Kingsway (Clayton House)

Kingsway Clayton House Residential Care Home

Inspection report

Clayton House
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Date of inspection visit:
05 April 2017

Date of publication:
19 May 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Kingsway Clayton is a residential care home for people living with a learning disability. They are registered to provide care for up to 16 people. At the time of our inspection there were 13 people living at the home.

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered and managed safely.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision.

People were encouraged to enjoy a range of leisure and social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Arrangements were in place to use best practice guidance to improve the care to people.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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Detailed findings

Background to this inspection

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

This was a comprehensive inspection. This inspection took place on 5 April 2017 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications which we held about the organisation. Notifications are events which have happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the cook and four members of care staff. We spoke with seven people who used the service, one relative and three further relatives by telephone. We also looked at four people's care plans and records of staff training, audits and medicines.

Good

Is the service safe?

Our findings

People who lived in the home told us they felt safe and had confidence in the staff. A person said, "I like it here." Another person told us they felt safe at Kingsway Clayton. A relative said, "On one occasion when [my family member] went outside the staff responded immediately and resolved their distress." Arrangements were in place to safely manage the entry and exit to the building. We saw that staff responded appropriately and promptly to the door alarm system which alerted them to people accessing and exiting the building.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Medicines were administered and managed safely. We looked at medicine administration records (MARs) and saw that in three records they were not fully completed according to the provider's policy. This was due to a lack of clarity regarding whether or not the medicines being given were prescribed on an 'as required' basis. The registered manager told us they would discuss this issue with the GP.

Protocols for medicines which are given 'as required' (PRN) such as painkillers were in place to indicate when to administer these medicines. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Individual risk assessments were completed on some areas such as administration of medicines. However risk assessments had not been completed for issues such as nutrition and skin care. We spoke with the registered manager about this who told us they were in the process of reviewing all the risk assessments and provided a document which detailed the progress on this. In addition the home had signed up to the Harm Free care Project and were beginning to develop more specific risk assessments for health needs such as nutrition and skin care. We observed this work was in progress.

Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

When we spoke with staff they told us that there were usually sufficient staff. One member of staff told us, "You get more time with people." We observed staff responding to people promptly and were available to provide support to people if they required it. The registered manager told us they had recently reviewed staffing arrangements which had resulted in an increase of staffing numbers.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in

the home. These checks ensured that only suitable people were employed by the provider.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff had the skills to meet their needs. We observed staff had appropriate skills for caring for people, for example, staff had received training about managing risks and supporting people to move. Staff also had access to nationally recognised qualifications. Staff told us that they had received an induction and found this useful. The provider was aware of the National Care Certificate which sets out common induction standards for social care staff . Both current and newly recruited staff were working towards this qualification as part of their training. This meant that all staff received the same baseline for building their skills upon and provide consistent care.

There was a system in place for monitoring training attendance and completion for permanent staff. Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed that people were asked for their consent before care was provided.

Staff assisted people with their meal to ensure that they received sufficient nutrition. Staff spoke with people individually to explain what the choices were. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. Staff sat alongside people and chatted as they supported them. We saw there was alot of social interaction and friendly banter between staff and people in the dining room. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives. We saw that people had different meals according to their choice.

Drinks were offered to people on a regular basis. We observed that if people asked for additional drinks staff provided these or supported people to get their own drink. People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, one person required a special diet to maintain their health. We saw that appropriate arrangements were in place to enable this and staff were aware of the person's needs. Another person had requested support to lose weight and they were being supported to attend a local slimming group. The kitchen supervisor explained how they worked with care staff to ensure that people were given food that they liked. Where people had allergies or particular dislikes these were highlighted in their care plans.

People who lived at the home had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes and epilepsy information was available to staff to ensure that they provided the appropriate care. Health Passports had been put in place, these are documents which detail people's health needs in the event they required admission to hospital so they can receive the appropriate care. Staff received daily handovers where they

discussed what had happened to people on the previous shift and their health and wellbeing.

Good

Is the service caring?

Our findings

A relative told us, "Staff have been very very good in supporting [my relative's] needs." People who used the service and their families told us they were happy with the care and support they received. All the people we spoke with said that they felt well cared for and liked living at the home.

Staff engaged with people using positive social interactions, by taking time to engage in beneficial conversations with people and sharing fun and obvious pleasure. Even when the interactions had to be centred on a task, for example, when serving meals, staff took the opportunity to engage with people. We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people.

