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Kingsbury House

Inspection report

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Date of inspection visit:
26 May 2016

Date of publication:
15 July 2016

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

We inspected Kingsbury House on 26 May 2016. The inspection was unannounced.

Kingsbury House is situated in the Nottingham suburb of Sherwood. The service provides care and support for people with mental health needs. The service is registered to provide accommodation for up to 19 people. At the time of our visit, 18 people were living at Kingsbury House.

The service had a registered manager in place at the time of our visit. 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.

People told us they felt safe at Kingsbury House and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. For example in relation to falls or environmental risks. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Kingsbury House.

People received their prescribed medicines when required and these were stored and administered safely. People who chose to administer their own medicines were supported by staff to do so safely.

People received effective care from staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for care staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people using the service. Where possible people were involved in making decisions about their care and daily activities.

Staff understood people's support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities. They knew how to raise an issue and were confident these would be listened to and acted on.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

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

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People were protected from risk of bullying and abuse.

Is the service effective?

Good

The service was effective.

People received enough food and drink to maintain healthy nutrition and hydration.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

Is the service caring?

Good

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that was responsive to their needs.

People were provided with meaningful activities that they enjoyed.

People and their relatives felt able to raise a concern or complaint and were confident it would be acted on.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear management structure in place.

There were quality-monitoring systems in place which were used to drive improvement at the service.

Kingsbury House

Detailed findings

Background to this inspection

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

This inspection took place on 26 May 2016 and was unannounced.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with five people who used the service. We spoke with one member of staff, a senior member of staff, and the registered manager. We observed staff delivering care, reviewed four care records and looked at the recruitment files of three members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe at Kingsbury House and did not have any concerns about the care they received. One person told us; "I feel safe here, I have my own key for my bedroom and the front door". A second person said, "I think it's safe here" and a third person commented, "I don't always feel safe, but that's due to my condition. I feel safe in my room though".

We observed the service had a calm and pleasant atmosphere. People interacted positively with care staff and each other including discussing their plans for the day or what they had done the previous day. Care plans contained information about the behaviour people may exhibit, including signs and triggers indicating the person was becoming agitated. The providers training records showed that none of the staff had received training on managing challenging behaviour. However the staff we spoke with and the registered manager demonstrated a thorough understanding of people's needs and how to respond to behaviours. We reviewed records of incidents and people's care plans which showed three occasions of challenging behaviour in the 12 months before our visit. All three were dealt with appropriately and people's safety was maintained. Following our inspection the registered manager provided us with evidence that appropriate training had been arranged for all staff.

The staff we spoke with demonstrated a good understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. Neither had had to raise a concern but both were confident to do so and had faith that the registered manager would act on these. Training records showed that all staff had completed safeguarding training and that one member of staff was a qualified safeguarding trainer. Both of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand. A staff member said, "I'd feel comfortable whistleblowing. At the end of the day I'm here to do a job and keep people safe. I'd want someone making sure my relative was safe".

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that the provider had completed assessments to identify and manage risk for a number of areas including trips and falls, environment and fire safety. The assessments included information for staff on how to manage risk and were reviewed monthly or when a person's needs changed. For example, a risk assessment for a person with diabetes included guidance to ensure their foot health was maintained with regular chiropody appointments. Care staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us that, although people were generally independent, they had enough equipment and resources to meet their needs.

Records of accidents and incidents were kept in a central file which enabled the provider to identify any trends or concerns to help manage future risks. People told us they felt the building was clean and well maintained. The provider had taken steps to reduce preventable risks and hazards, for example regular fire and gas safety checks were carried out. We saw records that showed regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks. A maintenance man was employed by the service and staff told us any requests were dealt with quickly.

