Grandcross Limited

Kingswood Court Care Home

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

Overall summary

This inspection took place on 16 and 21 April 2015 and was unannounced. The previous inspection of Kingswood Court Care Home was on 21 October 2013. There were no breaches of the legal requirements at that time.

Kingswood Court Care Home is a care home with nursing for up to 66 predominately older people. At the time of our inspection there were 59 people in residence. There was a registered manager in post. 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.

People were looked after with their safety in mind. Staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if concerns were raised and who to report the concerns to. Pre-employment checks were robust and

Summary of findings

ensured that unsuitable workers could not be employed to work in the service. Some improvements in the respect of the management of medicines has already been implemented by the registered manager.

Any risks to people's health and welfare were assessed and appropriate management plans were in place where needed. The staffing numbers on duty each shift were continually reviewed and increased when necessary to ensure that each person's care and support needs could be met.

Staff were trained to enable them to carry out their roles and responsibilities. New staff had an induction training programme to complete and there was a programme of refresher training for the rest of the staff. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were supported to make their own choices and decisions where possible. Staff understood the need for consent and what to do where people lacked the capacity to make decisions. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. There were measures in place to reduce or eliminate the risk of malnutrition or dehydration. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so. People were administered their medicines as prescribed by their GP.

People received a service that was caring and which met their needs. They and their relatives said they were well looked after. The staff team had good friendly relationships with the people they were looking after. People were able to participate in a range of different activities.

Care records were kept for each person and provided information about how the planned care was to be provided. People were involved in having a say how they were looked after and were encouraged to raise any concerns they may have.

Various systems were in place to audit and monitor the quality and safety of the service. Action plans were developed were improvements and changes were required. The regional manager visited the service on a monthly basis and also conducted a quarterly audit of the service. These measures ensured that any improvement actions were followed up and implemented.

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.

People received care from staff who safeguarded them from coming to harm and would take the appropriate action if their safety was compromised.

Staffing levels were appropriate and enabled them to keep people safe. Robust recruitment procedures ensured that only suitable staff were employed.

People's medicines were managed satisfactorily however the registered manager had an action plan in place to check that some shortfalls were consistently addressed.

Good

Is the service effective?
The service was effective.

Staff received training that was relevant to their job role and were regularly supervised to ensure their work performance was effective.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were provided with sufficient food and drink that met their individual requirements and were supported to see other health and social care professionals as needed.

Good

Is the service caring?
The service was caring.

Staff were caring and kind and supported people that promoted their well-being.

People were treated with dignity, respect and compassion.

Staff helped people maintain their independence and recognised their individuality.

Good

Is the service responsive?
The service was responsive.

People received the care and support they needed. Care plans provided an account of what support was needed and how this was to be provided.

People were able to participate in a range of social activities. They were listened to and staff supported them if they had any concerns or were unhappy.

Good

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

The registered manager had a clear vision about the future of the service and how it would continue to develop for the benefit of people at the service.

Feedback was encouraged, people were listened to and improvements made to the service when needed.

Good

Summary of findings

People benefitted from staff who felt supported and were motivated to learn, develop and support people as a team.

Kingswood Court Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 21 April 2015. The inspection was undertaken by two adult social care inspectors. Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We had not asked the provider to submit their Provider Information Return (PIR) before this inspection.

During our visit we met and spoke with 12 people living in the service and six relatives. We spent time with the manager and deputy. We spoke with seven care staff, the activities coordinator, chef and housekeeping staff.

We looked at eight people's care documentation, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits, quality assurance reports, satisfaction survey reports and minutes of meetings.

Good

Is the service safe?

Our findings

People said, "I feel secure here, there's always someone passing by my door". No other comments were received we could not directly link to this question but our overall impression from speaking with people, their relatives and the staff team was that people were safe and there were measures in place to ensure their safety.

All staff completed safeguarding training as part of induction and refresher training programme. They knew what was meant by safeguarding people, what constituted abuse and what their responsibilities were to keep people safe. Staff told us they would report any concerns they had about a person's safety or welfare to the nurse in charge, the deputy or the registered manager. They knew they could report directly to the local authority, the Care Quality Commission or the Police. Staff also referred to the whistle blowing procedure.

People were protected from the recruitment of unsuitable staff because the pre-employment procedures followed ensured that they would not be employed. Recruitment records contained at least two written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. These measures meant people using the service were not put at unnecessary risk.

