Care Quality Commission

Greensleeves Homes Trust

Kingston House

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place on 19 November 2014.

Kingston House is registered to provide care (without nursing) for up to 46 people. There were 46 people resident on the day of the visit. The home is divided into two areas with a separate area for people living with dementia. The home is purpose built over two floors. People have their own bedrooms with en-suite facilities. There are spacious shared areas within the home and gardens.

There is a registered manager running the service. 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.

Summary of findings

People told us that they felt safe in the home. One person described it as: ‘‘as safe as houses’’. Care workers were trained in and understood how to protect people in their care from harm or abuse. People told us they had every confidence in the manager.

The home had enough staff to keep people safe and a recruitment process which was designed to ensure the staff they employed were suitable and safe to work there. Care staff had built strong relationships with people who lived in the home. Staff members had good knowledge of people and their needs. The staff team were well supported by the management team to ensure they were able to offer good quality care to people.

People were given their medicines in the right amounts at the right times. The home took all health and safety issues seriously to ensure people were kept as safe as possible. The home looked at any accidents and incidents and learnt from them. They tried to ensure they did not happen again, if possible.

The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. They had taken any necessary action to ensure they were working in a way which recognised and maintained people’s rights.

People were supported to contact GPs and other health professionals when necessary. People told us they were provided with very good health care. The home sought guidance from health care specialists when required. People were offered good quality and nutritious food which they described as: ‘‘lovely’’.

The service provided people with activities designed to encourage their participation and enhance their lifestyle. People were treated as individuals and their choices and wishes were respected. Treating people with dignity and respect was a key feature of the home. Those people who were able were encouraged to maintain their independence for as long as possible. The home was an integral part of the community and had developed strong community ties.

People, staff and other professionals told us the home was managed very well. They said there was an open and positive culture and everyone felt valued. The registered manager and staff team worked closely with specialist organisations to ensure they were up-to-date with good practice and knew how best to offer care to people. They had ways of making sure they kept the quality of care they offered to a high standard.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to protect people from abuse and people felt safe living there.

Any health and safety or individual risks were identified and action was taken to keep people as safe as possible.

People's medicines were given to them at the right times and in the right quantities to keep them as healthy as possible.

Good

Is the service effective?
The service was effective.

Staff understood consent, mental capacity and deprivation of liberty issues. People were helped to make as many decisions and choices as they could.

People were helped to see GP s and other health professionals to make sure they kept as healthy as possible.

Staff were properly trained to ensure they could meet people's needs.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and dignity at all times.

People's requests for assistance were answered as quickly as possible. Staff responded to people with patience and understanding.

People's emotional and spiritual needs were considered to be as important as their physical needs.

Good

Is the service responsive?
The service was responsive.

People were listened to and care was delivered in the way that people chose and preferred.

People were offered creative and very personalised daily activities which helped them to enjoy their life and feel valued.

The home used innovative ways to make and maintain links to give people the opportunity to feel part of the community.

Outstanding

Is the service well-led?
The service was well-led.

The registered manager made sure that staff maintained the attitudes and values expected.

Summary of findings

The registered manager and staff regularly checked that the home was giving good care. Changes to make things better for people who live in the home had been made and development was continuing.

The home worked closely with other specialised organisations to make sure they were offering the best care possible.

Kingston 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 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 unannounced inspection was completed by one inspector and took place on 17 November 2014.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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. We also looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at four care plans, daily notes and other documentation relating to people who use the service such as medication records. In addition we looked at auditing tools and reports, health and safety documentation and a sample of staff records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the nine people who live in the home, a visiting professional, six staff members, the deputy manager and the registered manager. We looked at all the information held about four people who lived in the home and observed the care they were offered during our visit.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home. People told us they: ''always feel very safe here''. One person described it as: ''as safe as houses''. Another said (when discussing safety): ''we have every confidence in the manager who would take action if necessary'' Staff members told us that people were safe and they had never seen anything of concern occurring in the home. A visiting professional told us they had never seen any staff attitude issues or anything else to cause concern.

