

Koinonia Christian Care

Koinonia Christian Care

Inspection report

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Date of inspection visit: 30 September & 2 October 2015
Date of publication: 09/12/2015

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 30 September 2015 and 2 October and was unannounced.

Koinonia Christian Care is a care home without nursing that is registered to provide care and accommodation for 39 older adults. The home has a Christian ethos and people choose to live at Koinonia Christian Care for that reason. At the time of our visit there were 39 people living at the home. Some of the people in residence were living

with dementia. The building consisted of five large Victorian terraced houses combined into one building. One of the houses was specifically designated for people living with dementia.

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.

Summary of findings

We carried out an inspection of Koinonia on 19 & 20 January 2015. Breaches of legal requirements were found and we took enforcement action against the provider. We issued warning notices in relation to good governance and the care and welfare of service users. We identified two further breaches of regulation in relation to supporting staff and safeguarding. After our inspection on 19 and 20 January the provider wrote to us to say what they would do to meet the legal requirements in relation to good governance, care and welfare, safeguarding service users from abuse, and supporting staff.

Following this we undertook a comprehensive inspection on 30 September and 2 October to follow up whether the required actions had been taken to address the previous breaches identified and to see if the required improvements as set out in the warning notice had been made. The report covers our findings in relation to those requirements. We found improvements had been made in some areas. However further areas for improvement were identified and two further breaches of regulation were highlighted in relation to the need for consent and the maintenance of accurate records.

People's consent was not always being sought in line with the mental capacity Act 2015. Staff had not received specific training in this area. Consideration of someone's capacity had not been given in areas such as having bed rails in place and no longer being able to self-medicate.

Records were not always accurately kept around care records, auditing the care provided and documenting action plans for continuous improvement. These are areas that require improvement.

Practice around safeguarding adults had improved. Staff had received up to date safeguarding training and the registered manager was aware of the multi-agency arrangements for safeguarding people from abuse. Staff were clear about how to identify whether someone maybe experiencing abuse and knew who to contact. A staff member said "Nothing like abuse would happen here I'm sure. We're trained to deal with it if it happens though".

Improvements in supporting staff had been made. Training and supervision were up to date and staff confirmed that this area had improved enabling them to provide better care and support for people.

Medicines were managed and administered safely and the correct policies and procedures were in place to support this. We observed medicines being given and saw that this was done accurately. Medicine management was regularly audited to identify any shortfalls in practice.

Improvements had been made in supporting people living with dementia. We saw caring interactions between staff and people living at the home. Staff had received training in dementia and strategies had been introduced to support staff to provide care. The registered manager was seeking outside support to continuously improve in this area.

People felt that they were cared for and that staff were kind. People valued the Christian ethos of the home. They told us that they felt respected and their dignity was upheld. They said that they were given choices around food, meal time and bedtimes and were supported to be independent. One person said "The staff are lovely and go over and above their duty to help us".

People had access to healthcare professionals including GPs, community nurses and a chiropodist.

Improvements had been made in completing person centred care records that reflected the person's individual needs, wishes and preferences. Peoples concerns were responded to and we were informed that friends of people living at the service had identified improvements at the home.

Improvements had been made in introducing systems and methods to monitor the quality of the care and support provided at Koinonia Christian Care. Audits of practice were being carried out consistently to assure the manager of the quality of service provision. Friends of a person living at the service who visited regularly said "Things have improved a lot".

The manager told us that they were committed to the continuous improvement of the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

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 not consistently safe.

Risk assessments and care plans were in place and had not been completed and regularly reviewed. These were not always accurately completed.

There were enough staff on duty

Safeguarding training had been carried out staff were knowledgeable about identifying the signs of abuse. There was a greater understanding of partnership working.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

Consideration of people's mental capacity was not consistently evident in care records. Mental capacity had not been considered where bed rails were in place.

People's nutritional needs were being met. However there were some gaps in recording.

New staff received an induction and staff supervision happening on a regular basis and was recorded. Training opportunities for staff were consistent and a training plan was in place.

People had access to health care professionals.

Requires improvement



Is the service caring?

People told us that staff were kind and caring.

We observed people being treated with dignity and respect.

