisations to deprive people of their liberty had been made without first deciding that these people lacked the capacity to keep safe. On this inspection we saw improvements had been made, although some further improvements were needed.

The 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 people 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff had received training to understand how decisions could be made for people when they no longer had capacity and one member of staff told us, "People can still make decisions about what they do every day, but they may need more help from family and friends to make important decisions." We saw people were asked about how they wanted to be supported and what they wanted to be involved with and staff gained consent for these every day decisions. However, one capacity assessment had been completed for all the areas they were assessing. The capacity assessment did not show how each decision had been made and was not specific to each area. This meant these assessments were not decision specific as required. The registered manager confirmed that the assessment had not been decision specific, which meant people may have been able to make some of these decisions themselves.

Some people who used the service who lacked capacity, had restrictions placed upon them to help to keep them safe. The applications focused on people's safety in the community and whether they were able to go outside the home without staff support. One member of staff told us, "These have been made because we were worried about how safe people would be if they went out on their own." We saw the applications had not considered where restrictions in the home may deprive them of their liberty including bed rails and alarm sensors. The registered manager agreed to review these to ensure applications included details of any restriction people may be subject to.

People were confident that staff supported them in the way they wanted. One person told us, "I'm very happy here with the staff and I know they look after me properly. I feel younger and more healthy than I have in a long time." The staff received training they required to carry out their roles. One member of staff told us, "We've had training to help us know how to use the hoist and with frames. We always have two staff whenever we do anything like that to make sure they are safe." We saw staff confidently supported people to mobilise safely and knew the risks people had with their mobility. Staff had received training to understand specific medical conditions and why medicines were needed. One member of staff told us, "We have learnt

about why people have warfarin and why it's important to report bruising or bleeding. We have body maps where we record everything too, so we make sure everything is passed on and nothing is missed."

People were provided with a varied diet to cater for their specific needs and there was a choice of food and drink. People told us they were happy with the quality of the food and one person told us, "I love the food. It doesn't matter what is cooked, it's all good." Another person told us, "They make some of my favourite meals and you can also have more." We saw people were offered a choice of hot and cold drinks and had a choice of having a mug or cup to drink from. Some people were provided with adapted cups to help them to remain independent. Where people needed support to eat, we saw family could continue to be involved with caring and providing support. One relative told us, "You don't feel in the way here. If you want to help then you can."

People were supported to access health care services such as GPs, dentists and opticians. One person told us, "The staff always ask how I am and if any of us are not well then the doctor will visit us. When I first came here I thought I would be a bother but the staff were very kind and I know that they don't mind and they get me sorted." One relative told us, "They will contact me if they are worried about [Person who used the service]. I feel reassured when I go home." We spoke with one health care professional who told us they were satisfied that people received the support they needed and identified concerns and made suitable referrals. We saw where people became unwell prompt action was taken for people to receive emergency care. When paramedics were in attendance, the staff were available to provide them with the required information and other people were given reassurances not to worry and care was being provided.

Is the service caring?

Our findings

On our last inspection we found the staff were kind and caring however improvements were needed as staff did not always respect people's dignity when they supported people with their meals; people's dignity was not maintained when they were supported to transfer and people were not helped to maintain their appearance to promote their dignity. On this inspection we found improvements had been made.

People received respectful care from staff who were caring. People's comments included; "We have a laugh and they listen to what you say." And "The staff are caring and they help me with everything." The staff were patient with people when they provided support and were seen speaking and engaging with them in a positive manner. Where people became upset, staff sat with them and held their hand and spoke with them about what was upsetting them. We saw people had opportunities to speak with staff about things they were interested in. Staff sat with people talking and waiting for them to respond, providing touch and eye contact as a way of communicating with people who were unable to communicate verbally.

People could make choices about how they wanted to spend their time and how they dressed. One relative told us, "[Person who used the service] always looks nice whenever I visit. This was really important to them so it's good that the staff keep this up." Another relative told us, "They have their hair still done by their same hairdresser. They've been seeing them for years and it's good that they can come here. [Person who used the service] knows them really well and they know how they like their hair styled." Another relative told us, "They look after their clothes well and they are always well co-ordinated just like they would be at home."

People were encouraged to maintain important relationships. One relative told us, "I'm happy with the staff and the support [Person who used the service] has. Whenever I visit, they are always smiling and happy. It's lovely that we can have a meal with them. It's what we used to do, visit and have dinner so it's nice we still do that."

