

Kingsley Care Homes Limited

Downham Grange

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Downham Grange is a residential care home providing personal and nursing care to 44 older people at the time of the inspection. The service can support up to 62 people in one adapted building.

People's experience of using this service and what we found

People were happy with the care home and the staff that provided their care.

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff, and the senior staff also spoke with people regularly. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the home's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints and concerns were dealt with and resolved.

Systems to monitor how well the home was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred elsewhere, so the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 4 January 2019) and there were

multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Downham Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors on the first day and one inspector on the second day.

Service and service type

Downham Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with seven staff members, including the registered manager, lead nurses, care workers and housekeeping staff.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to make sure there were enough staff available to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff on duty to support people safely and we saw they had the skills to meet people's needs. People told us there were enough staff available and two people commented that staff were quick to answer call bells. Staff members said there were enough care staff and there were dedicated housekeeping and kitchen staff. The registered manager told us staffing levels had remained the same despite the number of people living at the home reducing. They would review staffing levels as new people started living at the home to make sure there were always enough staff to meet people's needs.
- Staffing levels were determined through the use of a staffing tool and the lead nurse made sure people's rehabilitation and psychological needs were included in this.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to make sure risks to people's health and welfare was adequately assessed and properly managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff assessed risks to people's health and welfare such as moving and handling, the risk of using bed rails and the risk of losing weight. Assessments contained information about each risk and the actions needed to reduce these. Staff carried out these actions and recorded information to show they were effective in reducing risks to people.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment, air mattresses to reduce the risk of pressure ulcers. This ensured that not only had risks been identified, but regular checks were completed to make sure people were safe.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Two people told us, "I do feel very safe here," and one person added, "No reason really, just that it's security." Everyone told us they would speak with a staff member or the registered manager.
- The provider had effective safeguarding systems in place. Staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us that they had received safeguarding training.

Using medicines safely

- Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused. One person told us, "I always get my tablets, never misses it and always at the same time."
- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.
- Medicines were stored securely, and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection. One person told us, "They always wear gloves and aprons and they're always washing their hands."
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff also put actions in place following visits by stakeholders, such as health and social care organisations. This was designed to improve people's experience of living at Downham Grange.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to make sure people received enough to eat and drink. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 14.

- People said they liked the meals they received. One person said, "It's quite good, they come around the day before and ask what I want. I could ask for something else then if I didn't like what's on the menu." Another person told us there was always a choice available and the "food is very nice."
- People chose where they sat, they were able to eat at their own pace and both courses and mealtimes were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them. Staff working in the dementia unit ate alongside people and this provided people with visual prompts to continue eating. People ate most or all of their meal.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen. However, not all food records were completed with enough description. We saw that some staff continued to write general statements, such as "most" or "little" to describe how much people had eaten.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and the expectation was training would be updated yearly. The training matrix showed that approximately three quarters of staff were up to date with training required by the provider. The registered manager said that they had identified this and put incentives in place to encourage staff to complete all required training.
- Staff told us that they received other training, such as for specialised care needs. One staff member told us that training changed the way they carried out tasks and cared for people, as it kept them up to date with current practice.
- Staff members received supervision as individual meetings and they said they could contact the registered manager or senior staff at any time between meetings. They felt well supported to do their jobs.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff involved them as much as possible in the process. However, not all staff were confident in their knowledge about the MCA and we spoke with the registered manager who agreed how to improve this.
- Where people did not have capacity, best interest decisions were not well recorded in care records. This meant that staff would not easily know how to support people with specific decisions.
- People who were able to make their own decisions told us, "Staff never do anything without letting me know, there have never been any surprises."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they started using the service. This helped them to make sure they had enough staff with the right skills to meet their needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed. This helped them better understand how people's specific needs should be met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff completed a hospital admission form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People were referred to health care professionals for advice and treatment, for example to speech and language therapists, physiotherapists or occupational therapists. Advice and recommendations were followed by staff. One person told us that their GP visited whenever they needed them, and staff were quick to refer to other health professionals the person needed.

Adapting service, design, decoration to meet people's needs

- The provider had made adaptations to the home to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff were kind and caring and they commented positively about staff members. One person said, "They are all very, very nice and very kind. I can have a laugh and a joke with them, it's a very good atmosphere."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. People confirmed staff knew them well, with one person saying, "They know me very well and they know what I can and can't do. They still ask though what I want or if I want it done differently."
- People were comfortable in the presence of staff. They were able to express themselves to staff and staff listened to them.

