

# The Cotswold Nursing Home Company Limited

## Kingsley House

### Inspection report

Gumstool Hill  
Tetbury  
Gloucestershire  
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### Ratings

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

# Summary of findings

## Overall summary

About the service: Kingsley House is a residential nursing home. Kingsley House provides accommodation, personal care and nursing care for up to 35 people with physical disabilities or age-related frailty. At the time of the inspection there were 27 people living at the service.

People's experience of using this service:

- People's risks had been identified and appropriate safety measures were in place. People were supported by a consistent team of staff who were kind and caring.
- Staff had good relationships with people and knew them well. People told us they liked living at the service and were happy with the staff who supported them.
- People received their medicines as prescribed and medicines were managed safely.
- People could see healthcare professionals when needed and supported to live healthy lives.
- Staff knowledge in relation to people's conditions, their needs, and how to support them was thorough.
- Care plans were person centred and included people's personal preferences. This meant people received a service which was tailored to their individual needs.
- People were supported to take part in various activities such as arts and crafts, live entertainment and seasonal activities.
- People's independence was promoted by positive risk-taking approaches. This meant people could maintain life skills and enjoy a community presence.
- There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up.
- People, relatives and staff told us the service was well-led. The registered manager was a visible presence and knew people and their relatives well.
- People's feedback was encouraged and used to shape the service.

The service met the characteristics of Good overall; more information is available in the full report below.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (This report was published on 16 March 2018).

The overall rating for the service has improved from Requires Improvement to Good.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Requires Improvement rating. We followed up on progress against agreed action plans, to address six breaches in regulation found at our previous inspection. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Kingsley House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care for older people and dementia care.

#### Service and service type:

Kingsley House is a residential nursing home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection and took place on 5 and 6 March 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection in March 2018. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with 10 people living at the service and four relatives. We spoke with five

members of staff, the registered manager and a representative of the provider. We reviewed five people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in March 2018, we asked the provider to take action to make improvements to ensure proper and safe management of people's medicines and to ensure risks to people were managed safely. At this inspection we found this action had been completed and the requirements of the regulations were met.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe. One person said, "I feel safe. Last night I was concerned about my breathing. I didn't want to go back to hospital, they got the doctor in the evening and he increased the pills. The staff promised me they would look after me for as long as possible."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. One staff member said, "If I have any concerns I will speak with the manager. Everything is taken seriously." Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, where people were at risk of developing pressure ulcers, relevant risk assessments contained clear instructions for staff on how to minimise the risk to people.
- People at risk of falls had a falls risk assessment in place which provided guidance for staff to support the person to minimise the risk of falls. These also contained guidance for staff on what to do in the event of a person experiencing a fall.
- We observed staff supporting people who were at risk of falls to move around the home safely.
- The environment was regularly checked and assessed to ensure it remained safe.
- Fire systems and equipment were monitored and checked. People took part in regular fire drills so that staff would know how to safely evacuate people when needed.

Staffing and recruitment

- Safe recruitment processes were followed.
- The professional registrations of nurses was checked to ensure they were registered with the appropriate professional body.
- There were sufficient numbers of staff working in the service. Staffing levels were calculated according to people's needs and reviewed when people's needs changed.
- People were supported by a consistent team of staff that knew their needs well. One person said, "I have a regular group of carers." One relative said, "There are enough staff. They always ring me if there are any

issues."

- The registered manager told us, if there were staffing shortages, they used regular staff from their preferred agency. This improved continuity for people as they were supported by staff who had worked with them previously.

#### Using medicines safely

- Staff were trained to handle medicines in a safe way and completed a competency assessment every year. This supported staff to maintain their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration record's (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).

#### Preventing and controlling infection

- The service was kept clean and tidy by housekeeping staff that covered cleaning duties seven days a week.
- Staff had access to personal protective equipment such as aprons and gloves to prevent cross infection.

#### Learning lessons when things go wrong

- Incidents and accidents were reported. These were reviewed regularly by the registered manager and lessons shared with staff to prevent recurrence.
- The provider's senior managers carried out a 'structured review' following any serious incident. When areas for improvement were identified, changes were made to improve the safety of the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA and moving and handling.
- Staff told us they could request additional training if required. One member of staff said, "The training I received when I started working here was very good and prepared me well for my role."
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role.
- Staff we spoke with felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues.
- The service employed a clinical lead to support nurses to meet their professional development requirements and keep their clinical practice up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- People told us the food served at Kingsley House was of a good standard. One person we spoke with said, "The food is excellent." Another person said, "The food is good, we get a choice each day and a choice of pudding. If I don't like anything I tell them, and they give me something else."
- Where people required specialist diets such as a pureed diet, these needs were clearly recorded, and we saw at lunchtime that they received a meal which met their needs.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, one person was at risk of choking and staff ensured they were supported in line with the recommendations made by the health professional.
- Staff spent time engaging in conversation with people whilst supporting at lunchtime and there was a pleasant atmosphere so that people could enjoy a relaxed meal which was not rushed, or task focused.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. Staff arranged medical appointments for people and

supported them during these appointments.

- Care records evidenced that people had been referred to healthcare professionals when a need arose. Advice given by healthcare professionals, including speech and language therapists (SLT) and the GP, was acted upon and included in people's care records.
- Relatives told us they felt their loved ones received appropriate healthcare. One relative said, "They always contact the GP if they have any concerns."
- One health professional said they had a lot of confidence in the registered manager and staff. They told us how the staff had made a positive impact to the life of their patient and knew their needs well.