Staff had been trained in supporting people living with dementia and strategies were in place to ensure this remained a priority.

People attended residents meetings. We could not see that people were involved in the planning of their care.

Good



Is the service responsive?

The service was not always responsive.

Care records were being kept. However gaps in recording meant this remained an area the needed improvement to achieve good practice.

There were resident meetings for people to offer feedback and a new system of questionnaires was in place for people to offer feedback about the home.

Requires improvement



Summary of findings

People, their representatives and staff felt able to approach the registered manager if they had a concern. Complaints were dealt with by the registered manager.

Is the service well-led?

The service was not consistently well led

There was an absence of management oversight in relation to identifying gaps in recording in relation to some care records, audits and action plans. This is needed for the continuous improvement of the service.

A robust system of audits and quality assurance processes were now in place to ensure that there was monitoring of the home and its practices.

The registered manager was aware of the need to continuously improve the service. They had created an open transparent culture for people and staff with Christian practices at the heart of its ethos.

Requires improvement



Koinonia Christian Care

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 comprehensive inspection took place on 30 September and 2 October 2015 and was unannounced. The previous inspection on the 19 and 20 January 2015 had identified breaches of regulations. The provider sent us an action plan that explained the measures that they were taking to ensure they met the Regulations. We undertook this inspection to check that improvements to meet legal requirements planned by the provider after our inspection on 19 and 20 January had been made.

On 30 September 2015 three inspectors and an expert by experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the 2 October 2015 two inspectors visited.

We looked at the previous inspection reports and the action plan that had been submitted. This ensured we were addressing potential areas of concern as part of the comprehensive inspection.

Before the inspection we reviewed the information we held about the home including previous inspection reports and any concerns raised about the service. We also looked at notifications sent in to us by the registered manager, which gave us information about how incidents and accidents were managed.

We observed care and spoke with people, their relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at ten care records, eight staff records, medication administration records (MAR), monitoring records such as of food and fluid, accident and incident records, minutes of meetings, audits of care practice and staff training and supervision records.

During our inspection, we spoke with eight people using the home, two relatives, a friend, the registered manager and five care staff. We also spoke with a trustee from the provider, community matrons and a social worker who had involvement with the service to ask for their views. We had written feedback from a GP surgery including the opinions of GPs and community nurses.

Is the service safe?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were not suitable arrangements in place to ensure that people were safeguarded from the risk of abuse. Safeguarding training was not up to date and some staff had not received training. The provider did not have access to local authorities safeguarding policy and was not aware of who to contact with concerns. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of May 2015.

At this inspection we found the provider had followed their action plan and this breach had been addressed. The improvements had been embedded and sustained following the last inspection. Staff members had undertaken adult safeguarding training within the last year. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "Nothing like abuse would happen here I'm sure. We're trained to deal with it if it happens though". Another staff member said, "I would let my manager know if I thought someone was being treated badly or getting poor care. Failing that I would let you know (the Care Quality Commission)". Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

The provider had new policies and procedures in place that addressed safeguarding theories and practice. The registered manager had the local authority's policy and procedure in place for reference and to guide them should they need to be part of an inspection. On the day of our inspection we identified an incident that had been recorded the previous day. The registered manager referred the concerns to the relevant authority for review under safeguarding guidance.

All the people we spoke with said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. We observed people to be at ease in the company of staff. One person said "It's very safe

here, we feel safe and I can confidently leave my bedroom door unlocked without worrying". A relative said "I come in at all times of the day and I've never seen anything untoward".

At the last inspection in January 2015 we found that the provider was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice in relation to this breach. This was because risks were not managed following the recording of accidents and incidents to ensure people received safe care and treatment. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of April 2015.

At this inspection we found that the provider had followed their action plan and that this breach had been addressed and improvements made sustained. We looked at the recording of accidents and incidents and saw that the registered manager had implemented a system to analyse incidents and accidents and record actions taken. They had also developed a system for monitoring the amount of falls an individual had in order to refer them for the appropriate ongoing assessment and treatment. This system showed us that the registered manager had clear oversight of accidents and incidents and signed them off with commentary regarding further actions. This demonstrated that the registered manager had an oversight of accidents and incidents and checked and established any actions agreed.

