Integrated Nursing Homes Limited

Kings Lynn Residential Home

Inspection report

Austin Fields, Kings Lynn, Norfolk PE30 1PH
Tel:01553 769098
Website: ww.ehguk.com

Date of inspection visit: 10 December 2014
Date of publication: 22/01/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Kings Lynn Residential is a care home providing accommodation and support to 36 older people. It does not provide nursing care.There was no registered manager in place at the time of our inspection. 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. However, the manager had submitted an application form to register and was awaiting a date to be interviewed for us to assess her suitability for the role.

The inspection took place on 10 December 2014 and was unannounced. It was undertaken by two inspectors. At our previous inspection on 19 June 2014 we asked the provider to take action to make improvements in relation to how people were cared for, how people were protected, cleanliness and infection control, and how the quality of the service was monitored. This action had been taken and we noted significant improvements in all these areas during this inspection.

We received many positive comments about the home from people who lived there, their relatives and visiting health care professionals. People told us that staff treated them in a way that they liked and there were enough of them around to meet their needs in a timely way.

Summary of findings

Relatives told us that there was effective communication and staff kept them up to date with information about their family members. Health care professionals told us they would be happy for a relative of theirs to live at the home.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's needs. People had good access to health care professionals to help maintain their welfare and they received their medication as prescribed. However the monitoring of people's food and fluid intake was poor, making it difficult to know if people received adequate hydration and nutrition.

Activities in the home were varied and frequent and provided meaningful stimulation and entertainment for people.

Staff received training for their role and had been recruited safely. However, not all had received regular supervision and appraisals of their working practices to ensure they were caring for people effectively.

The Care Quality Commissions is required by law to monitor the operation of the Mental capacity Act 2005 Deprivation of Liberty Safeguards, and to report on what we find. We found that staff had an improved understanding of this legislation since our previous inspection, however they had failed to recognise when one person living at the home had been deprived of their liberty

It was clear there had been many improvements in the home since our last inspection and the manager was bringing about much needed change. The manager was realistic about the problems faced in turning the home around and had already implemented a number of measures to improve the service that people received.

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 were protected by the home's safeguarding procedures and incidents were reported appropriately to ensure people were protected.

There were effective recruitment and selection practices in place to ensure suitable staff were employed, and there were enough staff on duty to meet people's needs.

People received their medication as prescribed and were cared for in a clean and hygienic environment.

Good

Is the service effective?
The service was not consistently effective.

People were supported to maintain their health and had support from a range of healthcare services.

Staff had received training to enable them to meet the individual needs of people that they supported. However the monitoring of their food and fluid in-take was poor and people's liberty was sometimes restricted without proper safeguards in place to protect them.

Requires Improvement

Is the service caring?
The service was caring.

People told us that staff treated them in a way that they liked, and that their decisions were respected by them.

Relatives told us that they were kept informed of any problems with their family member's health and that staff always responded quickly if concerns arose.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs and was regularly reviewed. They had access to activities that they enjoyed and were supported to maintain good links with their local community.

People felt able to raise their concerns and any complaints about the service were managed well.

Good

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

Good

Summary of findings

There was effective management in place which ensured people received good quality care and that staff were well trained and supported in their role.

People's views about the service they received were actively sought, and the manager had a number of ways to ensure the service was regularly monitored.

Kings Lynn Residential 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 was 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.

The inspection took place on 10 December 2014 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we had available about the home. This included information from notifications received by us and the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection.

During our inspection we observed how the staff interacted with people and how people were supported during their lunch. We spoke with four people who used the service and three visiting family members. We also spoke with the manager, deputy manager, and four staff members.

We also reviewed people's care records, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

Following our inspection we contacted a number of health and social care professionals who knew the home well including GPs, district nurses and Norfolk County Council's quality assurance team to obtain their views about the service. We also conducted telephone interviews with a further three relatives.

Good

Is the service safe?

