Kingsfield (Cumbria) Limited

Kingsfield Residential Care Home

Inspection report

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Date of inspection visit:
10 July 2017

Date of publication:
04 August 2017

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

Kingsfield Residential Care Home provides accommodation for up to 27 people who require personal care and support, some of whom are living with dementia. The home also supports people with mental health needs and physical disability.

The home is an older property that has been adapted and extended for its current use and accommodation is arranged over three floors and there is a stair lift to assist people to access the accommodation on the two upper floors. The bedrooms in the home vary in size and layout and there are three double bedrooms. There is a garden to the rear of the home and an outside smoking area that is wheelchair accessible and has outdoor seating. There is parking available at the front and side of the home for staff and visitors.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Some people were living with dementia and had limited verbal communication but those did speak with told us they were happy and well cared for and felt safe living at the home. We were told the staff were "kind" and "very nice". Relatives also made positive comments about the levels of staffing and staff approaches and care and told us they were confident that people living at the home were safe.

People who were able told us they were liked the food provided and enjoyed their meals. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

The service had a complaints procedure that was made available to people on their admission to the home and their relatives. People we spoke with and their relatives told us they had no complaints about the service.

Staff had been recruited safely, were being appropriately trained and supervised in their work. We observed that they had the skills, knowledge and understanding required to support the people who lived there. Staff had received safeguarding training and understood their responsibilities to report unsafe care.

Staffing levels were observed to be sufficient during the day to meet the needs of people who lived at the home. We noted that additional staff were being introduced during the busy late evening and early morning periods to help make sure that an increase in dependency levels could be addressed.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported and were clear about the care people

wanted and had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to help make sure they had the competency and skills required.

The registered manager had used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service, satisfaction surveys and staff and resident meetings to seek the views of people about the service. We found that records were well kept and up to date. Equipment had been serviced and maintained as required.

The service followed the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Kingsfield Residential 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 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 comprehensive inspection took place on 10 July 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

We spent time speaking with and observing all the people who lived in the home and staff in the communal areas of the home and spoke with people in private. We were able to see some people's bedrooms, bathrooms, and the communal bathrooms. We spoke with eight people who lived in the home, four relatives/visitors to the home, four of the care staff, the maintenance person, the registered manager and a visiting mental health care support worker.

Some people living at the home could not easily give us their views and opinions about their care. We used the Short Observational Framework for Inspection (SOFI) in both of the two ground floor lounges. SOFI is a specific way of observing care to help us better understand the experiences of people who could not easily talk with us. This is a tool to help us assess the quality of interactions between people who use a service and the staff who support them.

We looked at care plans for six people living in the home, their medication records and care plans relating to the use of their medicines. We observed medicines being handled and discussed medicines handling with staff. We checked the medicines and records and spoke with members of care staff with responsibility for medicines.

We looked at records relating to the maintenance and management of the service and records of checks

being done on how quality of the service provision was being monitored. We also looked at the staff rotas for the previous month and staff recruitment and training records.

Before our inspection, we reviewed the information we held about the service and spoke with the commissioners of the service. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the registered manager had made under Deprivation of Liberty Safeguards (DoLS).

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People who lived at Kingsfield Residential Care Home, and their relatives, told us that they felt safe living in the home, that it was a "nice place to live" and that the staff were "kind". People spoke positively about their home and the care they received. A relative told us that they were "very confident" that their relative was safe and well cared for in the home. They told us "The staff are very good with all the residents. I have never seen anything that concerned me".

People living at the home, and relatives, told us that care staff were available to give support when needed. There were sufficient staff and ancillary staff during the day to meet people's needs. There were two staff on the rota at night and there were two people with higher levels of dependency needing two staff for personal care. The registered manager used a dependency tool to review staffing. They were aware of the need to do this continuously to meet any increases in people's dependency and to support personal evacuation plans. We noted that to meet changing dependency needs the service was introducing 'twilight shifts', between 10 pm - 12 midnight and six and eight in the morning so more staff were available at busier times when people were wanting to go to bed or get up. There were vacancies on night duty and recruitment was underway so that staff levels could be flexible to meet people's needs.

Safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included the required employment background checks and references from previous employers. Staff told us they had received training in safeguarding adults and training records confirmed this. Staff knew the appropriate action to take if they believed someone was at risk of abuse. They were also aware of the procedures for reporting bad practice or 'whistle blowing 'and expressed confidence that the registered manager would take prompt action to keep people safe.

We looked at care plans for six people and saw that needs and risk assessments had been carried out with people. The risk assessments identified actual and potential risks and the control measures and management plans to help minimise them including potential environmental risks. People's care plans included risk assessments for skin, the use of bedrails, pressure area care, falls, moving and handling and nutrition.

The home used an electronic medicines management system that had greatly improved the medication management. We found that medicines were being safely managed and administered and clear records were kept of the quantity of medicines kept in the home. We looked at the recording and storage of medicines liable to misuse, called Controlled Drugs. We found that this was being done correctly and safely.

We saw the environment was kept clean by domestic staff but that some items of furniture had retained a stale smell. The registered manager arranged for the furniture to be changed and ordered protective covers to help stop a repeat of the problem. The laundry had appropriate washing machines and cleanable walls and floor. There was one door to enter with used linen and leave with clean laundry. Ideally, a laundry should be designed to have dirty and clean entrances to minimise the risk of recontamination of linen. To reduce contamination risks the used linen was being moved around the laundry to be washed, dried, and

moved out when clean. This modified flow through system was to try to reduce the risk of cross infection.

Good

Is the service effective?

Our findings

People who lived there were positive about the food provided and told us, "It's very good" and "It's always nice, I like the puddings best". People told us they got "More than enough" to eat and "They [staff] feed you up alright". A relative told us, "[Relative] has put on some weight here and looks better than they have in years".

We saw that lunch was relaxed and staff spoke with and encouraged people as they served or helped them with their meals. There was a choice of food at all mealtimes in the home and people were asked what they wanted. People had nutritional assessments in place and their weight was monitored for changes so action could be taken if needed and appropriate advice had been taken. Staff had been given training on food hygiene. If someone found it difficult to eat or swallow advice had been sought from the dietician or the speech and language therapist (SALT).

People's care plans showed that there was effective working with health care professionals and support agencies involved in people's care such as local GPs, community nursing and mental health teams and social services. The care plans and records showed that people had been seen by appropriate professionals to meet their physical and mental health needs. We spoke with a visiting mental health care professional. They told us that they were "Really pleased" with how staff had supported a person they were visiting and that staff knew and understood the person's needs well. They commented the person was "More settled and happy" since coming to the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Procedures were in use for assessing a person's decision making capacity. This helped to make sure that any decisions that needed to be taken on a person's behalf were made in their best interests.

The registered manager had applied to relevant supervisory authorities for deprivation of liberty authorisations for people when necessary to restrict people for their own safety and these were as least restrictive as possible. We saw that people could move freely around the home, there was signage in place to support people living with dementia and a range of carry items, and tactile items were available for people to use.

Staff told us about the training, supervision and support they had received to help them carry out their different roles. Training records indicated that there was a planned and structured induction and training programme in place. They confirmed they were having regular supervision and appraisal and that they could speak with the registered manager or deputies about "anything" whenever they needed to Dementia awareness training had been provided for staff to help with understanding the condition and how they could effectively support people in the home who were living with dementia. Staff were able to tell us about the needs, interests and personal preferences of the people they were supporting.

The outside spaces were well tended and we saw people using the outdoor spaces during the inspection, as the weather was warm. Activities were taking place outside in a courtyard area where people were protected from the sun by overhead awnings.

Good

Is the service caring?

Our findings

All the people we spoke to who lived in the home, and their relatives, made positive comments about the care and support provided to them in the home. Relatives of people who used the service were positive about the care in the home and told us they were involved in the life of the home and the support given to their loved one through regular contact with the staff. Relatives told us, "There is a lot of love here. The staff are very good with all the residents" and "There's a lovely atmosphere here. It is a real home".

Relatives of people who lived at the home told us they could visit, "At any reasonable time of the day and there were no restrictions and that they felt they were welcomed in the home. People were also supported to go out into the community with friends and relatives. This meant that people were able to continue maintaining important relationship in their lives. We saw staff spending time with and reassuring people when they were distressed such as when their relatives left after a visit.