At the last inspection in January 2015 we found that the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice in relation to this breach. This was because people's care had not been planned to ensure their safety. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of April 2015.

At this inspection we found that the provider had addressed most of the issues identified at the last inspection and that risk assessments were being completed that indicated the care that people needed. Care records had tools to support with assessing risks for people. People had a Malnutrition Universal Screening Tool

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(MUST) in place. A MUST tool was used to monitor people's nourishment and weight. We saw that these had been completed and were reviewed monthly. Where identified people's fluid and nutrition intake was recorded to help ensure they were receiving adequate food and fluids. Risk assessments were in place around falls and manual handling risk assessments were in place that indicated the care and support a person needed. Some risk assessments we looked at were not always consistently recorded and accurately reflected the care that people needed. This was an area we have identified that still needs some improvement. Waterlow pressure scores were completed for people to establish the extent to which people were at risk of developing pressure sores. Two Waterlow pressure scores that had been completed indicated the person was at high risk, accompanying care plans did not indicate that the person had high needs in relation to their pressure areas. Following discussion with the registered manager we established that although these assessments did not mean that people were not receiving the care that they needed, it meant that it could not be assured that staff knew how to use the tool correctly and the calculated score on the tool did not match the care needed. The registered manager agreed that the completion of this tool needed to be reviewed for these people.

Medicines were administered safely. People told us that their medicines were administered on time and that supplies didn't run out. The administration and management of medicines followed guidance from the Royal Pharmaceutical Society. Medication Administration Records (MAR) were in place and showed that records of medicines prescribed and administered for each person was completed accurately. All medicines were delivered and disposed of by an external provider. We noted the management of this was safe and effective, in line with the provider's policy. Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored in a locked treatment room. Other medications were safely stored in locked trollies. Medicines requiring refrigeration were stored in a lockable fridge which was not used for any other purpose. The temperature of the fridge was monitored regularly to

ensure the safety of medicines. We noted that medication given on an 'as needed' basis was managed in a safe and effective way and staff understood the purpose of the drugs they were administering.

People who had chosen to and had been assessed as safe to do so were supported to manage their own medicines. Five people who managed their own medicines had been provided with lockable cabinets in their rooms. These were accessible to people who had been given their own key. Self-administering MAR charts were used in which medicines were 'signed in' by staff and the person and replenished either when the person requested or when the allotted time span of the medication provided had expired. All individuals wishing to self-medicate underwent an initial risk assessment to ensure they possessed the mental capacity to manage the process independently.

Internal and external medicine audits took place. The internal audit looked at two people's medicines documentation every month. Issues arising from these audits, such as if the date of opening was not recorded on people's medicines, were addressed in a safe and effective way. An external audit was undertaken by a local pharmacist. Recommendations made in the light of this, such as the monitoring of temperatures in storage boxes used by those who self-medicated, were acted upon.

People told us that there were enough staff on duty to meet their needs. On the day of our inspection there were seven carers on duty, two senior carers and a team leader. We observed that people were responded to in a timely manner when they requested support. Staff told us that they thought there were enough staff to meet people's needs safely. One staff member said "I think there are enough staff. In fact I think sometimes we are overstaffed, it gives us the opportunity to sit and talk with people".

The staff duty rota revealed staffing levels over the previous four weeks had been consistent, with seven to nine carers plus the registered manager on duty during the day, with four carers on night duty. There were also kitchen, domestic, administrative and maintenance staff on duty. The provider used existing staff where possible to cover vacant shifts left by sickness or annual leave. Failing this, agency staff were used; there was one agency staff member on duty during our visit. The registered manager said met regularly with the team leader and senior carers to discuss the needs of people and corresponding staffing levels needed to meet those needs.

Is the service safe?

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the practice had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with

vulnerable people. There were also copies of other relevant documentation, including character references, job descriptions and Home Office Indefinite Leave to Remain and Residence Permit certificates in staff files.

Is the service effective?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because staff supervisions had not taken place. There was no evidence of an induction process for new staff and staff training was inconsistent. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of May 2015.

