

Hollyberry Care Limited

Kingsley Nursing Home

Inspection report

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15 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 1, 2 and 15 March 2016.

Kingsley Nursing Home is registered with The Care Quality Commission (CQC) to provide the regulated activities, accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures.

The service provides care for up to 25 older people, including people living with dementia and physical disabilities. On the day of our inspection 25 people were using the service.

Delays in submitting Deprivation of Liberty Safeguardings (DoLS) authorisation applications to the Local Authority supervisory body had placed some people using the service at risk of being unlawfully deprived of their liberty.

The provider had not always notified the Care Quality Commission (CQC), as required by law of people that were placed under Deprivation of Liberty Safeguards (DoLS) authorisations.

The Mental Capacity Assessments had not always considered having 'specific decision' MCA assessments in place, as set out in the MCA 2005 code of practice.

People received their medication as prescribed. However robust medicines records were not always maintained as staff did not always sign the medicines administration records.

The service had a registered manager. 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 were informed by the provider that the registered manager had resigned and was due to leave within a week of our inspection taking place. A new manager had been appointed and they had submitted their application to register with the Care Quality Commission (CQC).

Staff were aware of what constituted abuse and of their responsibilities to report abuse. Risks to people using the service and others were assessed, and control measures were in place to reduce any identified risks.

There was enough staff available to meet people's assessed needs. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Consent was gained from people before any care was provided. People had a choice of meals, nutritional assessments were carried out and special diets catered for, and people were supported to see healthcare professionals as and when they needed to.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. The views of people living at the service and their representatives were sought and areas identified for improvement were acted upon to make positive changes.

People and their families were fully involved and in control of their care. Care was based upon people's individual needs and wishes. They were reviewed and updated, to ensure they reflected the most recent and up-to-date information regarding people's care.

Leisure and recreational activities were provided for people to participate in if they wished.

The service had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The provider had informed the Care Quality Commission (CQC) of notifiable events such as, deaths and serious injuries as required by law.

Routine management audits were carried out to assess and monitor the quality of the service. The vision and values of the service were person-centred and made sure people were at the heart of the service.

We identified that the provider was not meeting regulatory requirements and were in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Robust medicines records were not always maintained.

Staff were aware of what constituted abuse and of their responsibilities to report abuse. Risks to people using the service and others were assessed, and control measures were in place to reduce any identified risks.

Staffing levels were adequate to meet people's current needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Delays in submitting deprivation of Liberty Safeguards authorisation applications, placed people at risk of being unlawfully detained.

The use of specific Mental Capacity Act (MCA) assessments were not always considered as set out in the MCA 2005 code of practice.

Staff received induction training and on-going training to ensure they had the skills, knowledge and support they needed to perform their roles.

Consent was gained from people before any care was provided.

People had a choice of meals, nutritional assessments were carried out and special diets were catered for.

People were supported to see healthcare professionals as and when they needed to.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, dignity and respect.

Staff spent time getting to know people and their specific needs and wishes.

The views of people living at the service and their representatives were sought and areas identified for improvement were acted upon to make positive changes.

Is the service responsive?

Good ●

The service was responsive.

Care plans were based upon people's individual needs and wishes. They were reviewed and updated, to ensure they reflected the most recent and up-to-date information regarding people's care.

A programme of leisure and recreational activities were provided for people using the service.

The service had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not always notified the Care Quality Commission (CQC) of people placed under Deprivation of Liberty Safeguards, as required by law.

A registered manager was in post and regular management audits were carried out to assess and monitor the quality of the service.

The vision and values of the service were person-centred and made sure people were at the heart of the service.

Kingsley Nursing 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 1, 2 and 15 March 2016. The visit was unannounced and conducted by one inspector.

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. We also reviewed other information we held about the service including statutory notifications that had been submitted by the provider. Statutory notifications include information about important events which the provider is required to send us by law.

We received information from commissioners involved in monitoring the care of people using the service, they told us they had identified areas for improvement and were working with the provider to address them.

