Integrated Nursing Homes Limited

# Kings Lynn Residential Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 23 and 25 November 2016 and was unannounced. Kings Lynn Residential Home is a care home providing personal care for up to 36 people, some whom live with dementia. On the day of our visit 33 people were living at the home.

The home has had the current registered manager in post since February 2015. 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.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

People felt safe living at the home and staff supported them in a way that they preferred. There were enough staff available to meet people's needs and the registered manager took action to obtain additional staff when there were sudden shortages. Recruitment checks for new staff members had been made before new staff members started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The home was meeting the requirements of DoLS. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Where someone lacked capacity to make their own decisions, the staff were making these for them in their best interests.

People enjoyed their meals and were able to choose what they ate and drank. They received enough food and drink to meet their needs. Staff members contacted health professionals to make sure people received advice and treatment quickly if needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy living at the home and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

## 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.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

Medicines were safely administered to people when they needed them.

### Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

Mental capacity assessments and best interests decisions had been completed for decisions that people could not make for themselves.

Staff contacted health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to maintain people's hydration.

### Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

Staff treated people with dignity and respect.

### Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

## Is the service well-led?

Good

The service was well led.

Staff members and the registered manager worked well with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Good leadership was in place and the quality and safety of the care provided was regularly monitored to drive improvement.

# Kings Lynn Residential Home

**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 23 and 25 November 2016 and was unannounced. This inspection was undertaken by one inspector.

Before the inspection we reviewed information available to us about the home, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with 13 people using the service and with one visitor. We also spoke with the registered manager, deputy manager and five staff members during our visit.

We spent time observing the interaction between staff and people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for seven people, and we also looked at the medicine management process. We also reviewed the records maintained by the home in relation to staff training and how the provider monitored the safety and quality of the service.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living at the home and spoke of never having felt at risk and being able to speak with someone if they needed to. One person said, "Yes, very. Never any problems." Another person told us that staff members always told them if there would be visitors to the home, such as workmen, so they knew who to expect to see there. One visitor also felt reassured that their relative was safe in the home.

The provider had taken appropriate steps to make sure the risk of people experiencing abuse was reduced. Staff members demonstrated a good understanding of the different types of abuse and provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

Staff members had a good understanding of how to respond to people if they became upset or distressed. Care records for one person showed that there was clear information for staff regarding how they should approach the person and actions they should take if this occurred.

People received care in a way that had been assessed for them to do so as safely as possible. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, the risk of falling and reducing the likelihood of any damage to their skin, which could develop into a pressure ulcer. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance that was in place that told them how to reduce any risks. We looked at accident and incident for trends or themes from these. We found that few people fell while living at the home, although where people had fallen, appropriate action was taken to reduce this risk.

The equipment people used was well maintained. This had been inspected and serviced to ensure it was in good working order. We found that the fire alarm system was properly maintained and the required checks and tests were completed to ensure this was in good working order. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services what support people required in the event of an emergency, such as a fire. Staff members explained the actions they would take in the event of a fire and we saw that they practiced fire drills regularly. We concluded that individual and environmental risks had been appropriately assessed and reduced as much as possible.

There were mixed views from people about whether there were enough staff to help them when they needed help. One person told us, "There's always someone around, they seem to be here immediately." Other people said there were never enough staff, but they all told us that they did not have to wait. One person said, "Oh yes, they're quick." Another person told us that staff always stopped by their room as they were passing for a short chat, which they liked. We spoke with a visitor who also said that they thought staff appeared busier in the evenings when they visited.

Staff members said that they thought there were enough staff available to meet the needs of the people living at the home. They told us that new staff had recently been recruited. We observed that people received a prompt response when using their call bell to request assistance and that staff members were available in communal areas at all times.