At this inspection we found that the provider had followed their action plan, improvements had been made and sustained and therefore that this breach had been addressed. On commencing employment, all staff underwent a formal induction period. The staff records showed this process was structured around allowing staff to familiarise themselves with the practice's policies, protocols and working practices. We looked at documentation related to a new system of induction the provider had recently introduced, based on the Skills for Life Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. There was one new staff member undergoing this process at the time of our visit.

Staff were able to access training in subjects relevant to the care needs of the people they were supporting. The provider had made training and updates mandatory for all staff in the following areas including moving and handling people, the care of people with dementia, first aid and medicine management. The provider also offered training to staff, which had been identified during supervision sessions. For example, one staff member we spoke with was undertaking a National Vocational Qualification (NVQ) at level 5. Another staff member was undertaking a year-long leadership course, supported by the provider. Other training undertaken by staff included: Equality and Diversity, End of Life Care, Understanding the benefits of engaging in activities in social care and writing Person-Centred Care Plans. From reading care records that these had improved since our last inspection.

Staff we spoke with were satisfied with the training opportunities on offer. One staff member said, "It's very good here. If we need it, it's there". Another staff member told us, "I'm well supported I feel. No complaints".

Improvements had been made in relation to the support staff received. Staff received the training, supervision and performance appraisals they needed to make sure they obtained and maintained the skills they needed to undertake their role. The registered manager supervised senior carers, who in turn supervised care staff. Supervision sessions and yearly staff appraisals for all staff had been undertaken or planned. The staff we spoke with were happy with the supervision and appraisal process. One staff member said, "It's improved quite a lot, but I know I can speak to the manager when I want anyway". All of the staff members we spoke with felt well supported in their roles day-to-day and felt able to approach the registered manager with issues at any time. People told us that staff were competent and skilled at their roles and we observed knowledge and applied skills for example in the use of walking aids and footrests and medicine management. One person said "I don't know about training but I'd say they know what they're doing here".

At the last inspection in January 2015 we found that the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice in relation to this breach. This was because people were not always protected from the risks of malnutrition or hydration because monitoring was inconsistent.

At the last inspection we raised concerns regarding the number of gaps in the recording of fluid and nutrition charts, making it difficult to ascertain people's fluid and nutritional intake. We also identified concerns regarding the support provided to people living with dementia to eat their food.

We observed that people living with dementia were now well supported to eat their food and that food and fluid charts were in the main completed. However we still identified a few gaps in recording. Whilst we have not assessed this issue to be a breach of legal requirements we

Is the service effective?

have identified this as an area of practice that needs improving. In order to accurately assess people's nutrition needs records need to be kept that accurately reflect their intake of food and drink.

People told us the food was good and that they had enough to eat and drink at all times. The main meal was a set menu that was provided to all. If people didn't like this option they could request an alternative. We observed the lunchtime period in two different areas of the home. In both areas the dining experience was positive and dignified. The mealtime was calm and unrushed and people I spoke to said they were enjoying their meal and ate independently.

Tables were attractively laid with condiments, sauces, tablecloths, napkins, placemats, cutlery and choices of juices/water. Staff presented meals in a polite manner and those needing help with cutting up food were offered this. In the dining area where people living with dementia were sitting staff interacted positively with people chatting with them and encouraging them to eat. They offered them choices around having more drinks, more gravy and whether they wanted jam with their rice pudding. There was a fun atmosphere with laughter. Grace was said before the meal and hymns were played as background music. We observed that one person had a soft diet and that this was presented so that the different types of food on the plate were identifiable. We confirmed that this diet was what the person needed as described in their care plan. The kitchen staff had a record of everyone's dietary requirements for example if someone needed a gluten free diet. If it was identified that people need to have their fluid and nutrition monitored this was in place.

The provider had not ensured they operated in accordance with the Mental Capacity Act 2005 (MCA). MCA is designed to protect and restore power to people who lack capacity to make specific decisions. The philosophy of the legislation is to maximise people's ability and place them at the heart of the decision making. The MCA 2005 should only be instigated when it is felt the person has an impairment or disturbance of the mind/brain and at a particular time, they may be unable to make a decision. The MCA 2005 is decision specific and it needs to be assessed whether the person can retain, weigh up, understand and communicate the decision. For mental capacity assessments to be completed in line with legal requirements, they must adhere to the code of practice and legislation.