The staff enabled people to remember others and grieve. One person was asked if they wanted to attend a funeral. They declined but staff made arrangements for the order of service to be read with them and have some quiet reflective time to remember their loved one. One member of staff told us, "People grieve in different ways and it's important that we help people to remember family and friends and have a chance to say goodbye." People were able to continue to practice their faith. One relative told us, "We visited recently and there was a service going here and people seemed really happy. [Person who used the service] used to go to Church every week but they no longer want to go there. It was lovely to see them singing the hymns with everyone."

Is the service responsive?

Our findings

On our last inspection we found improvements were needed to ensure people's support plan matched the care they needed. On this inspection we saw improvements had been made in this area. We saw people were able to decide how they wanted to be supported and we heard staff ask them if they could assist before any support was provided. People's care records included information about how they wanted staff to provide their care. One relative told us, "Everything seems to be in order and I'm happy they know what they are doing." The staff said they had access to care records and when care or support needs changed, it was discussed at each handover to ensure people continued to receive the correct care.

People had mixed views about how they were supported to engage in activities that interested them. People told us singers and entertainers visited them and we saw that some people were having their nails done but for large parts of the day, there was little stimulation for people. Any activity was organised by staff on duty and one relative told us, "If the staff are busy then they have to prioritise people's care needs so it means there's no-one able to do any activity. A lot of the time people just listen to whatever music is being played. It would be lovely if something different could happen or there was more time to talk with people." People told us their past interests included gardening dancing and mechanical work but there were no specific activities arranged to meet these people's specific interests.

One person told us about how they enjoyed knitting and making blankets. They had a range of different wool and needles so they could make different patterns could choose how to design their knitting. We saw people were involved in a general knowledge quiz as a team event. The staff helped them to answer the questions and give clues to help find the answers as a team event. One person told us, "I enjoyed that. It would be good if we could do it more often." Some people told us they liked to spend time in their room and this was respected.

The staff were interested in people and their history and we saw staff speaking with people about their family and personal events. The garden area was being cleared and new garden furniture had been purchased. One person spoke about how they liked gardening and sitting outside.

People's privacy and dignity was respected. We saw staff spoke discreetly with people where personal care was needed. One staff member told us, "We respect people's privacy and always knock on their bedroom door and make sure we people do their own personal care where they can." We also saw staff cared that people were well presented and dressed in a style of their choosing. After meals we saw people were helped to maintain their hygiene and we saw one member of staff talking with one person and making sure their hands and nails were clean.

People and their relatives knew how to make complaints and who to go to if they had concerns. There was a complaint system in place and we saw the provider considered the circumstances of the complaint before providing a response.

Is the service well-led?

Our findings

On our previous two inspections we found that the provider was in breach of Regulation 17(2) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because we found improvements were needed to the home's environment; how medicines were managed and how the quality monitoring systems were implemented to identify where improvements were needed and necessary actions taken. Due to our concerns and our rating of inadequate within this question, we met with the provider to gain assurances that the necessary improvements would be put in place. On this inspection we found that improvements to the home were now being carried out; quality assurance systems were effective to ensure people received their medicines as prescribed and were stored safely; fire risk assessments had been acted upon and water checks had been carried out to ensure the water system was safe for people. Accidents and incidents were monitored and reviewed and staff knew how to act if safeguarding concerns were identified or if any trend emerged. Further improvements were still identified to ensure people's capacity was assessed and decisions were made in their best interests, and people were enabled to engage in activities that met their individual needs. We will continue to review this service to ensure these improvements continue and are sustained.

People's views had been sought about the care and support they received. We saw that people and their relatives had been asked to complete satisfaction surveys. The results from the survey were being collated and the registered manager understood that feedback from these would need to be provided to people. There had been a positive response to the questions asked. We also saw compliments and thank you cards from relatives. These comments included; 'I have always found the staff to be very helpful and are pleased with the way they care for [Person who used the service].' 'People are well looked after and the staff are helpful and understanding.'

At the last inspection, we found the provider and registered manager did not understand their responsibility to notify us about important events that occur at the home, in accordance with the requirements of registration with us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). We also saw that the provider had failed to display their performance rating following the last comprehensive inspection. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This was a breach of Regulation 20A of the Health and Social Care Act (Regulated Activities) Regulations 2014.

On this inspection we found that the provider and manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any

concerns. One member of staff told us, "We are very clear that if anything is wrong then we need to report it. The manager is very supportive so I would be happy and confident that they would take my concerns seriously."

People and their relatives all knew who the registered manager was and they told us that they were approachable. Staff members told us that they were supported and clear about the expectations of their roles. Staff also told us that if needed the registered manager would cover shifts. Staff that we spoke with enjoyed their roles and were proud of the work they carried out.