

Kingsley Care Homes Limited

Allonsfield House

Inspection report

Church Farm
Campsea Ashe
Woodbridge
Suffolk
IP13 0PX

Date of inspection visit:
31 August 2022

Date of publication:
20 October 2022

Tel: 01728747095

Website: www.kingsleyhealthcare.com

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Allonsfield House is a residential care home providing personal and/or nursing care to up to 53 people. The service provides support to adults in one adapted building. At the time of our inspection there were 46 people using the service, some of these people were living with dementia.

The service is split into three units. Allonsfield provides residential care and support, Ashfield provides care and support to people living with dementia and Ashfield Suites which provides nursing care.

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

Since our last inspection, there was a new manager working in the service. The manager had submitted a registered manager application to the Care Quality Commission (CQC).

There were audits in place where the service had identified shortfalls and a service improvement plan to identify when the improvements would be made. However, we found shortfalls in recording, including in people's care plans, risk assessments and the recording of when people had received their medicines prescribed for external use. There were plans for these shortfalls to be addressed but had not been implemented at the time of our inspection.

We received positive feedback about how the service was being led by the manager. People were asked for their views on the service and this was used to drive improvement. When incidents and accidents had happened, there were systems to learn lessons and reduce future incidents.

People and relatives told us they were happy with the service being provided and felt it was safe. There were systems in place designed to reduce the risks of abuse. Checks on the environment and equipment used reduced the risks to people. Medicines, such as tablets and liquids were provided to people when required safely.

Staff were available when people required assistance and recruitment of staff was undertaken safely. Staff received training to meet people's needs. There were plans to access further training to enhance staff knowledge, such as supporting people with behaviours that may challenge others.

Prior to using the service people's needs were assessed. People were supported to have access to health professionals where required and where concerns about people's health were identified referrals were made by staff. People had access to food and drinks, and this was monitored to ensure people received sufficient amounts. 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.

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

Rating at last inspection

The last rating for this service was good (published 3 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. Which raised concerns about governance, medicines and consent. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allonsfield House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Allonsfield House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Allonsfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Allonsfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was a manager who had submitted a registered manager application to the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 14 July 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

During our inspection visit, we spoke with eight people who used the service and two relatives. We also observed staff interactions with people, such as at lunchtime and when medicines were being administered. We spoke with seven staff members including two operations managers, the registered manager, nursing, senior care, catering and administration staff.

Following our inspection visit we reviewed a range of records, including five people's care records and medicine records, three staff recruitment records and staff training. We also reviewed records relating to the management of the service including policies and procedures and audits. We spoke with two people's relatives and one staff member on the telephone and received electronic feedback from four staff members.

On 13 September 2022 we met with two operations managers and the manager using remote technology to feedback our findings of the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records reviewed for medicines to be administered externally, such as creams, did not demonstrate people received these as prescribed. There were no written records for August 2022 in two units. In July 2022, there were significant gaps. Some entries in the electronic daily notes identified creams were administered but these were not consistent or clear regarding which creams. The manager told us they were working to improve recording of the administration of creams.
- Where people were prescribed medicines to be administered 'as required' (PRN), there were protocols in place and available for staff to reduce the risk of inappropriate administration. However, records did not always identify the reasons for administration; for example, if people were prescribed medicines for their anxiety and distress.
- Medicines administration records (MAR) for medicines to be taken orally, in the form of liquid and tablets, showed when people had received their medicines.
- We observed medicines being administered, this was done safely by a staff member, who talked us through the process and showed us their hand-held device to explain how people received their medicines. Staff responsible for administering medicines had been trained and their competency assessed.

Assessing risk, safety monitoring and management

- People's care records included risk assessments which did not always include how the risks were mitigated. There was some guidance for staff in care plans on how to reduce risks, but the information did not cover all the risks identified in the risk assessments. For example, risks were not explored for one person who was unable to use their call bell. This placed people at risk of harm. We were advised by the management team that improvements were being addressed in this area.
- People and relatives told us they felt the service was safe.
- Regular checks in the environment and on the equipment used reduced the risk to people and staff. This included fire safety and mobility equipment, such as hoists.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to reduce the risks of abuse, including a policy and procedure and staff training.
- Staff were aware of how to report safeguarding concerns to the appropriate organisations.
- The manager shared examples with us about how they had raised safeguarding referrals where required.

Staffing and recruitment

- The service had a tool and system to assess the number of staff required to meet people's dependency needs.
- People, relatives and staff told us they felt there were sufficient staff numbers to meet people's needs.
- The service was working to address staff vacancies. This included ongoing recruitment both in the UK and overseas, and the use of existing staff and agency staff to cover shifts.
- Records showed staff were recruited safely and checks included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors, which was confirmed in feedback from people using the service and relatives and our observations.
- The manager told us they had asked visitors to consider their visiting arrangements at mealtimes, however, some relatives preferred to visit at this time to assist their family members in eating their meals, which was supported by the service.

Learning lessons when things go wrong

- The service had systems in place to learn lessons and reduce future risks.
- Complaints and incidents records included a section where lessons were learned, and any lessons were shared with the staff team in meetings.
- Falls were analysed to check for any trends and included measures taken to reduce future risks.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, prior to them moving into the service, this assisted the staff to develop a care plan and risk assessments based on people's assessed needs. One person's relative told us how they had been consulted about their family member's needs.
- The service policies and procedures referred to legislation and good practice guidance, such as National Institute for Health and Care Excellence (NICE) guidelines.

