

Kingsley Care Homes Limited

Allonsfield House

Inspection report

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Date of inspection visit:
02 December 2019

Date of publication:
02 January 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Allonsfield is a residential care home providing accommodation and personal care for up to 42 people aged 65 and over. At the time of the inspection the home was supporting 31 people. The service does not provide nursing care

People's experience of using this service and what we found

At this inspection we found that risk assessments designed to record how to keep people safe were reviewed and amended as necessary when people's circumstances changed. There were clear procedures in place which were operated effectively for the purpose of protecting people from abuse. The manager had implemented a robust and effective governance system to monitor the service performance and act upon any issues identified.

People informed us they were happy living at Allonsfield House and there were enough staff both day and night to look after them. Senior staff had been trained in the administration of medicines and people received their medicines as prescribed. The manager reviewed events at the service with the staff to determine if any lessons could be learnt. Staff had been trained including in areas of infection control and received supervision and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's specific communication needs were known, respected and met.

Staff supported people as needed to select meals of their choice. People informed us they were happy with the quality of the meals provided. Staff took time to monitor that people ate sufficient and weighed people as required to determine if they were losing weight.

Each person had a care plan which included person-centred information about them. People's desired outcomes were known, and staff worked with people, relatives and relevant professionals to help achieve and review these with their consent. People were encouraged and supported to retain their independence, maintain or develop new interests and live their lives as they chose.

The service had a complaints policy which was known to the people using the service and their relatives. The manager arranged meetings and was available to discuss any issues with regard to resolving any problems identified. The service provided activities and entertainments in line with people's interests.

The manager had recently joined the service and was actively promoting a supportive, open and transparent culture. Management and staff understood their roles and responsibilities. Staff informed us they enjoyed working at the service because they were well supported. Annual surveys gave people, relatives, staff and visiting professionals an opportunity to express their views and contribute to

improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 07 August 2019) and there were three breaches of regulation. The provider completed actions after the last inspection to improve the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 07 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Allonsfield 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Allonsfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. They were not the registered manager for this service but were registered for another service in the providers group of services. They had come to manage the service after the last inspection and were applying to become the registered manager of Allonsfield. 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. We will refer to the manager throughout the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted Healthwatch for information they held about the service. Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the manager, three care workers and the activities co-ordinator.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also examined the complaints file, safeguarding reporting and quality assurance records of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training matrix, staffing data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People felt safe living at Allonsfield House. One person told us, "I feel a lot safer here than I did in hospital, I know the staff well here." Relatives also felt confident their family members were kept safe. One relative told us, "[My relative] is safe and well looked after here."
- Staff told us they would feel confident whistleblowing if they observed poor practice. They felt confident they would be listened to and action taken in a timely way if they raised concerns.
- The staff we spoke with informed us they had received safeguarding training.
- People were supported by staff who recognised the signs and symptoms that could indicate people are experiencing harm and abuse. Staff knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had personalised risk assessments and the required specialist equipment to help reduce risks to their well-being. One person told us, "I am well looked after, the staff are kind and I have to rely on them because I cannot do much for myself now."
- Where it had been assessed people were at risk of not drinking enough, staff made detailed records of people's food and fluid intake. The records were always totalled to provide an overview of people's intake. Appropriate action had been taken to seek professional support should any concerns be identified.
- General environmental risk assessments were completed to help ensure the safety of the home and

equipment. These assessments included: water temperatures, home security, data protection and lift servicing.

- Risks to people from fire had been minimised in particular by regular fire drills and identification of fire marshals on each shift. Fire systems and equipment were regularly checked and serviced. Fire procedures were displayed around the home. The local fire service had undertaken a risk assessment and concluded fire arrangements were satisfactory.
- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Staffing and recruitment

- People told us there were enough staff on duty to keep them safe. One person told us, "There are enough staff on duty day and night."
- The service had robust recruitment practices in place. Checks had been made to reduce the risk that staff were not suitable to support people at the service. This included references from previous employers and criminal record checks.
- A number of staff had left the service since our last inspection but the manager and the senior team had worked effectively to recruit to the staff vacancies. People told us that they liked the new staff.
- The manager assessed the needs of people using the service and this was updated in the light of any events to ensure sufficient numbers of staff were assigned to each shift.