People we spoke with said they felt enough staff were employed to meet their needs. This opinion was echoed by staff members. One member of staff told us, "We've definitely enough. As long as we have two (members of staff) we can cover everything easily". A second member of staff said, "Because of the level of independence (of people using the service), I think there's enough staff. We are very flexible though. If a third person is required they will be called in". We looked at the staffing rota for the three months preceding our inspection and saw that the staffing levels identified by the provider were achieved for every shift. The registered manager told us, "Staffing levels are set based on people's dependency which we assess prior to admission. If we need more staff for one to one support for example we get them".

The provider had processes in place to ensure staff employed at Kingsbury House were of good character and had the necessary skills and experience to meet people's needs. We looked at the recruitment files of five of the eight members of staff. We saw that three contained evidence that the provider had carried out all appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check allows employers to make safe recruitment choices. We informed the registered manager that information was not recorded in two files. Following our visit they provided us with evidence that staff had provided the information and a record was now kept.

People told us they received their medicines when required and had not experienced any difficulty with this. The majority of people managed their own medicines, with minimal support from staff. One person told us, "I take my own tablets, (care worker) helps me. I've got them safe in my room". People's wishes for managing their own medicines were recorded in their care plans, including signed consent forms, risk assessment and competency assessment. Members of staff and the registered manager told us they received regular training on the management and administration of medicines. We saw weekly audits of Medicines Administration Record (MAR) charts were carried out by staff and checked by the registered manager along with monthly audits by the pharmacy. A member of staff told us, "We had training in November from Boots and level three training. We have a weekly audit of MAR charts, medicines stock and self-administration procedures. Different residents do their meds differently but we always check they have taken them then sign their auditing sheet". Additionally we saw that the registered manager carries out regular competency assessment for staff administering medicines.

We reviewed the MAR charts, for four people at the service. All four included information about the person including a preferred method of administration for medicines and a photograph and date of birth to help care staff ensure the correct medicine was given to the correct person. Medicines were stored securely in a locked trolley and the temperature was monitored. We saw that any creams and lotions used were labelled with the person's name and the date of opening.

Good

Is the service effective?

Our findings

People told us they felt care staff had the skills and competency to meet their needs and that they appeared well supported. One person who used the service said, "The staff are not bad, everything is ok".

We found that people were cared for effectively as staff were supported to undertake additional training that helped them meet people's needs. We saw examples of staff using this training to support people including administering medicines and preparing food safely. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. Records showed that staff had access to a range training sessions to help them meet people's needs.

Staff told us they felt supported by the registered manager and were able to talk with them and discuss any issues. A staff member said, "She's brilliant, really supportive". A second staff member said, "She's brilliant, I can go to her with anything. She trusts her staff and keeps us happy. It's a big part of your life, work, and it's important to be happy". We saw that all staff received a face-to-face supervision meeting with the manager every three months. Records of the meetings showed that issues discussed and action points raised were followed up at future meetings. Staff told us they valued these meetings and felt able to be open and honest. One staff member said, "They are useful, but because I can speak with (the registered manager) anytime, I don't always feel the need to raise anything at them". This was echoed by a second staff member who told us, "We have the formal chat but we do meet every day and chat informally. For example we've discussed meds issues or when training is due". New members of staff undertook a period of induction upon commencing work at Kingsbury House including shadowing experienced staff and role specific training.

Care plans we saw confirmed that people had signed to indicate their consent to any changes and reviews and their wishes were respected. For example one person had decided to refuse all treatment and medication. The person was reviewed by their doctor and other health professionals and found to have capacity to make this decision. Staff recorded their wishes and developed risk assessments to attempt to reduce any harm to the person due to their refusal. Staff we spoke with were committed to ensuring people had choice in their daily activities and promoting their independence. A staff member told us, "We support people to prepare meals and encourage them to do their own laundry but if they can't then we do it".

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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. Staff we spoke with displayed a good understanding of the MCA and had received training in its application. A staff member told us, "We know about it and work with social workers and community psychiatric nurses to assess people. We've all had the training on it so we're all aware of it".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit no one required a DoLS application.

