The Kingsdowne Society

Kingsdowne Residential Home

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 22nd March 2017 and was unannounced.

At the last inspection in September 2015 we found improvements had been made but there was a breach of a regulation regarding governance of the home. At this inspection we found the governance of the home still needed improving and therefore there is a continuing breach in this area.

Kingsdowne Residential Home provides accommodation and personal care for up to 18 older people, some of whom have dementia and are in ill health. At the time of our inspection nine people lived in the home. The home is located in Hadley Green.

The registered manager had been in post since 1995. 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.

Staff had an awareness of safeguarding and what to do if they suspected abuse. There had been no safeguarding incidents in the home for over a year.

The home was clean and odour free. There were some areas of the home that needed some attention. Some carpets were beginning to fray or had been taped up and it had been identified by staff that redecorating would benefit the home and the people living there.

People and relatives told us staff were kind and caring. We witnessed caring interactions during the day. There were enough staff during on shift to meet the needs of people.

There was a range of appetising looking food on offer. People had drinks within reach and were supported at mealtimes where they wanted it.

Not all needs and risks were captured on risk assessments and care plans. Where a support need had been identified there weren't always clear actions in place for staff to know how to meet that need.

There was some person centred information in care files where families were involved and staff knew people and their needs well.

Activities were not varied or tailored to the likes and dislikes we saw in people's care files. People were not stimulated during the day, and told us they liked the activities worker that came in but wanted to go out more.

During this inspection we found the audit systems to improve care were not robust and therefore

improvements were still needed in the area of governance.

You can see what action we told the provider to take at the back of the full version of the report.

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. Risk assessments were not updated regularly and information was missing from some risk assessments.

Medicines were managed and administered safely.

Recruitment processes were in place to check staff were safe to start working with vulnerable people. There were enough staff to meet the needs of people.

Staff knew how to spot and report safeguarding issues.

Is the service effective?

Requires Improvement

The service was not always effective. The registered manager and staff did not show an understanding of the Mental Capacity Act 2005.

People were supported to have regular contact with healthcare professionals to meet their needs.

There was a range of food on offer that people said they enjoyed.

Staff had regular supervision and had all completed basic online training.

Is the service caring?

Good

The service was caring. Staff spoke fondly of people they supported.

We observed kind caring interactions throughout the day. Relatives and people told us staff were caring.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive. Reviews were not always done regularly.

Care plans were thorough in some areas but not person centred.

People were not stimulated and the activities on offer were not frequent enough or appropriate.

Complaints were recorded and responded to. Relatives said they felt comfortable complaining and would speak to the manager.

Is the service well-led?

Requires Improvement

The service was not consistently well led. There was not sufficient oversight of the home or knowledge of how to improve the care.

Staff felt supported and supervisions were regular and notes made.

Audits were completed but often did not show that actions would be done to make improvements or any learning take place from them.

Kingsdowne Residential 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 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 inspection took place on 22 March 2017 and was unannounced.

The inspection team consisted of two inspectors and one 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.

Before the inspection we reviewed notifications, where the home sends information about important events, and spoke to healthcare professionals and the local authority for feedback on the service.

We talked with seven people who lived in the home, interviewed three staff and the deputy manager and registered manager. We also spoke with three relatives after the inspection. We reviewed four staff personnel files, tracked the care pathway of five people including risk assessments and other care documents, looked at policies and procedures and observed care throughout the day in communal areas.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe, "I feel very safe. All my things are safe", "things are safe here and so am I. I have no concerns with that", and "I'm safe here and they look after my things…and me too." Relatives we spoke with agreed; one relative said "I have no issues with safety."

Staff had an awareness of safeguarding and what they should do if they suspected abuse. All staff had completed online safeguarding training and it was discussed at every supervision. We had received no notifications of any safeguarding incidents in the last 12 months and the registered manager and staff confirmed there had not been any cases of suspected abuse for a long time in the home. There was a safeguarding policy and procedure in place and the numbers to report any concerns were clearly displayed in staff areas.