Using medicines safely

- Each person using the service had a medication administration record (MAR). Important information such as allergies were recorded on the MAR to ensure staff had an awareness of this. One person told us, "They bring my medicines to me each day on time."
- People's medicines were managed safely and only administered by staff with the relevant training and ongoing competency assessments.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- The service was visibly clean and odour free.
- There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors were minimised. Staff had received infection control training and understood their responsibilities in this area.
- Staff had access to personal protective equipment such as gloves and aprons and used these appropriately.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The senior staff held regular meetings and implemented actions as necessary to improve the service and to keep people safe.
- Staff recorded accidents and incidents appropriately and these were reviewed by the manager to determine if any lessons could be learnt.

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.

At the last inspection this key question was not rated as the inspection was a focussed inspection looking at the key questions of safe and well-led only. At the previous inspection of 2 October 2018 the rating was requires improvement. At this inspection this key question has now improved to good. This meant 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

- The manager informed us they were aware that the service was not a nursing service and hence the importance to ensure the needs were accurately assessed.
- Pre-admission assessments were carried out to determine if the service could meet the individual's needs and choices of people. These assessments had holistically assessed people's needs covering areas such as their physical, mental and social needs.
- One person told us, "They asked me lots of questions before I came here about me and what they could do and all has worked out well."

Staff support: induction, training, skills and experience

- New members of staff received an induction which included shadow shifts with more experienced staff. The manager assessed their practical competency in line with the Care Certificate before they were able to provide people with care. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received mandatory and role specific training in areas such as equality and diversity, food hygiene, promoting continence, nutrition and manual handling. One member of staff told us, "The training is very good because of the detail it goes into."
- Staff received supervision which was used as an opportunity to discuss people's needs and how staff could most effectively support people.

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Where people required support from staff to eat and drink this was provided in a calm and sensitive way that helped maintain the person's dignity.
- One person told us, "The food is very good." A relative informed us they thought the food was always well presented.
- People's dietary needs and risks in relation to eating and drinking were known and met. This included where they had diabetes or required food and fluids of a specific consistency to reduce the risk of choking.
- The manager arranged for people to be weighed at least monthly or more frequently if there were concerns that the person was losing weight.

Staff working with other agencies to provide consistent, effective, timely care

- The service understood the importance and benefits to people of timely referral to community health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including GPs, community nurses and chiropodists.
- Management recognised and promoted the importance of supporting people's oral health. This was recorded in detail when people moved to the service.

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

- People lived in an environment that had been adapted to meet their needs. Areas of the service has recently been redecorated and people had been involved in the redecorating discussions.
- There was signage around the service to help people to navigate their way around their home.
- The service benefitted from enclosed gardens which people could use safely. These had been well maintained.

Supporting people to live healthier lives, access healthcare services and support

- Staff had recorded in people's care plans the support received from health care professionals, including their GP and community nurses. Feedback and guidance was recorded to ensure people received a consistent service with regard to their needs.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been checked as part of the pre-admission assessment process. Staff had a good understanding of the principles of MCA (2005) and were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.
- The manager was experienced in matters of MCA, DoLS and best interest meetings and knew how to apply to the local authority for DoLS should the need arise.
- Staff asked for people's consent before supporting them and provided them with information that helped them to make meaningful choices. This included when supporting them with personal care, meals and moving around the service. One person told us, "The staff give me a wash or a shower whenever I ask them."

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.

At the last inspection this key question was not rated as the inspection was a focussed inspection looking at the key questions of safe and well-led only. At the previous inspection of 2 October 2018, this key question was rated good and has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind, caring and understanding. One person told us, "The staff are very kind and gentle."
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes, including time spent in privacy. The service made arrangements to support people with their religious and spiritual needs.
- Staff took time to get to know people. One person told us, "The staff always talk with me and use the name I prefer."