People told us they enjoyed the food at Kingsbury House and we saw that care staff supported them to maintain healthy nutrition and hydration. One person told us, "I like it here, the food is good", and a second person said, "There's enough food for me. We asked for more pasta on the menu and that's what they did". We saw that although staff encouraged a healthy diet, they respected people's wishes to make their own decisions and choose their own meals. One person required a low sugar diet to help manage diabetes. Staff sought advice from a specialist diabetic nurse, however the person did not like the food and bought their own meals away from the service. Staff recorded their wishes and attempts to encourage the special diet. We saw that people had access to drinks and snacks throughout the day and that staff were aware of any dietary requirements such as people who required a gluten free diet.

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. One person told us, "I do my own appointments. I don't mind someone going with me sometimes but I prefer to go on my own". People's care records showed regular appointments with the optician, dentist, chiropodist and district nurse. Staff told us about incidents when they had requested medical support for people and told us they would not hesitate to seek help. A staff member said, "We know to call 111 when it's not an emergency so as not to take up 999 time".

Care records showed that staff followed the guidance of health professionals where possible if the person gave consent.

Good

Is the service caring?

Our findings

People told us they had a good relationship with care staff and felt they treated them with care, respect and compassion. One person told us, "They (staff) are very good. They are all friendly". During our visit, we observed positive interactions between staff and people living at Kingsbury House. A staff member told us, "The residents are brilliant here, we get on so well with them, we have a right good laugh." A second staff member said, "It's not a chore coming to work because it's so enjoyable."

People received a comprehensive assessment before they came to the service including recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. At the time of our inspection the registered manager had recruited a male care worker to meet the support needs of people although they had not yet started working at the service. This was based on direct feedback from people who use the service.
Staff we spoke with demonstrated a good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and staff endeavoured to meet these, however people chose not to access the services offered.

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they gave a very good understanding of the person, their needs and personality. A staff member told us, "They are very in depth, I like the way they are laid out, information is very easy to find". A second staff member said, "You've got sections in there for their food, their dislikes, how they like to shower, what they like to do as activities. It's got contact details for the family if you need them".

Staff we spoke with told us they aimed to provide person centred care and they respected the choices people made. Staff offered people support where required but encouraged people to be independent when they could. The majority of people using the service were fully independent and made their own decisions on how to spend their time including, shopping and trips into town. One person told us, "I can go into town when I want; I like to go to the supermarket".

Care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. The service had robust systems to ensure people were involved in the design planning and review of their care and recording peoples consent to treatment. One person told us, "They review it (care plan) every year. Then they ask me to read it and sign it to make sure they've got a fair representation of what is right and what is wrong". During our visit we saw that staff encouraged people to be as involved as possible in making choices and decisions.

At the time of our visit none of the people at Kingsbury House used the advocacy service although one was available. People were offered the use of advocacy when they first arrived at the service and again at care plan reviews. A record of the conversation and people's decision was included in each care plan. An

advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect and their privacy was protected. This was confirmed by our observations during our visit. We observed that staff were polite and respectful when speaking with people and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. For example one staff member said, "I'll always make sure the bedroom door and curtains are shut. If I'm discussing anything, I talk to them away from other people so it's not overheard. We always knock on the door before going in". The service had installed motion activated closed circuit television (CCTV) throughout the public areas of the building to protect people's safety. Records showed the decision to install this was discussed with people using the service, their relatives and the local clinical commissioning group. A record of peoples consent to the use of CCTV was kept in each care plan.

People's confidentiality was protected as staff never discussed care and support in public areas and ensured telephone calls to or meetings with, health professionals were conducted behind closed doors. People had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time. People's wishes regarding receiving mail were respected. We saw that people opened their own mail. Staff asked people to inform them of details of medical appointments to ensure they were able to attend.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, "The staff are very good, they know their jobs here and are very understanding about my condition."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time, for example when administering medicines. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required.