Training records showed that all staff had received safeguarding training, which had been up-dated in 2014.Staff confirmed that they had completed this training. The home made the local authority's latest safeguarding procedures available to all staff. Staff had an in-depth understanding of their responsibilities with regard to protecting the people in their care. They were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They described, in detail, how they would deal with a safeguarding issue. This included reporting concerns outside of the organisation, if necessary.

People's care plans included any necessary risk assessments. Risk management plans gave staff detailed information about how to support people as safely as possible. The identified areas of risk depended on the individual and included areas such as emotional or behavioural support and mobility. Specific risk assessments were developed for any special activities such as going on bowling trips and contacts with animals. The home used recognised assessment tools for looking at areas such as nutrition and skin health.

People who used the service had personal emergency evacuation plans which were reviewed at the same time as the care plans. The service had developed a disaster recovery plan which included emergency procedures and detailed what action staff must take in event of particular events. Various emergencies were described; they included power cuts, gas escape and fire evacuation.

The service conducted a series of daily, weekly, monthly and three monthly health and safety checks to ensure the safety of the people who lived there, staff and visitors. We looked at a sample of the checks which were completed in October 2014. Examples included daily fridge and freezer checks, weekly water temperature monitoring and regular fire alarm tests.

Detailed incident and accident records were kept. Incident reports included unexplained bruising. A full description of the incident or accident, the investigation, if any and the actions taken were recorded. Action plans were clearly cross referenced to care plans and risk assessments and any necessary actions added to those documents. A monthly check on all falls which occurred in the home was completed to identify any trends or similar factors. During October there had been one referral to a physiotherapist and to the falls clinic as a result of the analysis.

People were supported by staff who had been recruited safely. There was a robust recruitment procedure which included the taking up of references, police checks and checks on people's identity prior to appointment. Application forms were completed and interviews held. Records of interview questions and responses were kept. One application form did not have a full work history recorded. The registered manager told us that she had explored the 'gaps' in the work history during interview but had not recorded the discussions.

People said: ''staff are always around to help whenever we need them''. Five people agreed that if they rang their bell at night staff would arrive almost immediately. One person said there was occasionally a short wait if staff were busy, but this was a rare occurrence. Staff members told us that there were plenty of staff to keep people safe. There was a core of stable staff some having been in post for over 20 years. This offered people continuity of care. There were a minimum of eight staff on duty during the daytime hours and four during the night. The registered manager used a specific tool for assessing the dependency of people. This ensured there were enough staff with the necessary skills to support the people who lived in the home. The registered manager had the authority to provide additional staff, as necessary to ensure the safety and comfort of the people who lived in the home. Staff told us that the management team were always willing to: ''work out on the floor'' to add to staff numbers or support staff with difficult situations.

People's medicines were administered from packets, tubes and bottles of medicines prescribed by the GP for the individual. The service worked with five surgeries which led to them using a complex ordering system. The pharmacy

Good

Is the service safe?

previously used by the home was unable to remain a supplier, therefore they could not retain the administration system they had used over a number of years. The registered manager had made interim arrangements, at short notice, to continue to give people their medicines as safely as possible. She had identified that the current system was complex, difficult to audit and had potential for error. She was in negotiation with a local pharmacy to adopt a new, simplified system.

The medication administration records (MARs) we looked at were accurate and showed that people had received the correct amount of medicine at the right times. All staff completed medicines administration training and their competence was assessed every year by the registered manager or a senior staff member. A pharmacist from the Clinical Commissioning Group (CCG) visited the home every six months. Their last visit was on 5 November 2014. The CCG pharmacist works with the home and the various GPs to ensure the best and safest use of medicine for the people who lived in the home. The home had met most of the recommendations made by the CCG pharmacist.