Staff support: induction, training, skills and experience

- Records showed that staff received the training they needed to meet people's needs, which was confirmed by the staff we spoke with. The manager told us they were in the process of sourcing further training for staff in supporting people with behaviours that others may find challenging and further training in dementia.
- The induction for new staff included training, shadowing more experienced colleagues and competencies, including in moving and handling. The manager told us the provider was in the process of working with a training provider for staff to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was a system in place to provide staff with a forum to discuss their role, receive feedback and identify any further training needs.

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

- During lunch, we observed a calm atmosphere and staff supported people, where required, at their own pace. People were offered choices of meals. People told us the quality of food was good and they got enough to eat. One person said the food was, "Excellent." One relative told us their family member received their specific diet.
- Records of what people had eaten and drunk were maintained. We noted the fluid records were very good and indicated a high level of fluid intake, which was positive particularly due to the recent hot weather.
- A member of the catering staff told us the care staff kept them updated in any specific dietary needs people had to ensure they received appropriate food, for example the assessed consistency to meet their needs.
- Staff meeting minutes which showed the menus were being reviewed and the catering staff were to go to another service to receive guidance in providing more choice in softer diets.

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

- People had access to health care professionals where required. People told us if they requested to see, for example, the doctor, arrangements were made.
- During our visit we observed a staff member contacting health professionals for support when this had been requested.
- Where concerns were identified regarding people's wellbeing referrals were made to health and social care professionals. This included if there were concerns of weight loss and choking risks, referrals were made to a dietician and/or speech and language therapists (SALT).
- One relative told us how they attributed their family member's health improvement to the care and support provided in the service, this included encouragement to eat and drink.

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

- There was a programme of redecoration to ensure the service was being well-maintained. We saw pictures on the wall in one unit of film stars from the 1950s and 1960s.
- People's bedrooms had pictures and their name on their door, which helped people to identify where their bedroom was.
- There were enclosed gardens which we saw people had access to. One person told us how they had plans to do some gardening in one area of the grounds.

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 MCA 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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's records included information about their capacity to make decisions. Where people lacked capacity, documentation was in place to identify the authorised persons to make decisions on their behalf and any best interest decisions made.
- However, the records did not identify each aspect of people's care, assessments mainly focused on their ability to make decisions about leaving the service. We were assured by the manager and the service improvement plan that people's care records were in the process of being reviewed.
- DoLS referrals had been made appropriately, and these were being kept under review.
- We saw people were asked for their consent before any care and support was provided. People told us their choices were respected and the staff acted on what they said. One person told us they felt in control of their care and personal space, "This is my room and I choose what I do."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection, there was a new manager in post. The manager had submitted a registered manager application to the Care Quality Commission (CQC).
- The service had a programme of audits which identified shortfalls, a service improvement plan was in place which identified a planned date for improvement and meetings with staff held on the improvements required. This included improvement needed in people's care records. There were no recorded audits in place to support the service to assess if people's call bells were being answered promptly.
- Despite the provider's own monitoring system identifying shortfalls, the improvements needed had not yet been implemented. This included the recording systems in place, such as recording when people had been provided with their medicines prescribed for external use.
- Improvements were needed in the records maintained to show the care and support provided in a daily basis, these were mainly what care had been provided and missed areas such as how the person spent their day and how they were presenting.
- Some care plans had been reviewed, however, we found inconsistencies in care plans and some were not up to date, which was a risk that people could receive unsafe or inappropriate care. For example, one person's care plan referred to physiotherapy exercises, but this was no longer relevant.

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

- People and relatives told us they were satisfied with the service provided. One relative said, "Everything is good as far as I am concerned."
- People knew who the manager was. One person told us how the manager had visited them in their bedroom and provided reassurance about how they could access services. They referred to the manager and staff as, "Very efficient," and said, "They are very kind, nothing is too much trouble."
- Staff told us how well they worked as a team to ensure people received the care and support they required. Staff talked with and about people in a caring way and staff were committed to providing good quality care.
- Staff told us they felt the service was well-led and the manager was approachable and listened to any concerns.

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

- There was a duty of candour policy in place and this was understood. Relative meetings showed that an apology was given when they had raised issues.

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

- There were systems to receive feedback about the service, including complaints, resident and relative meetings and satisfaction surveys. The manager told us the provider had recently sent surveys out to people using the service, relatives and staff, once these were returned, they would be analysed, and actions taken on any comments of concern.
- Minutes of relative and resident meetings showed they were asked for comments about how they felt the service could be improved. Actions were taken such as seeking a more robust way of labelling people's clothing, we saw staff showing people clothing which was not labelled to enable them to identify if it belonged to them, this was done in a fun way and there was lots of laughter from people using the service.
- People's relatives told us they were kept updated with any concerns relating to their family member's wellbeing. They also told us when they raised any comments about the care provided, this was addressed.
- Staff meetings showed they were being kept updated in the expectations of their role.

Working in partnership with others

- The manager told us they had good relationships with health and social care professionals and worked in partnership to ensure people received consistent services.
- The service had a farm on site with animals, we saw photographs of the open day. People could access this when they wanted and on 'Farm Friday'. The management team told us how people from the provider's other service could access the farm and interact with people using this service.
- Records showed various activities undertaken by the provider and the staff, where they had raised money for local charities.