At the last inspection the registered manager had told us that they were undertaking training in the Mental Capacity Act 2005 and that this would enable them to share this knowledge via training sessions with the rest of the staff team. At this inspection the registered manager told us that they had not completed the training and that staff had not received specific training in the mental capacity act and that some issues of mental capacity were covered in safeguarding adults at risk training. The provider did not offer specific training on the MCA 2005, including Deprivation of Liberty Safeguards. One of the staff we spoke with had a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Two other staff members were aware of the Act but not its potential impact on the people they were caring for.

Staff could not tell us about the implications of the Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. DoLS is part of the Mental Capacity Act. The purpose of DoLS is to ensure that someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. One staff member told us, "I think it (MCA) is when we have to make decisions for residents". Another staff member told us, "I know it's something about people who have dementia". Following the inspection the registered manager informed us that they had accessed training for their staff on MCA and booked this for the immediate future.

Consent had been sought and obtained in a variety of areas. These included photography for identification purposes and consent for outside agencies, such as the Care Quality Commission, to examine care plans. We also noted care plans contained mental capacity assessments for specific purposes, for example in deciding whether a person with limited mental capacity should be resuscitated following cardiac arrest. The registered manager had been involved in a best interest decision making process led by the local authority regarding a person's ability to make a decision about their choice of accommodation. However, there were no subsequent and ongoing mental capacity assessments in any of the care plans we examined. These were in relation to people's everyday choices about what to wear, what to eat, and what activities to participate in.

Is the service effective?

Where people had received a DoLs authorisation this was documented but paperwork pertaining to this was kept separately from the person's care file and the impact of this authorisation on the person's care needs was not evident in care records. Where people had bed rails assessments in place there was no consideration of capacity in relation to consenting to these or evidence of best interest decision making regarding the need for these. We could not see when people who had previously been self-medicating and started receiving their medicines from staff that an assessment of capacity had been considered or a best interest's decision made if needed. Consideration of and assessment where needed of someone's capacity ensures that their human rights are being respected and decisions about their care and lives made in accordance with the law.

People's consent was not being sought and recorded in line with the Mental Capacity Act. These matters are a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People received support from specialised healthcare professionals when required, such as speech and language therapists, and physiotherapists. People felt that medical attention would be sought promptly if they needed it. "I needed the doctor last Christmas as I was unwell and I was seen quickly". A GP visited the home on a regular basis. Access was also provided to more specialist services, such as the local falls prevention team. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. People told us they had access to chiropody, the dentist and optician. One person told us "We go to the dentist in a taxi and a carer comes with us". People were therefore given the support they required to access health care services an access them in the community where possible.

Is the service caring?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because staff had not received training in supporting people with dementia. At this inspection we found that staff had received training in dementia and that there were ongoing strategies in place to support staff to understand dementia and provide care that met the needs of people living with dementia. We observed staff interacting with people living with dementia and interacting with them with sensitivity and kindness.

People were cared for by kind and caring staff. People spoke highly of the care staff. Comments included “The staff are lovely they go over and above their duty to help us” and “You couldn’t better their care”. Another person said “I’m happy here and they look after us well. I like it because I don’t have to ask anyone and I do as I please really”.

We observed staff gently guiding and supporting people in a reassuring and kind manner. “I’m here to look after you” whilst the staff member stroked the person’s cheek and they both smiled at each other. We observed another staff member say to a person, “You look hot [the person]... would you like the window open a little?” “Would you like to go in the lounge where it’s a bit cooler, the conservatory is hot?” People walked around the home freely and were supported when needed. We saw one person take a cup of tea into the garden and sit in the sunshine while drinking it. As staff and other people walked by they waved and said Hello. The atmosphere was relaxed and friendly.

People considered staff to be respectful and that they were treated with dignity. We heard staff checking out with people “[the person] is it ok if I just move this for a moment please?” A member of staff apologised to people whilst they were eating as she took a visitor through the dining area.

We observed at lunchtime in the part of the home for people living with dementia that a person was reassured when they became anxious by a staff member who gently

told them everything was fine and they gently stoked the person’s hand. A member of staff apologised to people whilst they were eating as she took a visitor through the dining area.