The registered manager told us that there were dedicated kitchen and housekeeping staff, so that care staff were able to concentrate fully on their role. The registered manager completed a dependency tool, which helped them to determine staffing requirements. Staff rotas showed that staffing levels were three to four staff members and the deputy manager on duty during the day and three staff members in the evening. The registered manager told us that their staffing budget allowed for additional staff if people's care needs increased. They had also recently been granted funding for another staff member in the evening, to help when people wanted to go to bed. We concluded that there were enough staff scheduled to be on duty and that the registered manager took action in the event of any drop in the planned staffing numbers.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked staff files and found that recruitment checks and most information was available, and had been obtained before the staff members had started work. These included acquiring Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions. However, we found in one file that there was no explanation for gaps in the staff member's employment history, which meant that there was no information about what the prospective staff member was doing or where they were.

People were provided with the support they needed to take their medicines as required. People told us that they received their medicines when they were due and that these were never missed. One person told that staff members gave them their medicines early to coincide with their daily routine, rather than have to wait for the medicines round. Staff members confirmed that they had received medicines training before they were able to administer medicines to people.

We observed that people received their medicines in a safe way and that most of the time they were kept securely while this was carried out. However, we saw that a staff member did not always close and lock the medicines trolley if they were administering medicines to people close by. On two occasions the staff member was out of sight of the trolley and other people were passing while the trolley was unattended. We spoke with the registered manager about this and observed that this practice stopped immediately and the medicines trolley was locked on other occasions during our visit.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found guidance for staff on the circumstances these medicines were to be used. There was clear information for staff about how to help one person who received their medicines covertly (hidden in food or drink).

Good

# Is the service effective?

## Our findings

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. People told us that they thought staff members knew what they were doing and how to care for people properly. One person told us, "They (staff) always seem to know what they're doing."

Staff members told us that they received lots of training and this was what they needed to be able to carry out their roles. They confirmed that they received annual training in such areas as fire safety and that they were able to request additional training if they felt they needed this. One staff member told us that a trainer gave all training and that this allowed staff to ask questions, practice scenarios and talk about different issues. They also said that they had the opportunity to complete national qualifications and one staff member had completed a diploma in social care. Information provided through a national training organisation before this inspection showed that staff training for this home was slightly better than the average for other homes of a similar size. The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills.

Staff members told us that they received support from the registered manager in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff felt well supported to carry out their roles and any issues that arose were treated as a positive learning experience. We saw that the registered or deputy manager arranged meetings well in advance to make sure staff were aware and were able to attend individual and group meetings.

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.

We checked whether the service was working within the principles of the MCA. We found that the registered manager completed mental capacity assessments where staff had concerns that people may not be able to make their own decisions. These were only for decisions where staff had concerns and they recognised that people should be supported to continue making their own decisions for as long as possible. Care records showed that staff had written guidance about how to help people to do this for their everyday lives and routine activities, such as which clothes to wear and how to choose what to eat at mealtimes. We saw that staff helped people to make decisions by giving them options. Some people were given limited options, if this helped them to make a decision. There was clear information to guide staff when people were given their medicines covertly (hidden in food or drink). We saw that for one person, the assessment provided additional information to show why the person would have wanted to continue taking their medicines.

People told us that staff members always let them know what was happening before it happened. We saw that staff members told all people what they were going to do before carrying out any tasks. They asked

people specifically if they were happy for the staff member to continue when the staff member intended to carry out any personal care or physically assist the person. This gave people the opportunity to agree to or to decline the help, or to ask for it to be given in a different way.

People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. The registered manager had submitted applications to the local authority for some people living at the home. Staff provided explanations about their roles in this area and they were clear that people who were not subject to a DoLS were able to leave the home if they wished to do so. They knew who was not able to leave the home without a staff member with them and the action they needed to take if this happened.

People told us that the meals were nice and that they had plenty to eat. One person commented, "The food is good". Another person told us at lunchtime that their, "Dessert was nice." Other people told us that there was always a choice and they could also ask for alternative meals if they wanted. One person said that they regularly requested something that was not on the menu and this was always provided to them.

We saw that the midday meal was a social time, and people sitting at the same table were served their meals together. There was a pleasant atmosphere where people were able to have conversations with each other, which encouraged them to eat well. Staff members asked people quietly if they needed or wanted help with their meal and supported them to eat as independently as possible. People had a choice of drinks during their meal and were given the meal they had already chosen.