We observed that staff were aware of respecting people's needs and wishes. For example, staff apologised to a person when they had to disturb a conversation they were having with a member of the inspection team, due to a telephone call. One person told us about a new chair they had purchased, they said the registered manager had helped and had looked on the internet with them so they could choose the style and colour they liked.

People who lived at the home told us that staff treated them well and respected their privacy. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms. The registered manager told us they were looking at reducing the number of places in the home so that there were no longer any shared rooms to improve privacy arrangements at the home. At the time of our inspection two people were sharing a room out of choice because they were related. An audit had been carried out with people and included questions about privacy and dignity. Following the audit a number of actions were put in place including completing a dignity tree with people so that people could openly express their concerns and discuss respect when living communally.

We observed records were well maintained and kept in a locked cupboard in order to protect people's confidentiality. People and staff were aware of the need to maintain people's confidentiality.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and can support people to express their opinions and wishes.

Good

Is the service responsive?

Our findings

People were supported to follow their chosen leisure pursuits and activities. Staff told us that activities were self-determined by the people who lived at the home. For example, some people chose to take part in a range of physical activities such as horse riding, gym membership and participating in local health walks. Other people attended concerts, a local knitting group and helped at local voluntary organisations such as the church coffee mornings and a local theatre group. One person told us they were looking forward to attending a Cliff Richard concert and another told us about their planned holiday to Scotland.

On the day of our inspection some people were doing the shopping and other people went for a walk with a member of staff. Staff told us they felt there was a good level of activities for people. We saw photographs of people taking part in various past activities. These included holidays and special events such as birthday celebrations.

People told us how they were supported to maintain contact with their parents. Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A relative told us they spoke on a daily basis with their family member who was supported by staff to do this. One person whose relative was ill was supported by staff through their illness. Their relative told us, "The home had asked how they could best support the family and agreed a plan with them."

Arrangements were in place to ensure that staff were kept updated and able to respond to people's changing needs. A relative said, "They contact us if there is a problem. At the review meetings, they explain everything, needs and interactions with others." We saw where people's needs had changed the home had tried to meet their needs. For example, one person had required adaptations to their room in order to meet their changing needs.

Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated with people who lived at the home. Each person who lived at the home had 'Personal Plans' which detailed how they wanted their care to be provided. These were provided in both a words and pictures format so that people could use them more easily. A system had been introduced for one person of monthly meetings to review and plan a person's care with their relative. The registered manager told us they were in the process of introducing this for all the people living in the home. People were keen to share their care records with us. One person told us they knew about their care plan and that daily records were written about them. Relatives we spoke with were also aware of their family members care plans and that these were reviewed at yearly meetings.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. Care records included guidance about how to support staff with communication, for example, a record stated, that a person used Makaton which is a specialist sign language.

A complaints policy and procedure was in place. However we observed this required updating to reflect current addresses and contacts. People we spoke with were aware of the complaints procedure and had a copy in their bedrooms. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

The provider had put a process in place to carry out checks on the service and actions to improve quality of care. For example, on the day of our inspection staff and residents were involved in a hand washing exercise to improve the infection control systems in the home. There were a number of areas in the home which required minor refurbishment and a maintenance list had been put in place to address this. Checks had also been carried out on issues such as infection control and medicines to ensure that care was provided at an appropriate level and improvements made to the service.

We observed the home was keen to use evidence based systems to develop the home and improve care to people. For example, the registered manager had involved the home in a local project, 'Harm Free Care' in order to improve the healthcare of people. They had used national tools to support people to be more involved in planning their own care. In addition they had recently revised their recruitment process so it focussed on potential staff's attitudes and values rather than just skills and experience. The process also involved people who lived at the home in the selection process.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. One relative told us that the home managed changes with minimal impact on the residents and felt that Kingsway Clayton House was the best place to serve their family member's needs. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. We observed the registered manager had a flexible approach to resolving issues. For example, some staff had found online training difficult and the registered manager had arranged separate learning events in order to accommodate people's learning needs. Staff said there was a caring approach to staff and people who lived at the home and were able to tell us about instances when staff had received additional support due to personal circumstances.

Staff told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at records of staff meetings and saw issues such as training and safeguarding had been discussed. Resident's and relatives' meetings had also been held. People we spoke with were aware of the meetings. We saw from the minutes of a meeting held in March 2017 issues such as holidays had been discussed.

The service had a whistleblowing policy and contact numbers to report issues of concern. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the acting manager.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations.

The provider had informed us of notifications. Notifications are events such as accidents which have happened in the service that the provider is required to tell us about. We saw the Statement of purpose was in the process of being updated as it did not reflect the current management arrangements.