People told us that they were happy with their rooms and rooms had personal memorabilia, photos, furniture and that their beds were comfortable. One person said “I’ve everything I need”. Another person said “The bed is comfy and you can bring your own furniture which all helps you feel more at home”.

People’s dignity and privacy was maintained. One staff member told us, “That’s important to us. We always knock before going into someone’s room”. Another staff member said, “We don’t talk over people or ignore them”. We also asked staff how they promoted people’s independence. One staff member said, “I don’t interfere if I think someone can do something for themselves. Like people’s tablets for example. If someone can manage them by themselves, then they do”. Another staff member told us, “This is a Christian home so we help people with their beliefs, say if they want to attend communion, we take them there”. People who were able told us that they came and went as they pleased. One person s

We noted person-centred care plans contained a section entitled, ‘Maximise freedom, Minimise control’. These outlined strategies for maintaining a person’s independence, in areas such as medication management and nutrition and hydration. People who were able told us that they came and went as they pleased. One person told us “I’m happy here and they look after us well. I like it because I don’t have to ask anyone and I do as I please. Another person said about staff “I feel they are responsible to me”.

People told us that they felt able to express their views and that they could approach the registered manager and staff at any time with questions and concerns. Residents meetings were held monthly and we saw that people contributed to these around the running of the home including choice of activities and foods.

People’s wishes around their end of life care had been obtained and recoded to ensure that staff were aware of what a person wanted at this time. Care plans contained a section which included advanced decision making. This section was completed in conjunction with people and their families. They included whether the individual wished

Is the service caring?

to be resuscitated in the event of cardiac arrest. The care plans for those who did not wish to be resuscitated contained documentation indicating this, as required by

law and was countersigned by the person's GP. The staff we spoke with displayed a good level of knowledge of advanced care planning and were aware of people's needs in this regard.

Is the service responsive?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice in relation to this breach. This was because there were gaps and inconsistencies in care records that meant that the registered manager could not be assured that the changes in people's care needs were being responded to and reviewed these regularly. This was also due to their being insufficient activities for people living with dementia to provide stimulation.

At this inspection we found that the provider had followed their action plan, improvements had been made and sustained and therefore that this breach had been addressed. We could see that a system of care planning had been introduced and that care plans were in place for everybody. They were legible and personalised. The care plans contained information about personal histories, likes and dislikes and the delivery of care and procedures. People's choices and preferences were also documented. The daily records showed that these were taken into account when people received care, for example, in their choices of food and drink. Care plans were reviewed on a monthly basis. Care plans showed personal information including details of family, friends, GPs and lasting power of attorney (LPA) were all consistently completed. There were good levels of detail in some areas for example in a care plan for people's personal care needs for example the person required assistance from one member of staff with baths or showers, to apply cream to dry skin and to prompt and encourage the use of the toilet. This was accompanied by a manual handling assessment that indicated the need for one member of staff with these tasks. Staff demonstrated that they knew people's needs and individual preferences and we observed them making comments to people at lunch such as "I know you like two sugars" and "you don't normally like jam in your rice pudding".

Although this breach has been addressed there are some areas that need to improve to achieve good practice. Some information was not reflective of people's current needs. One record we looked at detailed that a person was a vegetarian but that they ate fish and then in another part of

the care plans that they were a vegetarian that ate fish and chicken. This was confusing for anyone reading the plan as it wasn't clear what the person's food preferences were and may mean that the person didn't get the food they enjoyed. On one person's file we noted that they had a record that stated that a GP had visited and recommended that due to a person's swollen legs these should be monitored for a week and then if there was no improvement the GP should be called again to consider further treatment. The daily records indicated that the person had received care and cream for the legs but there was no statement following the seven days of the outcome and therefore it was not clear whether the person had needed further treatment. The registered manager informed us that the person's legs had improved and they had not needed further treatment but agreed that this needed to be documented on the records. On another file a life history section was not completed and there was limited information regarding the activities that they enjoyed. The registered manager agreed that this was an area that needs to improve.