We carried out general observations on care practices and we spoke with five people using the service, in order to hear their views of using the service. We also spoke with two relatives and a visiting healthcare professional at the time of the inspection.

We spoke with the registered manager, the deputy manager, the provider and two care staff and reviewed the care records for three people using the service. We also reviewed three staff recruitment files, medication administration records and other records in relation to the quality monitoring and management of the service.

Is the service safe?

Our findings

People told us they received their medication as prescribed. However we found several instances on the medicines administration records (MAR) charts when staff had not signed to evidence that people had received their medications as prescribed. Through not having robust contemporaneous records of medicines administration in place, people could be placed at risk of not receiving their medicines safely.

Systems were in place to order, receive, store and dispose of medicines. The registered manager showed us records of the medicines ordered received and disposed of and stock checks.

At the time of the inspection we were told that two people had been prescribed Controlled Drug (CD) pain relieving medicines to be administered 'as required'. We saw that the medicines were appropriately stored and the medicines held in stock corresponded with the balance recorded in the CD drugs register.

People told us that they felt safe. One person said, "I do feel very safe". Another person said, "The staff look after me well, I know I am safe here". The relatives we spoke with all confirmed that they felt their family members were kept safe at the service". We observed that people using the service were relaxed and at ease with the staff.

Staff members told us that they had received safeguarding training. They told us they knew the different types of abuse people could be subjected to. They told us if ever they witnessed or suspected any form of abuse they would report it. They knew about the 'whistleblowing' procedure to use if they felt that safeguarding matters were not taken seriously or appropriately addressed by the provider. We saw records of safeguarding alerts held on file which demonstrated that the local authority had been informed, along with the Care Quality Commission (CQC) of safeguarding matters.

Suitable systems were in place to record and monitor all accidents and incidents. We saw that accidents and incidents were regularly monitored to identify any extra measures needed to minimise the risk of repeat incidents. We saw that people with behaviour that challenged had guidelines in place for staff to follow. This meant that staff were able to minimise risk and keep people safe.

There was sufficient numbers of staff available to meet the needs of people using the service. One person said, "When I use my call bell they [staff] respond pretty quickly, even at night". Visitors also confirmed they felt the staffing arrangements were sufficient to meet people's needs. One visitor said, "I visit at different times of the day, I have never had any cause to think there is not enough staff, there always seems to be staff about whenever I visit". We noted during the inspection that staff responded promptly to people's requests for assistance, and staff breaks were organised so that there was always staff available to respond to people's needs. We saw within the care plans that people's dependency levels were assessed to identify the level of staff support people required.

The provider operated a thorough recruitment procedure based on equal opportunities and ensuring the protection of people using the service. The staff confirmed that when they applied for their roles they were

asked to provide documentation to verify their identity and eligibility to work in the United Kingdom and that checks had been carried out on their suitability to work at the service. We saw that checks had been carried out through the Disclosure and Barring Service (DBS); this ensured that no staff were appointed that posed a risk to people using the service. We also saw that identity checks and written references had been obtained and that registered nursing staff had checks carried out through the Nursing and Midwifery Council (NMC) to ensure they held valid nursing registrations.

Risks to people's health and well-being had been identified and assessed by the service. For example, nutrition falls and skin integrity. The assessments were available within people's care plans, and used to guide staff on how to keep people safe. They were reviewed regularly to ensure that safe and appropriate care was consistently delivered.

We also found people were supported to take risks. For example, when smoking, the hazards were managed appropriately to enable people to smoke in a safe environment. General risk assessments were in place, to ensure the environment was safe for people to use. This included areas such as electrical and fire safety. For example, we saw that each person had a Personal Emergency Evacuation Plan (PEEP) in place; to provide vital information about each person's needs to the emergency services should it be needed.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider informed us they believed that DoLS applications had been submitted to the Local Authority (LA) supervisory body for all people assessed as requiring a DoLS to be in place. We found at the time of the inspection that seven applications had been submitted to the LA, of which two had been authorised. At the time of the inspection it was established that a further 12 people required DoLS applications to be submitted to the LA. Following the inspection the provider submitted the applications to the LA. However this meant that the 12 people had been placed at risk of being unlawfully deprived of their liberty.