As part of the care planning process each person was screened for a number of health and welfare risks. These included mobility, the likelihood of developing pressure ulcers, falls, malnutrition and dehydration. Where appropriate a management plan was devised to reduce or eliminate those risks. The appropriateness of that plan was kept under review and amended as necessary.

On the first day of our inspection there were two qualified nurses on duty, one senior care staff and 12 care staff. Other staff were on duty and this included activity staff, four catering staff, six housekeeping staff and one receptionist.

The deputy manager was also on duty and in charge on day one and the registered manager was available for day two. The registered manager used a formulae to calculate the staffing numbers and skill mix required for each shift based upon the collective dependency needs of each person.

Records and practices demonstrated that medicines had not always been managed safely. In some instances the provider's policy was not followed to ensure that all medicines in the service were accurately accounted for. Some medicines had not been checked and signed for when received and some medicines carried forward from previous months had not been recorded. We checked and found there were incorrect amounts of stock remaining. This meant it was not possible to complete an accurate stock check. The registered manager had already taken action by day two of the inspection to rectify this shortfall and had an action plan in place. A meeting had been arranged with the nurses and a programme of daily and weekly audits had been implemented. The medicines policy was to be revisited with the nurses and senior care staff.

People were not able to look after their own medicines, and these were administered by nurses at the prescribed times. All medicines were stored in locked medicines trolley or within locked cupboards. Suitable arrangements were in place for storing those medicines that required additional security.

We observed one person was receiving their medicines 'covertly', in that their medicines were being administered in their best interests. This had been fully discussed with the person's doctor, social worker and family. Accurate records were maintained in accordance with the provider's policy.

Some medicines were prescribed 'as required'. These were usually medicines for pain relief or constipation. Clear records were maintained to describe the circumstances in which these medicines may be required.

Good

Is the service effective?

Our findings

Staff had induction training when they started working at the service. The programme consisted of completing mandatory training via a mix of computer based training programmes and practical learning sessions. New staff initially worked alongside experienced staff. All staff had a programme of refresher training they had to complete. One staff member said they found the practical or face to face training "more beneficial". Those staff we spoke with confirmed they received regular training. As well as the mandatory training programme the staff team had undertaken training in continence management, end of life care and dementia awareness.

Staff were encouraged and supported to achieve further qualifications, for example diplomas in health and social care (formerly called a national vocational qualification (NVQ)). Staff received regular supervision and an annual appraisal to discuss their work performance and any development needs to ensure they had up to date knowledge to meet people's needs. The nurses were supported to meet the requirements of their nursing and midwifery council (NMC) registration.

All staff completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and those we spoke with had a basic understanding of the legislation and how it affected their day to day work. The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for people who lack the capacity to consent to treatment or care. The legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. These safeguards protect the rights of the people who live in a care home to ensure that the restrictions placed upon their freedom and liberty, were appropriately authorised and were in the person's best interests. The registered manager advised us that 30 DoLS applications had been submitted to the local authority.

Staff were clear about asking people for consent and said if a person declined an activity they would try again later or try different staff and would always report to the nurse in charge if there was a continued refusal.

People were provided with sufficient food and drink. As part of the care planning process an assessment of the person's nutritional requirements were made. Their care plans stated if they were at risk of malnutrition or dehydration. Staff knew the likes and dislikes of those people who had lived at the service for some time and were able to tell us about those who had specific dietary requirements, for example pureed, soft foods only or a diabetic diet. The kitchen staff were informed of people's dietary requirements and were advised if a person's body weight decreased. Fortified foods were provided when needed and food and drink was available at night times for those people who had not eaten well during the day.

There was a four week rolling menu plan in place. The menus were displayed on each floor. Menu choices were made in advance, and where people did not want one of the main meal choices, they chose and were served an alternative. We observed one person had chosen soup, with bread and butter, and another person had chosen an omelette. On the top floor meals were being served to people in their bedrooms. During the meal time period we found the service to be calm and well organised.

One person was sitting in a recliner chair, with their legs elevated, and ate their plated meal, with a fork and spoon, from a tray on their lap. Although this looked a little uncomfortable, a member of staff told us that this was how the person preferred to eat. They also said it was great progress for the person to have agreed to get up out of bed for their meal. The detail, as described by the staff was however not updated in their care records. Where needed people were provided with clothes protectors - on most occasions, people were asked first. We did see that one person was not asked or spoken to before their clothes protector was applied.