The registered manager informed us that they had been focusing on improving care for people living with dementia and that staff had received training in this area. The registered manager had told us that they had instigated specific meetings for people living in the wing of the house designated for people living with dementia. These were called core group meetings and were designed to provide an opportunity to discuss the needs of people living with dementia. We looked at the minutes from these meetings and saw that the individual needs of people were discussed at these meetings such as getting to know people's individual triggers that may make them upset, confused or disorientated. For one person it was noted that listening to hymns helped them to get to sleep. We spoke with two community matrons specialising in the care of people living with dementia. The registered manager had consulted them regarding the care of some of the people living at Koinonia. The community matrons had recommended that they deliver training regarding the care of people living with dementia and are due to do this in November 2015. We observed staff that provided person centred support for people and who were able to respond to people living with dementia. At lunch time we observed a staff member having a discussion with someone living with dementia who had enjoyed travelling, the staff member entered into a discussion about their travels and entered their reality regarding current travels that the

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person was talking about embarking on. This showed us that staff were able to relate to people living with dementia and communicate with them about what was important to them.

People chose to live at Koinonia because the ethos of the home reflected their particular Christian beliefs. The rhythm of the day included saying grace before lunch and an evening service called Epilogue. On the day of our inspection a chaplain was visiting and taking a service that the majority of people living at the home attended. People commented that this was important to them and they valued this. One person told us “You’re with likeminded people so it’s good for us”.

There was a program of activities available for people that was advertised in the communal areas. This included music sessions, carpet bowls, keep fit, art sessions and informative talks. One person told us “There are things to do if you want to, I like the arts and crafts and the music afternoon and I enjoy the fitness classes. There were also outings arranged on a monthly basis where people were able to go out to local places of interest that people had identified as wanting to visit like Eastbourne. The registered manager told us that they were in the process of creating a role within the team for someone for a staff member to take the lead on organising activities for people. They were looking into specific training courses to assist with this.

There was a notice board in the lounge designated for the use of people living with dementia. The board clearly stated the day, the date, the season and the weather to assist in people’s orientation to time and place. There was a fish tank for people to look at and there was a selection of games and puzzles available. A list of activities was also on the wall along with the menu for the day. We saw that someone had a soft toy that accompanied them and the staff referenced this at lunch time asking where they should

seat the soft toy. The staff member and person decided on a spot that was suitable and both laughed together. Soft toys can be used as a therapeutic aid for people living with dementia and give them a focus for activity and comfort.

People told us that they knew who to speak to if they had an issue and felt comfortable in doing so. One person said “If you let a carer know about anything you’re not happy about they’ll always let a senior carer know if they need to, you know it goes higher up”. Another person said “I would definitely tell the manager, very approachable and caring”.

People had copies of the complaints policy and used the residents meeting as a forum to raise concerns regarding issues such as activities and choices of food. We looked at complaints that had been responded to. Two of which related to issues raised by staff which had been responded to in a timely manner and resolved by the registered manager intervention. Another complaint received had been in relation to where the person had their lunch and their access to religious services in the home. The registered manager had provided a written response to which there had been further email communication from the complainant. However there was no record of the final outcome of the complaint. The registered manager told us that they had met with the complainant and had a long discussion regarding the person’s care needs and what suited them best. We spoke with the complainants and they told us that this meeting had gone ahead and that the registered manager “spent quite a lot of time with us”. They told us that they were happy with the outcome of the complaint and that their friend was “so much happier”. They felt that their friend had settled in and that the issues had been addressed. These friends said that they “were pleased with the changes” the home has made and that overall the registered manager had “done a lot to improve things”. Although this complaint was clearly addressed the registered manager was aware of the need to record the outcome of complaints.

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Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We issued a warning notice in relation to this breach. This was because the registered manager had limited systems in place that would assure the quality of the service being provided. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of April 2015.