Our findings

At our previous inspection in June 2014 we had concerns that staff were not aware of the procedures needed to protect people. We issued a compliance action as a result. In response to this, the manager told us that a flow chart, clearly indicating the correct responses and courses of action to be taken in the event of incidents, had been circulated to all staff. We also viewed this information clearly available in the entrance to the home, making it easily accessible to people and their visitors. All staff had undertaken further safeguarding training since our previous visit to ensure their knowledge and skills were up to date. During this inspection we found that staff were clear about how to respond to allegations of abuse and the procedures for reporting these to the appropriate agencies so that people could be protected. Two recent safeguarding incidents that had occurred at the home had been managed well and appropriate referrals had been made to the local safeguarding team by the manager, ensuring that people who lived at the home were protected.

We looked at the care plans for four people living at the home and found that there was a process in place for assessing and managing risks to their safety. We saw that the assessments were carried out using formal risk assessment tools such as the Waterlow assessment for risk of developing pressure ulcers and the MUST (Malnutrition Universal Screening Tool) to identify people at nutritional risk. These tools made sure that all aspects of the risk were identified to develop an appropriate plan of care. Staff were aware of these risks and the measures in place to reduce them for people.

At our previous inspection in June 2014, we witnessed people being moved in wheelchairs without appropriate foot plates, thereby increasing the risk of injury to them. During this inspection we viewed three people being transferred to the hairdressers in wheelchairs: all had foot plates in place to support and protect their feet.

There was a process in place to calculate staffing levels and monitor that there were sufficient numbers on duty. Each month the manager completed a clinical risk assessment for all people living at the home, which was then used by the provider to determine the number of staff needed to meet their needs. People we spoke with told us that staff attended to them when needed and they rarely waited a long time for assistance. One person reported, “They come pretty quickly when I ring the bell”. Another commented, “My weekly bath has never been missed due to a lack of staff”. A recent survey carried out by the provider found that 100% of respondents (15 people) were satisfied with the amount of time it took staff to answer their call bell.

During the day of our inspection we noted that people’s call bells were responded to promptly. However people told us that there had been a lot of changes in staff recently, which they had found unsettling as they had to get to know new staff.

Most staff we spoke with felt that staffing levels were sufficient to meet people’s needs, and to maintain their chosen routines. However, one staff member told us they would like to see the level of sickness improve in the home, but they were pleased that the manager always arranged agency staff to cover staff absences if needed.

The files of two recently recruited staff showed that all appropriate checks had been obtained prior to their employment to ensure they were suitable to work with vulnerable people. One new member of staff told us she had not started in her role until a disclosure and barring check, and appropriate references had been received. However people living at the home were not actively involved in recruiting the staff that would be supporting them.

People told us that staff supported them well to take their medication. One person told us, “They’ve never forgotten to give me my medications: they sit on the bed and won’t leave the room till I’ve taken them”. One relative told us, “Mum gets her meds regularly now. This is much better than before and she kept forgetting to take them”. One district nurse reported that the recording of people’s topical creams had much improved in recent months.

At our previous inspection in June 2014 we found that staff were failing to check people’s blood sugars before administering them their insulin. During this inspection we found that people’s blood sugar levels had been consistently checked prior to the administration of their insulin to ensure it was within the safe range to do so.

We checked a sample of people’s medication administration records which indicated, bar a few staff signature gaps, that people had received their medication as prescribed. Each person had their own individualised

Good

Is the service safe?

basket of medicines, which was clearly labelled and stock levels were good. All staff had their competency to administer medicines to people regularly assessed to ensure they were doing it safely and correctly.

At our previous inspection in June 2014 we had concerns that people were not cared for in a clean and hygienic environment: we issued a compliance action as a result. During this inspection we toured the premises and noted many improvements. We checked 10 bedrooms, two bathrooms and two toilets. Levels of cleanliness in all were good. Surfaces, windows, furniture, radiator guards and flooring were visibly clean and dust free. Personal protective equipment such as gloves and aprons were easily available around the home for staff to use.