Staff we spoke with had a good understanding of people's needs and told us they found the care plans contained useful information. One staff member said, "They are definitely useful". All the care plans we looked at contained detailed information to allow staff to respond to people's needs. They care plans were updated every month or when a person's needs changed. We saw that people who lived at the service and their relatives had the opportunity to be involved in reviewing their care. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included a handover of information between shifts and regular team meetings.

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, people who required them had their hearing aids and glasses. Staff made timely referrals to other health professionals to ensure that, when additional support or guidance was required, these could be provided quickly.

People we spoke with told us there was a wide the range of activities provided and they enjoyed taking part. One person told us, "I play board games, sometimes I do a bit of painting, one of the staff brought a paint and stamp set in from home that I had some fun with". A second person said, "I like painting, crayoning and the games, draughts and monopoly." Staff encouraged people to take part in activities and as well as supporting them on trips out including visits to Goose Fair and Skegness. A staff member told us, "There's loads of things for them to do." We saw that people took part in daily activities including setting the table for meals and clearing away afterwards.

People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. One person said, "I can just speak to (the registered manager) but I haven't needed to". A second person said, "Any of the staff you can go to, or you can just go directly to the top." Another person told us, "When I'm feeling particularly dark, I go to the staff, just talking about it helps."

The complaints procedure was displayed in the entrance hall and main communal area of the building. Staff were aware of the complaints procedure and knew how to advise complainants, one staff member told us, "I'd pass the complaint or concern on to the registered manager and she'd deal with it. The procedure is displayed by the door with the providers contact details on it". We asked to see the provider's complaints record for the last 12 months which showed that 11 complaints had been received, including any complaints from staff. We saw that all had been responded to within the timescales indicated in the provider's

complaints policy and were resolved to the complainant's satisfaction. The outcomes of the complaints were well documented and this included an apology and an explanation of any lessons that had been learned to improve future practice. The outcome was shared with staff and local clinical commissioning group.

Good

Is the service well-led?

Our findings

There was an open and transparent culture at Kingsbury House and people felt able to have their say on the running and development of the service. People we spoke with told us they felt the service was relaxed and they were encouraged to give their feedback about the home. Throughout our visit, we observed that there was a relaxed atmosphere at the service and people were comfortable speaking with care staff, the registered manager and each other.

Staff we spoke with felt there was an open culture at the service and would feel comfortable in raising an issues with or asking for support from, the manager. One staff member said, "Because we are such a small team, we communicate well together". A second staff member said, "I can speak to her (registered manager) about anything and everything. No bother, she will sort it".

We saw records of staff meetings for the months preceding our visit. These showed that issues including, training, holidays and activities were discussed, staff had the opportunity to contribute to the meeting and raise issues and that these were followed up by the manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "They are good, they give us an opportunity to share our concerns or share ideas about menus, activities, health and safety, residents. It's a good chance to share our knowledge".

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider had a number of ways of gathering feedback including, a suggestion box, an annual satisfaction survey as well as regular staff and resident and relative meetings. Feedback from the surveys showed that people were happy with the service they received. Comments included; "(my relative) is very happy in what they are doing, there are plenty of activities", and "staff are very friendly and respectful". People we spoke with told us they found the residents meeting useful and were happy to make suggestions and felt they were listened to.

We saw that where people made comments or suggestions these were acted on. For example a relative requested a list of activities on offer which was sent out. A social worker requested staff attend case reviews, which was arranged and several people and their relatives asked for changes to the menu to include more variety and pasta and rice meals. We saw that the menu was changed to reflect people's wishes. A relative commented, "Didn't use to be as much variety but now (my relative) is very happy with the food". A second comment read, "Very good food".

The service had a registered manager who understood her responsibilities. Everyone we spoke with knew who the manager was and felt she was always visible and available. A staff member said, "She's around at least three days each week, if she's not available I can speak to a senior carer".
Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. For example, certain staff had responsibility for ordering food. The registered manager informed us they felt they were increasingly having to focus on administrative tasks rather than supporting people. To address this an administrator was employed to allow the registered manager to focus more on supporting people and staff.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.