Staff weighed people regularly to monitor them for any unplanned change in their weight. The staff took any necessary action if there were any concerns about unintended weight change. We found that staff completed people's nutritional assessments accurately, which meant that they monitored the risk of people not eating enough. People who required a special diet, such as soft or pureed, received this and where necessary they had fortified meals with extra calories added. We saw that staff had enough information to make sure people drank enough each day and they were reminded that one person was at increased risk of health problems if they did not receive this. If staff had concerns about anyone's nutritional intake they made a referral to an appropriate health care professional for support and guidance.

People told us that they saw healthcare professionals when they needed to and that staff arranged this quickly. One person said that they saw their GP three times recently due to an ongoing health condition and that one staff member in particular had taken time to accompany the person to a hospital visit on their day off. Another person told us that the chiropodist visited them every two months and staff arranged this on an ongoing basis.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. Records showed that people received advice from a variety of professionals including their GP, district nurses, specialist nurses, community mental health nurses, and speech and language therapists. We saw that there was information in the staff room about how to reduce the risk of acquired health conditions, such as pneumonia through aspiration. We concluded that staff helped people to access the advice and treatment of health care professionals and did their best to make this as pleasant an occasion as possible.

Good

# Is the service caring?

## Our findings

People told us that they were happy living at Kings Lynn Residential Home and we had many positive comments about staff. They said that staff were kind and caring. One person told us, "They're always very pleasant to talk to." Another person said, "The staff are polite, can't say anything negative about the staff, they're all very good." A further person told us, "They (staff) all are lovely, they're all very kind." Visitors also told us that staff were gentle and caring in their approach to people. One person's relative told us how staff members had cared for the person when they had become unwell. The staff member had stayed with the person during the night until emergency services had arrived. The person told us that they felt very reassured by this and grateful to the staff member for considering their needs.

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They spoke to them with affection and respect, and knew people's names and the endearments that they were happy to be called by. We saw that staff had recorded this in people's care records and one person's information contained a range of endearments that they were happy to be called, including 'love', 'sweetheart' and 'darling'.

The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw during lunch that people were able to sit where they wanted and they could spend time in any part of the home.

People told us that staff listened to what they said and made changes if needed. One person told us that staff always gave them care and support in the way that they wanted. They said that a new staff member knew how they wanted help with moving but asked the person if they needed any further advice. The person said they thought this was a very caring attitude and told us, "I felt as if [staff member] had really listened to what I wanted."

Not all people we spoke with were involved in planning their care, although they did say that this was because staff provided the care they needed. One person told us that they did not want to particularly see their records as they were, "Happy with the care I get." Other people had seen their care records and told us that copies were kept in their rooms. One person told us that they thought the guidance was a good reflection of their care needs. Another person and their relative told us that they were involved in reviews of the person's care. The person's relative told us it provided them both with a good way to keep up to date with the help that the person needed.

We saw people were encouraged to be as independent as possible and there was guidance in their care records about ways of encouraging their independence. There was information in relation to each person's life history, their likes and dislikes and any particular preferences they had.

People told us that staff respected their privacy and dignity. They gave examples that staff members always knocked on doors before entering their rooms, always called them by their chosen name and never put them in a position where their dignity was at risk. People we spoke with were very keen that staff members were seen in a positive light in regard to how respectful they were. One person told us, "They always knock, there's a notice on the door and they always do." We saw that staff members respected people's right to privacy and treated them with dignity. Staff spoke quietly to people when they asked them about their personal care needs in communal areas.

We observed that several people were seeing the hairdresser during our visit, however the hairdressing was taking place in a communal area of the home, where other people were present. People who had received this service told us they were all happy to continue with the arrangement in the communal area as it provided them with the opportunity to meet and talk with each other. We spoke with the registered manager who confirmed that the situation had arisen following a refurbishment and rearrangement of offices. They thought though that this did not provide a dignified way for people to visit the hairdresser or to be able to meet in a social situation. They had made a request for a dedicated hairdressing salon to be established within the grounds of the home.