The home's showers and toilets had been refurbished and worn flooring in the sluice room had been replaced with medical grade welded vinyl with curved, easily cleanable edging. We saw that personal protective equipment such as latex gloves and aprons were easily available to staff around the home. Colour coded cleaning equipment had been introduced to reduce the risk of cross infection between different areas of the home. All but a few minor actions had been completed in response to a recent infection control audit. This was a significant improvement since our previous inspection, where many of the recommendations had not been actioned.

One relative told us, "Both (my relative) and his bedroom are kept spotless". In a recent survey of people's views undertaken by the provider 100% of respondents (15 people), were satisfied with the cleanliness of the home.

The home's kitchen had been awarded a five star rating from the food standards agency, meaning that food that people ate at the home was stored, prepared and cooked in a very clean, hygienic and safe environment.

We looked at training records for staff on duty on the day of our visit and found that all had received infection control training in the last year to ensure their knowledge was up to date.

Overall we found that the premises were safe and well maintained. However, we noted that a number of wheelchairs and hoists had been stored in communal bathrooms, blocking access to the toilet and sinks for people.

<Summary here>

Requires Improvement

Is the service effective?

Our findings

People told us that they had confidence in the staff that supported them and spoke highly of the quality of care they received from them. One person commented, "They seem to know what they're doing and notice things are amiss before I do". Visiting health care professionals told us they had developed good relations with staff at the home. One occupational therapist commented, "Staff are willing to learn from us and we work closely together. Staff really welcome our input and advice".

Staff that we spoke with felt that the training that they had received gave them the skills and knowledge to meet the needs of the people that they supported. They told us that their training had improved significantly in recent months. One staff member reported, "Things are a lot better. There has been more training than there was before. Training before was rubbish, just sitting in front of a video. Now people come in to train us". Training records showed there had been a wide range of training recently for staff including how to manage people's behaviour, person centred care and first aid. The manager had identified those staff whose training needed to be renewed and we saw evidence that training had been booked for them. Staff undertook a formal exam at the end of each training session to assess their understanding and competence.

Staff told us they felt supported in their work, however some told us they did not receive regular supervision from their line manager or have their working practices regularly observed to ensure they were providing care effectively to people.

At our previous inspection in June 2014 we had concerns that people's liberty was being restricted unnecessarily, as they required a code to get out the home's front door. The code to the exit had not been displayed anywhere for them. During this inspection we saw that the door code was now clearly on display for all to see. Since our last inspection, staff had received training in the Mental Capacity Act (MCA) 2005. We saw that consideration of the Mental Capacity Act was evidenced in care plans where people gave their consent to their care and treatment. Staff showed a satisfactory knowledge of MCA and understood the importance of referring people to their GP if the level of their capacity deteriorated. Good information about the mental capacity act and deprivation of liberty safeguards had been placed in the entrance way to the home making it easily accessible to people living there, their relatives and staff. Despite this however, we noted that one person living at the home was not free to leave it without continuous supervision from staff. Staff told us that they would try to stop this person from exiting the premises if they tried, thereby restricting their movement. No application to lawfully deprive them of their liberty had been made to ensure they were protected.

People's records included regular checks on their weight and any special requirements in terms of their diet. When appropriate, referrals had been made to the GP and the dietician for advice. We spoke with the home's cook who had undertaken specialised training in health and nutrition for older people. She showed a good knowledge of specialised diets and how to fortify food for people who were at risk of malnutrition. However there were no snacks or food easily available around the home for people to help themselves to, making them dependent on the daily drinks and biscuits round to get additional food. The monitoring of people's food and fluid intake was poor. Food charts were not detailed enough to show what people had actually eaten, and fluid intake charts had not been totalled daily to determine the overall amount that people had received. Staff had poor knowledge of how much fluid people needed to ensure they were fully hydrated and information about this was lacking in the care plans we viewed.

People had regular access to health professionals for advice and treatment for their specific needs. One person told us, "Whenever I need the doctor, they get me one".

One relative commented, "It was only thanks to the staff getting on at the doctor, that dad's haemoglobin levels finally got sorted". People's care records showed that their health conditions were regularly assessed and monitored and the home had followed the advice of specialists in relation to their support. One GP reported, "Clinically I have no concerns and they appear to manage chronic conditions appropriately".