This was a breach of Regulation 13 (5) (7) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The Mental Capacity Act (MCA) 2005 code of practice states 'generally, capacity assessments should be related to a specific decision'. We found that each person had one general MCA capacity assessment carried out that recorded overall whether they had or lacked the capacity to make decisions. People using the service with an 'ongoing condition', such as dementia, had best interests care plans in place, that informed staff to respect people's day to day decisions, such as, what to wear or to eat. We concluded the MCA capacity assessments did not fully relate to having 'specific decisions' in place. For example, assessing the person's capacity to make more complex decisions, such as, managing their medicines and finances.

Staff members told us that they were aware of the principles of the MCA and DoLS and that they applied it whenever they provided care for people. They were aware of encouraging and facilitating people to make decisions and of when they needed to make 'best interest' decisions on their behalf. The visitors we spoke with also confirmed that they had been involved in best interests meetings regarding the safety, care and treatment of their family members.

People told us they thought the staff had the right training and experience to meet their needs. One person said, "The staff seem to know what they are doing". Visitors also confirmed they believed the staff were professional and trained in meeting people's needs. The staff told us they received the appropriate training and support to develop their skills. One member of staff said "I was given induction training when I first started working here". They confirmed they had completed health and safety mandatory training that had including safeguarding, moving and handling, fire awareness and food safety training. They also told us that

when first working at the service they worked alongside an experienced member of staff before they worked independently. This was evidenced by records within the staff files that demonstrated new staff received induction training and were supported to develop their skills when they started their new roles.

The staff told us that training was provided for them to update and develop the skills and knowledge particular to their roles. One member of staff said, "We have regular training, through e-learning courses and also face to face". All the staff confirmed they had completed courses in areas such as, safeguarding, nutrition and hydration, pressure area care, moving and handling and basic first aid. In addition the staff said they were supported to undertake further qualifications, such as the Qualification Credit Framework (QCF) diploma in health and social care and the Care Certificate. Training records held on file and the service training plan also confirmed this.

The staff told us they had regular one to one supervision meetings with their supervisors and that regular team meetings also took place. They told us they felt well supported, and could approach the registered manager and senior staff at any time for advice and guidance. Records of the meetings demonstrated that self and service development matters were discussed.

People told us that the staff always gave them a choice and gained their consent before any care was delivered. One member of staff said, "I always ask people's consent before I do anything, some people might not fully understand, but it is important their choice is respected". During the inspection we observed staff offered people a choice of where they wanted to spend their time, for example, a person asked a member of staff to assist them to move to another chair, so they could sit next to a friend, the member of staff promptly responded to the person's request and assisted the person to sit next to their friend. People were offered a choice of food and drinks and whether they wanted to participate in an activity that was taking place with the activity person.

People told us that they enjoyed the food. One person said, "The food is nice". Another person said, "The food is lovely, the staff know what I don't like". One person said, "The meals are ok, but sometimes food I don't like is also put on the plate, the staff say it's ok to just leave what I don't want, but it puts me off, I would rather not have it on the plate in the first place". Another person said, "I never remember what's on for dinner, I only know it's always fish on a Friday". One visitor said, "The meals always smell very nice and my [family member] seems to enjoy them". Another visitor said, "It's brilliant my [family member] has put on weight since they moved in". We were told that following admission to the service the person's weight was checked on a weekly basis for the first month. We saw that regular drinks and snacks were provided for people.

We were told that people were offered a choice of meal option. However we noted there was no prompts available within the dining area such as menus written or pictorial to act as a reminder for people of what meals were available each day. The deputy manager said they were waiting on a notice board for staff to display the menu each day. Staff had received training on food hygiene and they were aware of specific guidance from healthcare professionals, such as the speech and language therapists (SALT) or dieticians to ensure that people received food that was appropriate to their needs.