Supporting people to express their views and be involved in making decisions about their care

- People said staff asked about how they preferred to have their care and support provide.
- Staff told us they provided care to people in a way that each person preferred but that still encouraged them to do as much for themselves as possible. Staff had enough time to support people and in the way, they wanted.
- People were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what activities they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and they made sure people were supported in a dignified way. Doors and curtains were closed, and covered people up as much as possible while supporting them with personal care. We heard some staff using terms of endearment with some people and wondered if this was replacing people's names. One person we spoke with said, "I don't like terms of endearment, they don't use them with me."
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.
- Staff encouraged people to do what they could for themselves to maintain their independence. They worked with health professionals to increase people's ability to care for themselves with the aim of returning home or to live as independently as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to make sure care plans contained details of people's preferences and how they wanted their care given. There was not enough for people to do during the day. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's care needs were met, and they were happy with the care they received. One person told us, "I choose to be washed early and they do this." Another person that staff cared for them in the way they wanted but due to their illness they were limited with how much time they could spend out of bed.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. We saw this particularly applied to people's mental health or psychological health needs. There was clear information about how to recognise deterioration and the actions staff should take to support people. Staff had built good relationships and knew people's likes, dislikes and preferences.
- Each person's care plan was reviewed each month unless there were any changes before that time. This ensured reviews were completed and staff monitored people's health and well-being regularly.
- One staff member's role was to organise things for people to do each day. A program of the daily activities was available on noticeboards around the home and people were encouraged to take part.
- One person told us they were, "Never bored," and staff spent time with them and this was enough for them. People who were taking part in activities during our visit were happy and engaged in what they were doing. Another person said, "Staff take me out into the garden," as they enjoyed the flowers. We saw a knitting circle, which provided cheerful, happy conversation for the people taking part in the group.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided people with information in formats and ways that supported their individual communication needs. People had information in picture format to help them understand, especially when staff needed to describe items, such as meals.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. However, none of the people we spoke with felt they had ever needed to make a complaint.
- Complaints had been investigated and responded to by the provider. Concerns raised by people living at the home were recorded and responded to appropriately. People had a complaints procedure to follow if these were raised. However, this did not include contact details for external organisations that people could go to if they wanted to take their complaint further.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although no-one was receiving end of life care at the time of our visit. A staff member told us that they would speak with people's relatives if the person was unable to tell them details if they needed this care.
- Staff had received training in caring for people at the end of their lives. Additional guidance was available for staff in the form of an end of life policy and the support of nursing staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to make sure the service was managed properly or to ensure they monitored and assessed the quality of the service and risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the registered manager to take action where needed and reduce reoccurrence.
- The registered manager had taken action to address concerns we identified in our previous inspections and we found there was an improved atmosphere and work ethic in the home. We found staff were happy, they liked coming to work, and they liked and respected the registered manager and other staff in the provider's organisation. The culture of the home had changed to one that felt positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The lead nurse and senior staff were committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed.
- Staff were committed to providing high-quality care and support. A staff member told us they loved working at the home, "It's challenging, but in the right way."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. They displayed their inspection rating and told people and visitors what they had done to improve.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they were able to provide good quality care and support to people because they had strong members of staff who supported new staff. Staff said they could raise issues with the lead nurses or registered manager and were confident their concerns would be listened to.
- Staff said the lead nurse and the registered manager were approachable and would work with them if needed. One staff member told us, "You can have a laugh and a joke with [registered manager], very approachable, he sorts things out. Helps you out if he can. But if he isn't happy then you know about it and he addresses it straight away. If we make a mistake, then he will tell us but help us to put it right. Since [registered manager] took over [Downham Grange] is definitely running better."
- The registered manager was supported by senior staff working within the home and by the provider's operational staff. This made sure improvements needed since our last inspection were made and the home ran well at those times when the registered manager was not available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and visiting professionals had completed a survey, which showed positive comments for the home from people and visiting professionals. There was a mixed reaction from staff, who raised issues about their knowledge of the Mental Capacity Act 2005 and activities for people. The issues raised had been recognised, although questionnaires were still being returned. The registered manager said they would carry out another survey in six months to gauge whether there were any emerging issues.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us they attended meetings each month, which gave them regular support and information was shared quickly with them.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.