Adapting service, design, decoration to meet people's needs

- The environment was clean, tidy and homely.
- People had access to an outside space and used the garden in summer months.
- The service had been adapted with wide corridors and lifts to make the whole building accessible to wheelchair users.
- People's rooms had been adapted to their personal preferences. People told us they could bring personal belongings when they moved to the service

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff were knowledgeable about the principles of the MCA.
- The service obtained consent to care and treatment in line with legislation and guidance. For people who lacked mental capacity to consent, written records showed mental capacity assessments and best interest decisions had been completed and documented to comply with legislation. Care was delivered to people in the least restrictive way.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.
- At the time of the inspection, four people living at Kingsley House were subject to the DoLS. Applications had been made to the local authority and a DoLS authorisation had been granted. We saw that the registered manager had a process of monitoring these and applying for renewals in a timely manner.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in March 2018 we asked the provider to take action to improve communication between staff and people using the service and to ensure people's dignity was maintained at all times. At this inspection we found this action had been completed and the requirements of the regulations had been met.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at Kingsley House and that staff were kind and caring towards them. One person said, "Everyone is always nice to me all the time." Another person said, "It's the way they care for you, they are kind, you can explain to them and they understand what I need." The relatives we spoke with described the staff as being kind and caring towards their loved ones. One relative said about their family member's care, "The staff are kind and understand him."
- The atmosphere in the home was relaxed and welcoming.
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us the service involved them in developing and reviewing their care plans.
- During the inspection, we observed staff supporting people in ways which took their choices and preferences into consideration.
- People expressed their views on how they wanted to spend their day and these were respected. For example, where people declined to take part in a planned activity, this was respected.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff knocked on people's doors and waited for permission before entering. Staff ensured doors and curtains were closed when carrying out personal care.
- We saw that when people were sat in communal areas and required personal care, or staff needed to ask them if they required the toilet, this was done discreetly to maintain the person's dignity.
- When people chose to speak with us, staff respected people's right to speak with us privately.
- When people wanted to be more independent, staff supported this. For example, one person told us that they liked to do parts of their personal care routine independently and staff respected this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

At our last inspection in March 2018 we asked the provider to take action to make improvements to ensure all people had opportunities to remain active and pursue their interests. At this inspection we found this action had been completed and the requirements of the regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. They included clear information for staff on people's likes, dislikes and preferred routines.
- People's care records clearly explained how they liked to be supported. This supported staff to provide personalised care and support to people which met their needs. For example, people's personal care plans clearly detailed their preference for what order they would like tasks to be done during the morning. It was evident from our conversations with staff and observations that staff understood people's preferences and routines.
- People were supported to access a range of activities. These included arts and crafts, knitting and seasonal activities such as pancake making and Easter egg hunts. External entertainers such as musicians also visited the home. The activity coordinator told us they supported people with activities in their own rooms if they could not access communal areas. For example, the first day of the inspection was on Shrove Tuesday and a pancake making activity had been planned. Where people were unable to attend a communal area, a portable pancake maker was taken to people so that they could participate.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Signs, posters and notices were displayed around the home in a way that people had access to information and could see and read items on display.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. Residents meetings were also held and gave people an opportunity to discuss any concerns they might have.
- We saw that where complaints had been made, these had been managed and concerns raised had been resolved to a satisfactory outcome.
- The people and relatives we spoke with told us they were able to raise any concerns and these would be dealt with appropriately.
- We saw that where complaints had been made, learning had been taken from these and improvements made to the service. For example, one complaint had raised concerns around the number of staff at tea time. As a result, staffing levels had been increased at this time of day so that people could receive their care in a timely manner.

#### End of life care and support

- Staff had received training around providing end of life care and support. Where required, the service would also request support from other health professionals such as people's GP.
- Each person had an end of life care plan which recorded their preferences in relation to their end of life care.
- The nursing staff we spoke with demonstrated a good understanding of end of life care and were aware of people's preferences in relation to end of life care such as symptom relief and where they would like to spend their final moments.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in March 2018 we asked the provider to take action to make improvements to ensure quality assurance processes were effective in identifying and addressing shortfalls in the service. At this inspection we found this action had been completed and the requirements of the regulations were met.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The registered manager and staff worked well together to ensure people receive personalised care which met their needs and took in to consideration their preferences.
- Appropriate action was taken when things went wrong. The provider had a process to learn from incidents and ensure these were used in a positive way to improve the service. For example, the registered manager told us how reflective work would take place in supervisions and team meetings to facilitate individual and group learning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify us of certain events.
- The rating of the previous inspection was displayed as required.

Continuous learning and improving care

- Quality assurance processes were in place. This included regular audits of complaints, accidents and incidents, care plans, environmental issues, medication and records. Actions arising from these audits fed into annual improvement plans. For example, following a meal time experience audit, a new menu and supplier for meals had been arranged. An infection control audit had identified some staff required further training and this was promptly arranged.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had implemented an annual residents survey to enable people to provide feedback relating to

their care. People and families were also encouraged to provide feedback using the [carehome.co.uk](http://carehome.co.uk) website. We looked at a sample of surveys and saw that feedback was positive.

- Regular staff meetings took place. We saw the minutes of these which showed staff were encouraged and able to speak up and contribute to discussions.

#### Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required. Each person had a health action plan which would be used to give medical staff guidance on areas such as; communication, health needs, medication and any barriers people may have to accessing medical help.

- The service had good links with the local community. The service was a member of the Gloucestershire Care Providers forum which enabled them to network and share ideas around best social care practice with other service providers in Gloucestershire.