Records confirmed that each person had a nutritional assessment in place and people at risk of not receiving sufficient nutrition and hydration had their food and fluid intake closely monitored. We sat in on the midday staff handover and found the communication shared from the morning staff to the afternoon/evening staff was detailed demonstrating how they worked together to meet the needs of people who had difficulty eating and drinking sufficient amounts.

We noted there was limited seating within the dining area, should all people using the service wish to eat at the dining table it would not have been possible. The staff said it was unlikely all people would want to sit at the table for their meals as many chose to sit in their armchairs using over bed/chair tables. We asked people that were having their meals from their armchairs whether it was done so of their choice, to which they all said it was of their choice.

People told us they saw healthcare professionals as and when they needed to. One person said, "The doctor comes here every week, he pops in to see how I am". Visitors said that the staff always contacted them if their family members took ill and when they needed to see the doctor. One visitor said, "The staff are really good they always keep me in touch if my [family member] is ill".

We saw that people had regular access to advice and support from healthcare professionals. The GP from the local surgery visited the service each week to review medicines and see people who required a more detailed consultation due to changes in their health conditions. We also saw that advice and support was provided from the Community Psychiatric Nurse (CPN) involved in people's care.

Is the service caring?

Our findings

People said the staff were caring and treated them with respect. One person said, "The staff do seem to care, it can't be an easy job for them, they seem to take everything in their stride". Another person said, "I am settled and happy here, it is very homely". Visitors also commented that the staff had a caring, friendly approach, and there was a homely atmosphere, they talked of how they were always made very welcome by staff whenever they visited their family members. We also noted there was a welcoming atmosphere at the service.

People were supported to maintain relationships with people that mattered to them and relatives were encouraged to visit as often as they wanted to. One visitor said, "There are no restrictions on when I can visit, I feel totally at ease coming into the home to see my [family member]".

People using the service and visitors told us they were involved in planning their care. The people we spoke with were aware of having a care plan in place, one person said, "Yes I think I have a care plan in place". Visitors confirmed they had been involved in making best interest decisions about the care of their family members assessed as lacking capacity to make some decisions due to being unable to understand the implications of their care needs.

We saw that each person was asked whether they wanted to share information about themselves such as, things that mattered to them and important events in their lives. The information went towards building an individual profile so that their care and support could be tailored to meet their specific needs and preferences. We saw within people's care records that people's choices and preferences had been recorded, for example, hobbies and interests, likes and dislikes.

During the inspection we observed staff address people by their preferred name, they knocked on people's doors and waited to be invited in before entering. The deputy manager explained to us when staff were in people's bedrooms assisting them with personal care, they left the linen trolley outside the door as an indicator. This was so that staff knew not to disturb the person at that time.

The staff demonstrated in their interactions with people that they knew people well. One member of staff said, "We know each person's little ways, for example, [person's name] will not get up until late morning, we respect their wishes". We observed staff supporting people in a calm and reassuring manner. We observed the staff were kind, caring and friendly towards people, we heard staff holding a group conversation talking with people about their past occupations, hobbies and interests. The staff showed a genuine interest in what people had to say and they also shared their own hobbies and interests that prompted a two way discussion.

We saw that confidential information about people's care was stored appropriately and only shared with professionals involved in people's care.

Is the service responsive?

Our findings

People received personalised care and treatment that was responsive to their needs. Visitors told us they were involved in planning and reviewing their family members care plans.

We saw that assessments of people's needs were carried out, prior to their admission to the service. The assessments formed the basis of the care plans that were put in place to help guide staff on meeting people's individual needs. The care plans contained sufficient information to inform the staff on the care they needed to provide. For example, mobility needs, skin integrity, and other specific information relating to people's medical conditions. The care plans related to other documents such as risk assessments and monitoring records.