There were guidelines in place for people who had medicines prescribed to be taken as and when required (PRN). Staff were able to describe clearly when PRN medicine would be given for pain and to help people to manage their behaviours. This type of medicine was used infrequently. However, some of the guidelines were not detailed enough to ensure that people were given the medicine in a consistent way, if it became necessary. The GPs reviewed people's medicine every year or more often if people's needs changed.

Good

Is the service effective?

Our findings

People told us that they liked living in the home, they got looked after: ''very, very well''. One person told us: ''It's an excellent home, I'm so glad I came here''. Three people told us: ''we have very good health care''. A visiting professional told us it was one of the best homes they visit. They said the home offered very good healthcare support.

People were supported to make and attend healthcare appointments when necessary. Each person had a health and medication plan which clearly described their health needs. Records noted appointments and any necessary follow up actions. Specialist healthcare support, such as a Parkinson's Disease nurse, was sought as required. We saw an example of deterioration in an individual's emotional well-being and a consequent referral to the mental health team. Visits by chiropodists, district nurses and GPs were recorded. The health plans were reviewed every month, by key workers (staff allocated to have special oversight of an individual's needs). People had received their flu injections and other routine healthcare and well-being check-ups and procedures. The surgeries provided a patient care plan and visiting health professionals kept their treatment records in the home. People were supported to go to the surgery, if they were able.

Training records showed that 43 care staff had received Mental capacity Act 2005 training; this included understanding Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager and other staff demonstrated their understanding of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications to the local authority after the supreme court ruling in March 2014.These were for people who were unable to leave the building unless under supervision.

One person told us: ''we can do as we please here, we can come and go whenever we want, if it's safe and you're able to''. Individual areas of the care plan contained a description of people's mental capacity and how they should be assisted to make decisions. It described if people had variable capacity and noted if there was a valid power of attorney. A power of attorney is someone who is able to legally make specific decisions on another person's behalf. There were clear guidelines to inform staff what action to take if people did not or could not consent. Staff described how they would make assessments of people's ability to make choices on an hour by hour and day by day basis. They knew when they would need to alert senior staff attention to someone's mental capacity.

During the inspection staff were interacting and talking with people at all times. People were encouraged to express themselves and make decisions. Staff carefully described what they were doing and people were asked for their permission before care staff undertook any care or other activities.

The environment was homely and comfortable. The area for people who lived with dementia was designed to meet their needs. People had memory boxes on their doors, pictures and their art and craft work displayed on walls. The outside space was specially designed for people. It included a bird aviary, water fountain and raised flower bed.

People told us they: ''couldn't fault the food''. They said the chef discussed the menus with them and they could have whatever they liked. They told us that there was fruit everywhere and they could just help themselves. The menus were well balanced, included healthy fresh food and reflected people's tastes and choice. Nutritional assessments, weight, food and fluid charts were completed for individuals, if necessary. A visiting professional told us that people were well fed and well hydrated. Staff told us that people tended to gain rather than lose weight after admission to the home, this was confirmed in records. Dining areas were inviting and reflected the needs of the people using them. For example in the dementia dining room there were pictures of food on the walls and a morning pictorial cereal board was used for breakfast. Staff used a method called 'show and tell', which involved showing people two plates of food, to help people to make their choice of meal. Kitchen staff had been trained in nutrition and food hygiene. Special diets were catered for. These included special cakes and 'treats' for people with diabetes.

Staff were trained in the areas relevant to the care of the individuals who lived in the home. Training was delivered by a variety of methods which included e– learning and face to face training. Examples included dementia care and challenging behaviour/aggression management. Staff

Good

Is the service effective?

completed 'ladder to the moon' training which was a method of ensuring people were offered person centred care and why it was important to them. Training records showed that 33 care staff had achieved an National Vocational Qualification (NVQ) or diploma level 2 (or equivalent) or above. It is a formal expectation of the home, written into contracts, that staff participate in training opportunities. Staff told us they receive formal supervision approximately every three months. They also attend group supervision and learning sets throughout the year. Staff said the home had excellent team work because they were so well supported by the management team. One staff member told us how they had started work with no care experience. They said the management team had helped them to develop and progress to a highly skilled and knowledgeable staff member.