Good

Is the service caring?

Our findings

People using the service told us that staff listened to their concerns and supported them when needed. A GP reported, "Overall it is a good home with staff that really care about the residents". One relative told us, "Staff have a good banter with (my husband) and he loves it". Another relative told us he was particularly pleased that staff supported his grandfather to attend an important funeral as, without that support, his grandfather would not have been able to go.

At our previous inspection in June 2014 we had concerns that people's privacy, dignity and confidentiality had not always been maintained and we issued a compliance action as a result. Since this inspection, people who wanted them had been provided with net curtains for their bedroom windows to help maintain their privacy. The large communal area had been redesigned and was for sole use by people living in the home. Staff hand overs now took place in a separate area and people's confidential information was kept in a lockable cupboard. A staff member had been appointed as the home's 'Dignity Champion' with her role to promote good practice in the home and provide training for staff. People we spoke with told us that staff worked hard to maintain their dignity, especially when helping them to wash and dress. They also told us that staff respected their privacy and one person reported, "When my cousin comes to visit, they leave me alone and don't interfere or come in".

It was clear that people at the home had developed positive and caring relationships with the staff that supported them. One person described his relationship with staff as "Tops" and told us he'd never, "had a bad one" help him. A recent survey carried out by the provider found that 100% of respondents (15 people) were satisfied with the way staff spoke to them.

Staff we spoke with had a good knowledge of people's individual needs, and their specific likes and dislikes. They also demonstrated a good understanding of the importance of maintaining people's privacy and dignity. We witnessed this in action during our inspection when a person fell in the corridor. Staff responded immediately with a screen to ensure the person's privacy was upheld, whilst they waited for an ambulance. Staff also supported their relative, who had witnessed the fall and was distressed as a result. However, during lunch we noted staff talked between themselves whilst serving people, rather than involving people in their conversations.

We noted good posters and leaflets in the home's main entrance giving people information about local groups and advocacy agencies such as Age UK and The Alzheimer's Society.

Good

Is the service responsive?

Our findings

At our previous inspection in June 2014 we had concerns that care plans did not contain detailed information to ensure that people had their needs met consistently. We issued a compliance action as a result.

We noted considerable improvement during this inspection. Care plans were individualised to the person and contained sections about their health needs, likes and dislikes, personal care and end of life needs. We found that care plans contained sufficient guidance for staff to ensure that care was delivered to people in a way that met their needs, and daily records demonstrated that care had been delivered in accordance with people's care plans. Senior staff took responsibility for creating and reviewing people's care pans. However non-senior staff told us they had access to people's care plans whenever they wanted. They also told us that there was an effective handover system in place at every shift, where any information or incidents that staff needed to know were discussed. They reported that care plans were reviewed every month to ensure that information about people's needs was up to date and accurate. Any changes were communicated to staff at the handover to ensure important information was shared.

The manager had recently implemented a 'Resident of the Day' initiative to provide a mechanism to ensure that people's care plans, risk assessments and needs were fully reviewed. People's relatives and advocates were also invited to the review, ensuring that staff got to know people and their family better.

At our previous inspection in June 2014 we had concerns that activities for people were limited and did not provide them with meaningful stimulation. During this inspection we noted much improvement. In the month prior to this inspection a range of activities had taken place including quizzes, musical entertainment, a baking group, trips to the local shops, pamper sessions, bingo and a fireworks. One relative reported, "There's always something on every afternoon, he loves the quizzes and usually wins". Another told us, "There are lovely activities there, I've visited to day and there's been a bible study group, and there also armchair aerobics, bingo, cards - mum loves it all". One person was supported by staff to meet friends for breakfast outside the home, and other people were accompanied to town by staff to enjoy shopping. However one person told us they couldn't participate in a lot of the activities such as the bingo and quizzes due to their visual impairment.

We spoke with the home's activities co-ordinator, who had just supported one person to the pub to meet friends on the morning of our inspection. They reported this person did this as they used to be a pub landlord and really enjoyed the visits there. They acknowledged that some people didn't like the group activities so they always made individual time with them on a Wednesday to ensure their needs could be met.