People were supported to access other health and social care professionals. People were registered with a GP and the nursing staff arranged for them to be seen whenever they needed a medical opinion. Staff enabled people to attend other health appointments as and when needed, for example hospital outpatient appointments. Referrals were made to specialist nurses, dieticians and speech and language therapists (SALT), OT's and physiotherapists. A foot care professional visited the service regularly and district nurses were asked to visit people who were funded on a 'residential care basis' but had nursing care needs (for example wound care management).

Good

Is the service caring?

Our findings

People we spoke with were positive about the care they received. Comments included, "The staff are very attentive", "The staff are really brilliant especially X (named member of staff)", "Everything is perfect", and "They (the staff) are all so kind". Relatives told us, "We think it's great here", "Mum always looks well cared for" and "The staff are delightful, so caring and respectful".

The registered manager spoke about the importance of first impressions and making people feel welcome. There was a receptionist on duty that greeted and assisted visitors with any enquiries. One relative said, "A friendly face is all you need. It's reassuring to see someone as you walk through the door". There was a seating area in reception and additional comfortable seating to the right of reception. People, their relatives and other visitors were encouraged to use the areas and help themselves to a variety of hot and cold beverages. One person said, "It's a nice place to be, I can watch the world go by and see people coming and going".

People were supported to maintain relationships with people who were important to them. Staff had been supporting one person who was looking forward to attending a family wedding at Kew Gardens. One person spoke with us about how staff had supported them emotionally since their admission after moving out of their marital home. Relatives and friends enjoyed their visits and said the atmosphere was "happy, calm and relaxed".

People were positive about the care they received. Comments included, "The staff are very attentive", "Staff are really brilliant especially the deputy", "Everything is perfect", and "Everyone is very kind". Relatives told us, "We think it's great here", "Mum always looks well cared for" and "Staff are delightful, so caring and respectful". A recent satisfaction survey that had been undertaken by the service asked people how they rated the nurses, care staff, housekeeping and catering. The scores were between 86-91% in the 'very good or good' range.

People were treated with kindness and staff responded promptly to their requests and needs. Eight-five per cent of respondents to the last satisfaction survey rated responsiveness of staff as "good or very good". There were friendly, warm and positive interactions between staff and people they supported, throughout our visits. One member of staff told us, "It's so important to treat each person with respect and get to know just how they like things done".

Staff treated people with dignity and respect. One member of staff told us "It's so important to treat each person with respect and get to know just how they like things done". During one lunch time we observed those people who could not eat or drink independently - they were assisted with patience and sensitivity. On all but one occasions people were asked if they wanted their clothes protected whilst they ate their meals. Assistance was provided at a gentle pace and staff sat beside the person they were assisting. Staff explained to people what they were eating, they engaged with the person they were assisting throughout the mealtime and offered drinks.

Staff made every effort to promote independence for people wherever possible without compromising their well being. We observed one staff member encouraging person they were assisting, to eat their meal independently. However when the person was struggling they assisted with kindness and sensitivity.

It was evident when speaking with people their choices and personal preferences were respected and supported. Wherever possible people were involved in decisions about their care, 71% confirmed this in their surveys and 83% of relatives confirmed they also took part in aspects of care if they wanted to.

Staff were knowledgeable about people and gave us examples where choices were continuously supported. One care staff member told us about a person who chose to stay up until the early hours the previous night and then enjoyed a lie in the next day. The chef referred to a person who came to see them on Sunday whilst they were preparing a roast dinner. They requested an alternative and asked if the chef could prepare them a Ploughman's - this was provided.

We asked staff for their views about the care people received and their experiences working in the service. One staff member told us, "I think the morale of staff is the best I have ever known it. This has such a positive impact on how we work and support people". Other comments included, "I

Good

Is the service caring?

am proud to be part of the home", "I feel the staff have a sense of achievement at the end of the shift" and "We want the best for people, and for them to feel like this is their home".

Good

Is the service responsive?

Our findings

Pre admission assessments were completed for people who were considering moving into the service. Where possible, people or their families were also encouraged to visit.

Most of the care plans were detailed, well written and up to date. People had been consulted, and their wishes, needs and preferences were documented in their care records. For example, "After discussion with X (named person), he would like the nurse to give him his medicines", "X said she will choose what she would like to do each day", "X told me she likes to sleep with one pillow", and "I would like to gain a small amount of weight but I don't think it will happen". This evidenced people were involved in deciding how they want to be looked after

We did see some care plans did not reflect people's opinions and preferences had been taken into account. However, we spoke with staff who clearly knew the people they were caring for, and were able to describe in detail their likes, dislikes and preferences.