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

- People told us they could express their views about the care and support they received. One person told us, "They do review my care needs with me and record things down."
- People had personalised their rooms with furniture and other items of sentimental value such as photos and ornaments. This helped people to feel settled.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was supported at all times. Staff knocked on people's doors and waited to be invited to enter.
- Staff helped people maintain their dignity for example, when supporting them with their appearance and ensuring they had the appropriate continence aids.
- Staff communicated with each person in the way that person preferred. We could see that people had good relationships with the staff. They were comfortable with the staff and enjoyed their company.
- We observed members of staff assisting people while giving them time and not rushing so that people could do as much for themselves as possible. This helped people to maintain their independence

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated as the inspection was a focussed inspection looking at the key questions of safe and well-led only. At the previous inspection of 2 October 2018, the rating was requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that met their individual needs and preferences. A relative had recorded in the comments book that their relative needed some emergency respite care. They stated from the first telephone call the staff could not have been more helpful and kind. They had written, 'They cared for [my relative] with kindness and got to know them to ensure their choices and preferences were met.'
- A relative told us, "We met with the manager for a detailed review and understand it much better now. It even detailed 'prefers coffee in a mug not a cup'."
- People received personalised care. Their needs, abilities, life history, and preferences were documented. People's care needs were reviewed monthly and people and/or relatives had been involved in this process. One person told us, "They do speak with me about my care quite frequently."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and recorded in their care plans. Identified needs were shared appropriately with others, including professionals in order to support the person. The manager told us that information could be provided in different formats, such as large print, if required and talking books could be obtained.
- The staff understood people's communication needs. They used hand gestures and facial expressions to help to explain information to some people living at Allonsfield House when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received sufficient stimulation to aide their wellbeing. One person told us, "You do not get bored here there are people to speak with and always something going on."
- A relative informed us they considered the environment was family-friendly and said, "the entertainment is fantastic." Another relative told us, "They help [my relative] into the garden regularly and they really enjoy that."
- The activities co-ordinator explained to us how they met with each person when joining the service to get to know their interests and hobbies. They then incorporated those interests into the activities programme.

We observed people playing various games together during our inspection which they were seen to enjoy.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which were available for people at anytime. New people were provided with this information on admission.
- Complaints were recorded and action taken to resolve them in line with the provider's policy. One person told us, "I have nothing to complain about, It is very nice here but I would speak with the manager if I needed to do so."
- A relative told us, "I have never needed to make a complaint, to be honest I would live here myself, very comfortable."

End of life care and support

- People were supported by staff who had received training in end of life care. No one was receiving end of life care at the time of our inspection visit?
- People who wished to discuss their end of life wishes were supported to do so. Where people had expressed that they did not want to engage in this process this was respected.
- The manager informed us they had begun building positive relationships with visiting professionals and were confident as a team, they could support people at the end of their life at Allonsfield House should this be the person's wish.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service did not have a manager registered with the CQC at the time of the inspection.
- The manager had reviewed the reports of the service by the CQC. They ensured the senior staff of the service completed regular checks designed to ensure that people were safe, and the service met their needs. Monthly audits included areas such as: infection control, care plans and medicines.
- The manager had organised a range of weekly and monthly audits to check the necessary actions were taking place to manage the service. Any issues identified were addressed with an action and timescale. Staff informed us the manager organised time for them to carry out identified duties resulting from the audits.
- The service worked in partnership with other agencies to provide good care to the people living at the service.
- The service worked with and sought the views of the people living at the service and their relatives.

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

- The manager was clear about their roles and responsibilities. They toured the service each time they were on duty to check upon people's well-being. One person told us, "I see the manager every time they are on duty."
- Staff felt supported by the manager and their deputy. One member of staff told us, "We have supervision at set times but also you can approach the manager at any time and they are supportive."
- Daily handover meetings were well attended and included updates for each person. This helped ensure staff had an overview of people's needs, risks and progress. A staff member said, "We have very good handovers."
- The manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People living at Allonsfield House informed us they liked living at the service as the staff were kind and things were well organised.
- The manager had been at the home since October 2019 and was applying to become the registered manager. They were seen as supportive and approachable. A relative told us, "It is reassuring to have the manager here. They are approachable and helpful."
- The manager explained to us there had been a turnover of staff and they were supporting the new team to develop their skills and with training and supervision.
- Staff informed us they felt listened to and involved in the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the requirements of Duty of Candour. They spoke with us about the need to be open and transparent and to provide a person-centred service.

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

- People were able to feedback and influence the care they received through residents' meetings and annual surveys. The manager has arranged reviews of care with each person and with their relatives if they wished to be present.
- Team meetings were held and also daily management meetings to discuss and plan the smooth running of the service.

Working in partnership with others

- We saw that the service had made positive arrangements with doctors, district nurses and other professionals to visit the service and support the people living at Allonsfield.