We saw that people were asked their preference as to whether they had any specific daily routines or preferences for gender of carer. One person told us they preferred to stay in their bedroom they said, "I prefer to be in my room, I don't like being with a lot of people I find it frustrating, I keep myself occupied watching TV, and reading".

We found within each care plan had inserted a document entitled 'My Life Story'; however no information had been entered, other than people's star signs. We found information about people's past histories was recorded within the 'personal history' section of the care plans. We brought this to the attention of the provider who said they would remove the life story document as it served no purpose.

A programme of activities was provided at the service by an activity person. The provider told us this person supported people with individual and group activities. On the day of the inspection we saw the person spend time with people chatting and doing arts and crafts. The provider told us that all celebratory days on the calendar are recognised. We saw that a monthly newsletter was circulated to people using the service and visitors, which gave information on up and coming events. The provider told us they planned to introduce 1940's style tea party and that new garden furniture had been purchased so that people could enjoy spending time in the garden during warmer months.

People using the service and visitors told us they felt able to raise concerns or complaints with the provider. The provider told us that on admission to the service people were given a copy of the complaints procedure. One person said, "If I was unhappy about anything I would speak directly to the manager". Visitors confirmed they had not had any reason to complain about the care their family members received and the provider said they had not received any complaints over the past twelve months.

Is the service well-led?

Our findings

Under the Mental Capacity Act (MCA) 2005 the Care Quality Commission (CQC) has a duty to monitor the use of Deprivation of Liberty Safeguards (DoLS). Providers are required by law to notify CQC about the outcomes of their DoLS authorisation applications. At the time of the inspection we saw the provider had submitted applications for seven people using the service, of which two were authorised. They were still awaiting decisions on the remaining five applications. However the provider had not notified CQC of the two people with DoLS authorisations in place as they are required to do by law. They later submitted the two notifications to CQC following our inspection.

This was a breach of Regulation 18 (2) (c) of the Care Quality Commission (Registration) Regulations 2009.

We found the provider had informed CQC of other 'notifiable events', such as deaths, serious injuries, safeguarding incidents and other events, as required by law.

Systems were in place to record and monitor accidents and incidents. However we found the accident forms were not always fully completed with the required information by staff.

The visitors we spoke with said the registered manager had an open door policy and welcomed people using the service, relatives and staff to approach them at any time to discuss the care of their family members. They expressed that their family members were happy living at the service and that they were kept fully informed about their care. All the visitors spoken with said they were also involved in reviews of their family member's care.

During the inspection we observed people and visitors approach the registered manager, deputy manager and staff to talk. We saw that they stopped to listen and offer help and advice, their calm and welcoming approach alleviated any anxieties people may have had. One visitor said, "The staff don't only call me when anything is wrong, they also phone to let me know when [family member] has had a good day. This makes a big difference, as at the previous home they lived at I was only ever contacted when something was wrong, I began to dread answering the phone".

All staff spoken with said they felt valued and supported in their roles. They told us that staff meetings took place regularly; we reviewed the minutes from the meetings and found they covered areas such as, staff training and development needs and service improvement. We sat in on a staff handover and found that important information about people's care was appropriately communicated to ensure that people received consistent care.

Visitors told us they had attended meetings at the service. Minutes of the meetings included discussions about areas of service development and improvement. We saw the outcome of the meetings were posted in a monthly newsletter that was placed on notice boards within the service. The provider told us that they also sent copies of the newsletters by post and emailed to relatives who had been unable to attend the meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	Regulation 18 (2) (c)
Treatment of disease, disorder or injury	The provider had failed to notify the Care Quality Commission of Deprivation of Liberty Safeguards (DoLS) authorisations as required by law.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Regulation 13 (5) (7) (b)
Treatment of disease, disorder or injury	People using the service were unlawfully deprived of their liberty, due to delays in submitted Deprivation of Liberty Safeguards (DoLS) authorisation applications to the Local Authority.