An assessment for one person had been completed in 2012 however the assessment had been reviewed on a regular basis and updates provided. The assessment had not been re written and still contained some inaccurate information. The document still stated the frequency of visits from the person's spouse who had passed away in 2013.

People were referred to other health professionals when required and we were told that the SALT team had been involved in the assessment and planning of care for a person recently admitted to the service.

Care plans were written for each person and covered the full range of daily living needs. Those plans we looked at were well written and provided detailed instructions for the staff to follow. Care plan reviews were undertaken regularly. Where people were receiving end of life care, their wishes were documented, and plans were in place to make sure that care was delivered in accordance with their needs and wishes. It was evident that families were kept updated and informed of any changes.

People's daily routines were flexible. They told us they could choose how and where to spend their day. One person told us "I like to stay here in my room and watch the television". Another person told us about the activity programme and said she was looking forward to going downstairs that afternoon, and meeting up with some of the people from other parts of the home. She told us, "There are activities every day, and I go to all of them". The activity programme was on display on the notice boards on each floor. During the afternoon, we observed staff asked and encouraged people to visit the ground floor dining area where the afternoon activities were taking place.

There was a monthly programme of activities. The activity organiser (AO) told us about activities that had been added to the programme at the request of people and also said that the programme could be changed. An example of this was when people asked to go outside because of the warm weather instead of doing the indoor activity. The AO tried to devote some of their time with individuals who were confined to bed or did not want to join in with the group activities. The AO was in the process of looking for volunteers who would be able to help organise 1:1 trips out to the pub or shops. Examples of activities on this plan included quizzes, arts and crafts, a monthly church service, live entertainment and exercise classes. St George's Day and Easter had been celebrated with parties and decorations had been made by people attending the activity.

People and families told us they would feel comfortable if they needed to make a complaint, and they felt confident that any concerns raised would be addressed. One person told us, "I would just speak with the deputy, she is very good, and sorts things out quickly".

Good

Is the service well-led?

Our findings

We received positive comments from people and families about the management of the service. Comments included, "There is strong leadership and we have every confidence in the manager and deputy", "There have been remarkable improvements since the new manager came to work here, she is very approachable and wants what's best for people", and "the manager and deputy do a marvellous job, I can't fault them". People spoke about improvements and the recent investment in the environment, furniture and equipment. One person said, "It's such a lovely place to live, it feels more like home, bright, spacious but homely".

Staff were equally positive about the improvements over the last 18 months. It was evident the managers approach, skills and knowledge was appreciated and respected. This had a direct impact on the running of the service and the care people received. In particular staff said they felt "valued and appreciated" and this had "improved morale" and made it a "happy, friendly place to work". They also spoke about "being involved, contributing their views on how the service could improve and the positive working relationships that had been built".

The registered manager had a set of visions and values for the service. They were proud about the positive feedback she and staff team had received. A professional who recently visited the service told the registered manager they could see "improvements in the home had been made and one of the homes greatest assets was the staff". The organisation had appointed a new governance officer to support managers with their objectives. In addition to planning objectives the registered manager had considered and identified areas they wanted to improve and some new initiatives they wanted to implement. This included, developing a "resident and relative forum", building on links within the local community and ongoing engagement and empowerment of staff to sustain their motivation.

The service had received written compliments via emails, letters and thank you cards. One person wrote, "Congratulations on getting things done and most importantly for listening". The latest satisfaction survey report for showed that 74% of the respondents rated the service as good or very good and 83% said they would recommend the service.

The registered manager listened to people's views and wanted to effect positive change within the service. In the reception area they had displayed the outcome of a recent "enter and view visit" by Healthwatch England. Healthwatch England is a national consumer champion in health and care service and they visit care services and write reports about their findings. Their report had identified there was "a lack of regular, structured and meaningful activities specifically designed to engage people". The registered manager told us positive progress had already been made to address this shortfall. A revised programmes of activities had been discussed at "resident meetings" and a new activities coordinator had been appointed. Training had also been sourced for the activity staff which included learning skills to motivate people to take part, planning activities and increasing confidence in the coordinators role.

People, relatives and staff found meetings "useful and effective". Meetings had "kept people up to date, improved communication, gave opportunity to recognise where things had gone well and identifying where improvements were needed". Attendance at meetings was good and minutes demonstrated the discussions that had taken place, actions that were required, by whom and by when. For those people who were unable to attend, the meeting notes were displayed throughout the service on notice boards.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, infection control, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements and changes that were required. The regional manager visited the service on a monthly basis and also conducted a quarterly audit of the service. These measures ensured that any improvement actions were followed up and implemented.