We used the Short Observational Framework for inspection, (SOFI) to observe how people who were living with dementia, and who could not easily express their views, were being supported and approached by staff. We observed several caring and appropriate interactions between staff and people living in the home especially when assisting them to move around the home or take part in activities. We saw that all the staff took the time to chat with people in the lounges and took up opportunities to interact and include everyone in activities and conversations.

We observed and people living in the home had their privacy and dignity respected and told us they were asked how they wanted to be looked after. We saw staff knocking on the doors to private rooms before entering and ensuring doors were kept closed during personal care. We noted that staff gave clear explanations to people when they were being assisted with mobility and in such a way that protected their dignity.

People had access to advocacy services and independent support should they require or want this. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

We spoke with some people in their bedrooms and saw these had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things.

Care staff we spoke with had an understanding of how important it was to support people and families properly at the end of life. Records showed staff had been provided with training on caring for people at the end of life. Care plans contained information about people's care and treatment wishes should their condition deteriorate.

Good

Is the service responsive?

Our findings

A relative told us, "We feel lucky to have [relative] in here [relative] has come on in leaps and bounds". A relative told us they and their family member had been able to visit the home before they decided to live there. Relatives told us they had been involved in helping people develop their care plans and say what they wanted. We were told, "They [staff] did a full assessment". Relatives told us they were able to speak with the registered manager whenever they visited if they wanted to know how their family member was getting on. They also said the registered manager made sure they were "kept up to date" on their relatives care.

Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. We looked at the information in people's care plans about how they wanted to be supported and saw their preferences were clear for staff to follow.

People told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. We found that people were able to follow their own beliefs and faiths and see their own priests and clergy as well as take part in religious services. The environment was homely and there were shelves of books, games, magazines, DVDs and CDs around the home for people to use. The library visited with books every five weeks. We saw that staff spent time with people and observed staff and people living there talking and reminiscing about the local area and past events.

None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. The complaints procedure was on display in the entrance foyer to the home. People told us they had no complaints at the moment but knew whom they could complain to if they were not happy about something. Relatives told us they were able to speak with the registered manager whenever they visited if they wanted to know how their family member was getting on

People's health and support needs had been assessed before admission and we saw that people living at the home had access to health care professionals to meet their individual health care needs. The information gathered before and on admission had been used to develop individual care plans. We saw information had been added to plans of care as they were developed and as the persons preferences and wishes became known. Records indicated that reviews had been carried out on people's assessed needs and associated risks.

The care plans and records that we looked at showed that people were being seen by appropriate professionals to help meet their particular physical, nursing and mental health needs. We saw records in the care plans of the involvement of the community mental health team, district nurses and specialist nurses as well as opticians, chiropodists and dental services.

Good

Is the service well-led?

Our findings

Relatives we spoke with during the inspection were positive about the way the home was managed and run. We were told by one relative "I have every confidence in [registered manager]; he's always here when you want to ask about anything".

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.

We saw during the inspection that the registered manager and senior staff were accessible and spent time with the people who lived in the home engaging in a positive and informal way with them. Lines of accountability in the home were clear and staff told us they felt the registered manager supported them to provide a good standard of care and there was "A good team spirit".

Records showed resident and staff meetings had been held to discuss the services being provided. The minutes of the most recent residents meeting showed that topics relevant to the running of the service had been discussed including meals and activities.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, medication records and usage of as required medicines, health and safety, nutrition and infection control. Regular checks were also made to ensure emergency and moving and handling equipment. This helped to ensure people were living in a safe environment.

We saw that the service was working in partnership with other organisations to make sure people were safe and received the right care and treatment. These included GPs, social services, the community mental health team, psychiatrists and specialist and district nursing teams, where appropriate.

The registered providers had a business plan for the year and the registered manager told us about the improvements they planned to make to the premises and to procedures over the next year. We could see that the registered manager was knowledgeable about his role and the service provided. They displayed a commitment to continue to develop and improve the service to improve the quality of life for the people who lived there.