Each person had an individual risk assessment and risks that each individual faced were assessed. We found that risk assessments did not always link to care plans and did not always identify triggers to behaviours that challenged others or provide guidance to staff on what actions to take to minimise risks. For example, for one person there was no exploration of why they might become abusive towards staff or behave in a way that others found challenging. Risk assessments were not always being reviewed in a timely way. Risk assessments for people's rooms were stipulated by the provider on risk assessment forms to be done monthly. For one person their room was assessed in August 2016, then not again until February 2017. This meant that staff may not have been aware of any risks to the person's safety in the room.

We saw that not all risks people presented to themselves and others were included on risk assessments. For one person, a particular behaviour towards staff meant they needed two care staff to support with personal care. This was not included on their risk assessment despite there being a potential risk to staff. For another person we were told that a particular staff member could not provide them with personal care because of how their behaviour changed when they did. This was also not included on a risk assessment. When we fed this back there was not an understanding from the registered manager that these were areas of risk and that to prevent future incidents this behaviour needed to be recorded and positively managed.

Medicines were managed safely. Medicines people took and details of any allergies were clearly recorded. Staff recorded the time and quantity of medicines administered and we observed they were administered at the time they needed to be given. Medicine Administration Records (MAR) were accurate and there were no gaps in staff signatures. Medicines were stored according to manufacturers' instructions and were within the expiry dates. Staff recorded and signed the quantities and date of medicines received, when they needed to be returned to the pharmacy to be disposed and when medicines were stopped by the GP. Medicines were administered by a senior care staff member and overseen by the deputy manager. We did not see detailed guidance for medicines prescribed for use as and when needed (PRN) for one person and discussed with the registered manager that it was not very clear in which cases people might need their PRN medicines and what should be tried before they were given. During the inspection the deputy manager changed the medicines guidance in place for people to instruct staff when it was appropriate for the PRN medicines to be administered.

Environmental and health and safety risk assessments were completed. These assessments provided no review or comments on whether actions needed had been met and by whom. We saw that environmental shortfalls and areas for improvement were not identified or recorded. For example the frayed carpets which could have been a trip hazard. There was fire equipment in place throughout the home and fire exits were clear, staff had an awareness of fire safety and had completed fire training.

On the day of the inspection we saw there were enough care staff to meet the needs of people and the registered manager and deputy manager were additional to care staff on the rota and helped out. People agreed there were enough staff to meet their needs and they always came when they called for them. People said; "I use the bell and they come right away. Night time they are good too" and "I use the bell if I am in my room and they come quite fast. If I am downstairs I will call them as they walk by. I can reach the bell."

The home was clean and infection control practices were being followed and staff had gloves and other equipment to use whilst providing personal care. The building needed some repairs, with one bathroom having exposed piping, and carpets starting to fray and tear in places of higher footfall.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Five people had a DoLS authorisation approved where there were restrictions placed on their liberty. A condition for a DoLS for one person was for the home to ascertain if there were any other activities this person might enjoy. There was no evidence in their care file this condition had been adhered to. Care files provided information about whether there was a power of attorney or not or whether there was an Advance Decision made to refuse treatment or any known advance care planning.

For some people, the application had been made but not followed up in several months. Although applications had been made, evidence to show decisions had been made in a person's best interest were not in any of the care files. The registered manager and care staff lacked understanding about how to apply the MCA and what to do when people lacked capacity to make specific decisions about their care. We asked the registered manager when they thought it was appropriate to make an application for a DoLS. They told us "when they come here." We saw on training documents that the deputy and registered manager had attended training in MCA and DoLS but the care staff had not. We raised this with the registered manager who said they found information around the MCA hard to understand.

We recommend that further training is provided in understanding the Mental Capacity Act.

People and relatives told us they felt staff were competent at their jobs and equipped to meet their needs. Training records showed online training in areas the provider felt appropriate, and some classroom based courses. We saw there were gaps in training in areas of need that people had that were living in the home. For example, no staff had completed palliative care training despite there being several recent deaths at the home, some for people whom were receiving palliative care . Two staff had completed dementia awareness training over two years ago; but no other staff had completed dementia awareness training despite people living in the home with advancing dementia. We discussed training with the registered manager they agreed that staff would benefit from some more specialised training.