Good

Is the service caring?

Our findings

People who lived in the home told us: ‘‘this is a very happy home’’. Another said: ‘‘staff respect our privacy and dignity’’. They told us that the manager and staff were very caring people: ‘‘who treated you as an individual’’. Staff interacted positively with people at all times. We saw that staff treated people with respect and dignity. Examples included discreetly speaking with people about their needs and encouraging people to share their knowledge and life experiences.

The home had a ‘dignity tree’ on display in one of the shared areas. This was a large picture of a tree with comments which described how staff could support people to maintain their dignity. Staff gave us examples of how they ensured they respected people’s dignity. These included knocking on doors, covering people when assisting them with personal care and ensuring curtains were closed. Staff also explained how the use of appropriate body language and acceptance of people’s differences showed respect and preserved dignity.

People were encouraged to be as independent as they were able. Care plans noted how much people could do for themselves and were clear about the level of encouragement or support they needed in specific areas of care. People went into the community independently and some people were encouraged to take control of their health needs, activities and daily lives, as appropriate.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. Staff were very knowledgeable about the needs of people and had developed good relationships with them and their families. Staff responded quickly to people if they asked for or showed that they needed assistance. During lunchtime staff were able to identify when people who could not express their needs wanted help by their body language and behaviour. They were patient and caring. People confirmed that staff were always patient and caring and: ‘‘nothing was too much trouble for them’’.

People told us that they attended their annual review meetings and were involved in their care planning, if they chose to be. Care plans were looked at by key workers and individuals every month. People’s views on their care, if they were able to express them, were noted on the reviews.

Care plans noted people’s spiritual views and people were assisted to attend church or religious services if they wished and were able to. A service was held every Sunday at the home for those who wished to participate. Care plans included end of life care wishes and funeral plans. Staff had received training in end of life care and were supported by community health services to provide as comfortable and pain free end of life as possible. Do not resuscitate forms were completed appropriately. They noted the discussions the GPs had with individuals, families and any other relevant parties. Advance decisions were recorded where relevant.

Outstanding ☆

Is the service responsive?

Our findings

People had a full assessment of their needs prior to moving into the home. They and their supporters including families, friends, informal advocates and social workers were involved in the assessment process. A care plan was written, with the individuals, from the information included in the assessment. Care plans were reviewed by the key worker and the individual monthly. People were offered an annual care review and chose who to invite to attend.

Each person had individualised plans which described people's tastes, preferences and choices about how they wished to be supported. Staff were trained in personalised care and demonstrated their understanding of what this meant. They told us that the care plans and their knowledge of people meant that each person was treated in the way they wanted and according to their needs. For example they discussed and described in detail the use of different approaches with people living with differing forms and stages of dementia.

People chose from an extensive range of activities what they would like to participate in, on a daily basis. People told us there was: ''plenty to do or I can just entertain myself''. One person said: ''there's always something going on we really enjoy ourselves''. The activity programme was creative and catered to people's interests and hobbies wherever possible. The home worked with the national activities provider's association (NAPA) an organisation that specialised in training staff to provide rewarding activities.

People had been helped to achieve some of their long held desires such as sitting on a horse, riding in a sports car and visiting special places of interest. People had access to one to one as well as group activities. On the day of the inspection people were making decorations, writing letters and using a computer. Care staff participated in activities and told us they had time to: ''do some of the nice stuff with people''. They gave an example of being able to take somebody to the shops to buy a special outfit for an important family event. People's activities were noted in daily activity diaries so that staff could see what people really enjoyed and their reaction to the activity. Staff told us that they always:'' put resident's needs first'' and the home was committed to enabling people to enjoy their lifestyle as much as possible.

The home was committed to ensuring people could go into the community and had raised money for a small minibus. This enabled them to organise outings and special trips. People told us they had been to garden centres, country parks and visited pubs for lunch. The activity programme included local bingo, tea dances and ten pin bowling.