People and their relatives that we spoke with told us that if they had any concerns that they would talk with the manager or the deputy. All felt that both would listen and address their concerns. One person told us they had complained about the meals and that this had improved as a result with them getting, "a different type of meal now".

One relative told us, "One time my husband didn't get his medicines till 8pm, when he usually has them at 5pm. I complained to the deputy and they followed it up straight away, they always respond well enough to me". Another told us that when they complained that money had gone missing from his mother's purse, the manager instigated an immediate investigation and also offered to call the police, which they found immensely reassuring. They stated, "There was no attempt to cover anything up and it made me trust the manager hugely". However another relative told us it took more than three weeks to sort out a broken radiator in their family member's bedroom which they felt was too long, especially given recent cold weather. A district nurse felt that staff always took her concerns seriously and if they complained things were usually sorted to their satisfaction.

There was a suggestion box in the main communal area allowing people to anonymously post any concerns or suggestions they had about the home. However, there was very little information actually on display around the home advising people how they could raise their concerns and not everyone we spoke with was aware of the procedure or how they could raise their concerns formally. The day after our inspection the manager sent us a copy of a poster which they had placed in each person's bedroom advising them of how to raise their concerns.

Good

Is the service responsive?

We looked at the two most recent complaints that the manager had received. Both these complaints had been responded to promptly, a full explanation had been provided about what had happened, a genuine apology had been given and staff had been disciplined as a result. This showed that people's concerns were taken seriously and dealt with promptly and effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager at the home. However, the manager had submitted their application to register with us and was awaiting an interview date. She is an experienced manager with a good history of turning poorly performing services round and has previously been registered with us. At the time of our inspection she was undertaking her level 5 Diploma in health and social care management and holds a diploma in dementia care. She had recently recruited a deputy manager to assist in the running of the home, to strengthen leadership and to help improve the service.

Health and social care professionals who knew the home told us that the manager was approachable and professional. An occupational therapist commented, "Jodie has an open door policy to us and she's always saying, 'come and talk to me', which I feel is really helpful." This was also echoed by relatives, one of whom reported, "She's accessible and has an open attitude towards discussion about any concerns". There was effective communication between the manager and relatives, who appreciated how they were kept informed about any issues affecting their family member's care.

A number of visiting health and social care professionals told us of a previous poor culture in the home, with staff at odds with each other, and old fashioned care practices. However all noted good improvements under the new manager and one commented, "Given time and support we're confident Jodie will turn it around". Another commented, "Jodie is quite strict with staff and sometimes they don't like it, but it is very much needed".

We found that the manager was proactive, responsive and keen to improve the service. For example, we identified some areas for improvement during our visit. The next day, we had an email from the manager providing us with evidence of the action she had taken to implement them.

Staff we spoke with told us they felt supported both by their managers and colleagues. One member of staff told us, "They (managers) always ask if you are okay and check in with you". Another told us that both the manager and deputy helped out on the floor if needed, which they greatly appreciated. One staff member who had received a recent appraisal, told us she had left the session feeling much more confident about her work as she had received some positive feedback. However not all staff had received regular supervision and appraisal of their practice. The manager acknowledged this shortfall which affected about 40% of the staff group. In response, they had drawn up a supervision plan to ensure that all would receive it in the next few months.

There were regular staff meetings where information about the service was shared and staff views were sought. We saw evidence that concerns raised by staff at their meeting in July 2014 in relation to staffing levels and training had been addressed, with additional training provided; additional staff recruited and shift patterns reviewed to ensure better staffing levels at busy times in the home.

There were also regular meetings with people using the service and their relatives to seek their views of the service. The provider's chief executive officer had attended one recent meeting and had been very honest about the problems the home faced, and the improvements he planned. This showed us there was an open and transparent culture within the home.

There were a number of systems in place to monitor the quality of service provided to people. The manager conducted a range of monthly audits to assess the service and we viewed audits undertaken in relation to the quality of employee files; medication recording; care plans, and health and safety. These had been successful in identifying changes needed to improve the service.