We recommend that specific training is provided so staff can be better equipped to meet the needs of people.

People said they were happy with the food. They said "It is very nice and you get choice and can have

smaller things if you don't want a big dinner e.g. Soup. I choose the food in the morning from a couple of things" and "it is fine. I like it and I can eat in my room if I want." Another person said "I eat in my room and that is fine really but I would like to choose sometimes. They said it is easier in my room."

We saw a menu clearly displayed in the dining area in large print for people to read what was on offer. Throughout the day we saw drinks were available for people and within reach. There were jugs of squash and water in the dining area so people who were mobile could help themselves. We asked people if they had enough to drink, they said "I have them next to me on the table and in my room I have a jug and they change it for me or I remind them. I can do it myself and I can reach it" and "yes I always have a drink if I want one and I have several in my room in reach."
We saw supervision records that showed staff were being supported through regular supervision to discuss people and their needs, training and any concerns.

There was evidence of regular contact with health professionals to monitor and care for people's health needs. There was correspondence and records of visits from district nurses and GPs. People and relatives told us they were confident the staff in the home supported them to access services and if they felt unwell would act promptly to access medical advice. People said "I tell them and they call them. You don't wait long. I see the dentist and had an eye test and [the registered manager] sorts it all out for me" and "they arrange all things like that. They arrange transport to take you to hospital appointments too and the doctor comes out quickly."

Good

Is the service caring?

Our findings

People told us staff were caring. They said "yes they are. They try hard to please everyone", "yes most of them. They are busy but try and have a chat and they do what I need", and "yes they are, they are all very nice." Relatives told us they felt staff were caring and kind. One relative said "They care about the little details, it's like a family."

Staff knew people who used the service and their needs well. When we spoke with staff they told us about people's likes and dislikes and histories and gave examples of conversations or jokes they had with people on a regular basis. People said they felt they could talk to staff in confidence and trusted them. One person said "They have a chat whilst working" and another said "They ask me what I am watching and we have a chat. They talk about things needing doing like taking tablets or help with organising my things." The interactions we saw during the day were kind and caring; staff were gentle but persistent with offering care where they saw someone might require it.

We asked the registered manager to describe an example of where they thought the service was caring. They told us about a staff member who stays after their shift to go out with one person so they can leave the home on an outing, and how they arranged for one person's iPad to be fixed so they could use it again.

During mealtimes we saw people were encouraged to eat without assistance and staff were patient and people were not rushed during lunch.

People were cared for by staff that treated them with dignity and respect. Staff told us they always knocked on doors and gave people privacy. People told us staff talked to them whilst providing care and gave them time and space by themselves and privacy when needed. One person said "Yes I feel they do and they respect you by knocking and giving you time to wash in the bath and asking if they can help you doing personal things like in the bathroom. I can lock my door I think." Another person said "I lock my door if I do not want them coming in and out and when I leave my room but they do respect my privacy. They do always knock and shout hello." A relative told us "I think they have their dignity here. The staff show lots of respect when I am here they say sorry to bother you."

People said they felt their religious, cultural and spiritual needs were being met. One person said "They are very open minded" and a relative told us "Everyone is treated the same."

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed however their assessments did not fully include people's care and support needs. For example, the behaviours of one person which staff said had an impact on and significantly challenged them had not been identified in any of their assessments or care plans. People's care plans contained some personalisation. However the care plans did not cover the full range of needs identified in individual files and as described to us by staff.

Care plans and risk assessments were reviewed monthly but some stayed the same for a period of time despite changing needs. There were separate care plans for night and day which recognised that people needed different things at different times of the day. We saw some person centred information where staff had spoken to relatives about what people liked to do, for example one relative had fed back their family member enjoyed bird watching. This was not an activity that was arranged at the home or part of the activities timetable. We asked staff for examples of where the service was person centred; they told us that they add things to the shopping list that people request such as sherry or cream cakes.
One person told us they were encouraged to be more independent in some ways but were asked to remain in their room because it was safer, despite them wanting to come downstairs more often. They said "They know what I need help with and what I can do. They ask me to try and that's good really. They leave my frame in reach so I can do things but they tell me it is safer for me to stay in my room because I have falls and they know I am safe."