At this inspection we found that the provider had followed their action plan, improvements had been made and sustained and therefore that this breach had been addressed. A range of systems had been implemented to monitor the quality of the service and that the breach of regulation had been addressed. However we found a further breach in relation to the completion of records. A new set of policies and procedures had been implemented and that staff had access to these in a condensed format in the staff meeting. These addressed the range of practices carried out including safeguarding, mental capacity and complaints. Regular meetings were in place for all staff members including the housekeeping and kitchen staff. Minutes from these demonstrated that issues relating to the quality of care being delivered were discussed and areas for improvement identified and actions agreed. Residents meetings also gathered feedback and involved people in the day to day running of the service. The registered manager had contracted an organisation to carry out feedback questionnaires on behalf of the service. We saw that this was in process and that two completed questionnaires had been returned. Once all the forms were back the registered manager was going to analyse the data and provide a summary with action points. Accidents were clearly recorded and analysed by the registered manager that meant there was oversight of people's risks in relation for example to falls. The registered manager had sourced an external pharmacy to carry out audits of the homes medicine management. This showed us that the registered manager appreciated the need for support in objectively monitoring some areas of practice in the home.

A range of audits were in place that required identified staff members to carry these out. For example audits of

infection control had taken place and people been consulted regarding infection control and their opinions had been recorded. A person had written "I am perfectly satisfied with the standard of hygiene and cleanliness in this home. Care plan audits had been introduced and a sample of care plans were looked at every month. We saw that actions had been identified regarding the need for a falls assessment to be completed for an individual and the fact that end of life care plan had not been completed as the person didn't want to discuss this. An action to try again at another time was documented. For an infection control audit we saw that a need for training in this area had been identified and then documented when it had been booked for. An audit had also been introduced for the trustees to carry out every month to offer a more objective monitoring of the quality of the service being provided at Koinonia. This required a trustee to complete a record of checks of different areas of the service including areas such as accidents in the home, medicine management and the safety of the environment. These audits included consulting people and staff.

However we found areas relating to the recording of information to implement and embed continuous improvement of the care provided that required improvement. Although a monitoring system has now been implemented for the provider to monitor in accordance with previous concerns, the records relating to these audits did not support the provider being able to identify areas for improvement and document the timescales for any action. The audits were not completed consistently and lacked detail. There was not a clear process that identified any actions identified as a result of these and how they were actioned. For example where the question in an audit was 'Has any service user suffered any accident in the home?', 'Yes' was written as a response and a sentence describing what had happened but then no details of what had happened next and how this had been addressed. Where it had been identified that some equipment needing replacing it was not clear what the plan for replacing this was and what the timescales were. There was no action plan as a result of these audits.

Gaps in recording in these audits meant that the provider could not be clear how continuous improvement was implemented and what ongoing plans for the home were. We also identified gaps in recording in some of the care records. For example a need for someone to have their bowel movements monitored was identified; subsequent

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monitoring recordings were made and then stopped with no explanation as to why. The registered manager informed us that this was because it had no longer been deemed necessary. As there was nothing recorded it could not be established that the correct care had been given. Although there were no immediate risks to people's health and wellbeing there was a potential that care is not given in a safe and consistent way. Records were not always accurate and complete. As such this was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager told us that they had been working hard with the team to address the concerns raised at the last inspection and had been working to the action plan that they had submitted. They were disappointed that there still remained gaps in recording and action planning following audits identifying areas for improvement was not always clear. The registered manager told us that they were committed to ensuring that the home be the best it could be and was keen to source any additional resources that would support with this.

The registered manager told us that since the last inspection "staff are working together and they understand their roles". The ethos of the home was focused around its commitment to Christianity and supporting people with their spiritual faith and beliefs. We observed that this was very much at the heart of the culture of the home and what people identified as important to them. People told us that the home was well run and that they would speak up if they needed to. One person said "The manager is very capable". Another person said "The manager is a praying lady as well and I could speak to her". Another person said "The atmosphere is friendly and welcoming. Relatives said that they were always made to feel welcome and could visit at any time. We observed visitors coming and going throughout the day. Staff also identified this. One staff member said "Because this is a Christian home it's a very caring place. It's in everything we do I suppose". Another staff member told us "The people here come first. We take care of them and try to provide everything they need."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Care and treatment of service users had not always been provided with lawful consent of the relevant person because the provider had not always acted in accordance with the 2005 Act. Regulation 11(1)(2)(3).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>17 (1)(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity (including the quality of the experience of service users in receiving those services)</p> <p>17(2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>The provider had not ensured that there were systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>The provider had not ensured that actions following audits had been adequately recorded and care records lacked detail and accuracy.</p>