People were encouraged to feel part of the local community. Links had been set up with schools and other community organisations. Special events which involved local organisations and people were held at the home on a regular basis. These included a dance troupe from the local school, singing nursery school children, coffee mornings and tea parties. The home recently held a world war two commemorations event which included children visiting the home to share people's war experiences. People from the home were invited to the local school for lunch, on occasion and made return visits. Staff told us the home had a very good relationship with the local community and people benefitted from the support they received from the village.

People who were living with dementia were involved with all of the events held in the home so that they did not become isolated. They used the minibus to participate in appropriate community outings. People who were not living with dementia were understanding and supportive of the other people who shared their home. This was encouraged by staff setting an example of including people, whatever their needs and displaying tolerance and patience at all times. The home understood that people may need different types of activities and ensured this occurred. Activity staff had particular training to enable them to organise specific activities for people living with dementia. People's art and craft work was displayed throughout the home and in people's personal space.

People told us they knew how to make a complaint and wouldn't hesitate to do so, if necessary. They said they would go to the manager, if they needed to, but were confident that any staff member would listen to them and take action. The home had a comprehensive complaints procedure available to people and their families. Staff were provided with written instructions of how to respond to any complaints received. The home had not recorded any complaints during 2014. The registered manager confirmed that they had not received any.

Good

Is the service well-led?

Our findings

People told us that they had a very good manager who: ''is right on the ball and keeps people up to scratch''. They said she was very confident and they had every confidence in her. People told us they felt listened to and could see that some of their ideas had been put into place. They gave examples of times for meals and exercise classes. Staff told us that the registered manager was the best manager they had ever worked for. They said that the home had a very open and positive culture. All team members told us they felt valued, were listened to and made contributions to the quality care the service provided. One staff member said they had never worked anywhere where: ''I felt so valued and supported''. The home had achieved Investors in People Award which is an award for employers who support, value and care for their employees.

The home held residents and family meetings every three months. Family meetings were sometimes held separately from residents meetings and there was, on occasion, a separate meeting was held with the chef to discuss menus and food service. The last resident's meeting held in October 2014 was attended by 15 people. People discussed all aspects of the running of the home, developments and ideas for improvements. Changes made as a result of listening to people, the quality assurance and monitoring and reviewing systems included additional mirrors in people's rooms, lights fitted inside people's wardrobes, the timing of meals and the re-decoration of areas of the home.

Annual quality assurance questionnaires were sent to staff, people who use the service, their friends and family and other professionals by an external organisation. Results from the questionnaires were given as feedback by the organisation and an action plan was developed, if necessary.

An annual quality assurance questionnaire was completed for an organisation which promotes best practice care. This is an organisation that promotes person centred care by focussing on emotional needs such as loneliness and feeling valued rather than just physical needs. To maintain their links with the organisation the home have to show they have met the quality of care expected. Staff were trained to ensure they did not give care that was based only on people's physical needs. People benefitted from care tailored to meet all their needs , especially those aspects of life most important to them.

The home was an associated member of an organisation which promotes good care and the newest innovations for providers who support people living with dementia. The service used parts of the Butterfly project (an approach to caring for people living with dementia) which were relevant to the people who live in the home. People living with dementia were cared for in the way that suited them as individuals and met the needs created by various types and stages of their condition.The specialist dementia organisation had designed an award winning garden for the home in 2012. People living with dementia were able to access and the garden safely so they could make best use of it and enjoy outdoor activities.

The home had a variety of internal reviewing and monitoring systems to ensure the quality of care they offered people was maintained and improved. The registered manager worked in the home from 7am every weekday and part of alternative weekends. The deputy manager worked two to three shifts and alternate weekends with care staff. They used this to monitor staff attitudes and values and ensure staff were offering the expected standard of care.

The registered manager, staff and people who lived in the home knew what roles staff held and understood what responsibilities these entailed. The registered manager told us she was given the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.