We found a general lack of provision and meaningful engagement of people in activities that they found relevant, rewarding and stimulating to them. One person said "I would like to do more activities here" and another person said "I don't go out much." This was echoed by several people that they would like to go out more. There was a lack of integration between the person's background history, previous occupations and interests in the person's care plans, daily activities and routines. One staff member told us that some people who previously liked to go out no longer went out or took part in activities as, in their view; they had lost motivation and had become institutionalised. We saw there was an activities timetable on display with visits from a Tai-chi instructor and music and singing sessions, there were trips out that people enjoyed but these were infrequent. One person had privately hired an activities companion to spend time with so they were stimulated and had meaningful occupation in the week. We fed back to the registered manager activities provision and the general level of stimulation was not positive, and people would like to see a wider more personalised range and go out more. The registered manager said they would look into this.

People and relatives told us they knew how to make a complaint and felt comfortable doing so. One person said, "I have complained to them before and they sort it out quite quickly." A relative told us "I know who to complain to and we give regular feedback." The provider had a complaints policy and it was being followed. Every person we spoke with regarding their involvement in how the service was run said there was not a meeting for people living in the home but they would like to attend one and make a contribution to the running of the home and come up with ideas. People felt they were told when things were going to happen like activities but they did not have much to do with decisions about planning and the future of the home. One person said "they tell you and there is a notice board in the dining room and I ask them to check it for

me as I can't see it. Meetings would be a good idea so we can chat and come up with new ideas", and a relative said "I don't think they have meetings. I think they should." The registered manager said they would start up meetings.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been managing the service since 1995. Staff said they felt well supported by the manager and they were approachable and they could go to them with any problems. One staff member said "This is the best, most supportive home I've worked in, and I have worked in a few."

The registered manager was supported by a deputy manager and administration staff in the day to day running of the home. Oversight of the management team and the home was provided by the directors of the charity that ran the home. The registered manager showed us the directors filled out a monthly form to record their visits and conversations they had with staff and people and their relatives about the home.

Audit systems to try and improve care were not robust or organised. We asked the registered manager how they assured the care was of a high quality in the home. They told us they did checks. We saw that care plans and risk assessments were completed by senior carers and were signed by the registered manager, but there was not a process in place for anybody at provider level to check care plans. We asked how they ensured medicines were being managed safely. The registered manager said they did spot checks on when medicines are given but did not record these. The registered manager and deputy told us they regularly went through the daily care files to check that people had been being bathed when they wanted to and notes had been recorded properly. The registered manager said that as there were only nine people living in the home they asked people how they were and got feedback about the quality of care from people. This information was not recorded anywhere so we could not see where learning had taken place from audits or feedback. We saw from records that where environmental audits had taken place actions were not clear about who would do what by when and if actions were completed.

We found in some areas of leadership there was lack of confidence from the registered manager when we asked questions about specific elements of care such as the MCA and risk assessments. When we spoke with the registered manager they did not express any ideas for improvement or recognise how the running of the home could be changed so that people did more activities or audits were more robust. This had an impact on people because they were not stimulated throughout the day or provided with care that was innovative or looking to improve. One staff member told us they thought people were becoming institutionalised and had stopped wanting to go out and do as much as they used to do. During our last inspection we found the governance of the home needed improving and there was a breach in this area. During this inspection we found that improvements in monitoring and improving the quality of care and oversight of the home still needed to be made. We fed this back to the registered manager.

The above evidence demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager and staff why the atmosphere felt deflated, they told us that as so many people had sadly passed away recently they had been affected by it, and this was also true of people living in the home. We asked the registered manager if staff and people had received any bereavement support and were told no, but that "we all support each other here." The registered manager said that having so few

people in the home made it very quiet and there were less staff around.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that systems or processes were operated effectively to assess, monitor and improve the quality and the safety of the services and to maintain an accurate, complete and contemporaneous record for each service user, including decisions taken in relation to the care and treatment provided to the service user.