One person told us that they had chosen for their family member to be involved in their care and to be told if there were any changes in the person's health. They said, "It makes me feel better that he knows what's going on." Other than when people had asked for their information to be shared, staff members maintained people's confidentiality by not discussing personal information in public areas. People's care records and personal information was stored securely in a lockable room.

Good

# Is the service responsive?

## Our findings

People told us that they received care when they wanted it. One person told us, "I can have a bath anytime, if I don't feel like it one day I can have it another day." Another person told us how they preferred their personal care at the weekend and that staff were available whenever the person wanted help with this. They also said they were able to do what they wanted. They were aware of the activities that were available but chose to stay in their room and watch sports on television. They told us that they had specific TV channels that meant they could watch the sports that they liked.

We spoke to staff members about several people and their care needs. They showed us that they had a good understanding of people's individual care needs and their preferences. We spent time observing how staff interacted with people and found that staff frequently anticipated people's needs and were aware when people needed their attention more urgently. We saw one person leave the dining room before the midday meal had started. A staff member spoke with the person quietly and followed them to their room. The person had not told the staff member that they needed help, however the staff member later told us the tone of the person's voice alerted them that the person needed help. We saw numerous other examples of staff supporting people in a non-intrusive way that showed they understood people's needs and abilities. These included a second staff member who stopped to help another staff member support someone to sit at the dining table as the person was having difficulty with this.

The care and support plans that we checked showed that staff had assessed people's individual needs before care started. This was to determine whether they could provide people with the support that they required. The information obtained contained enough detail that an assessment could be made about whether staff members had the skills and knowledge to care for the person.

People's care records contained information about their lives, preferences, likes and dislikes and details about what they liked to do to keep themselves occupied. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition and mobility needs. We saw that there was a good level of detail, which meant that staff members had enough guidance to care for people properly. One person's care plan showed how their mobility was affected by a health condition and how this increased the risk of them falling. Another person's plan showed the actions staff should avoid to reduce the risk of upsetting the person. This person's care plan in particular presented a clear description of the person and how staff should care for them. Staff kept people's care plans under regular review and people were as involved as they wanted to be in planning how staff should meet any changes in their care.

We saw that there were arranged events and entertainment throughout the week and people who took part in these told us they enjoyed them. A staff member was employed specifically for this purpose and to spend time with people who stayed in their rooms. They were a lively member of staff who encouraged people to take part, while respecting each person's decision. We saw that approximately a third of the people living at the home attended at any one time.

Other staff members were also available to spend time with people and we saw that they took the time making ordinary activities, such as walking to the dining room, more pleasant. One staff member sang a song with the person they were walking with and we later found out that the person had taught the staff member the words. Another member of staff asked a person if they wanted to sit with them while they wrote their notes in daily records. We saw that they had a conversation while the staff member was completing this task about several things, including holidays, chocolate and how packaging has changed over the years.

People told us they would be able to speak with someone if they were not happy with something. They would approach the registered manager or deputy manager and they were confident that their concerns would be resolved. A visiting relative also told us that they would raise any concerns with the registered manager.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. The registered manager told us that they dealt with complaints immediately and we saw that four formal complaints had been made in the previous 12 months. Records showed that the registered manager had acknowledged and responded to these, and appropriate action had been taken in response to the complaint to improve the quality of care provided.

Good

# Is the service well-led?

## Our findings

People told us that they were happy living at the home, that staff members looked after them well and that the home was a nice place to live. One person said, "Wouldn't choose to live anywhere else." Another person told us, "They look after us. I wanted to come here, I'm happy here." One person's visitor told us that they were reassured that their relative lived at the home, that they were safe and had staff to look after them.

People told us that staff members all got on well and they never heard staff complaining. Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. Two staff we spoke with said that working at the home was very teamwork orientated. We asked about an incident we had observed when a member of the housekeeping staff attended to a person during a busy period in the day. They told us that a number of the housekeeping staff had also worked as care staff at some point and were also aware of people's care needs and would help people if they were able to.

People told us that they knew who the registered manager was and that they regularly saw them in all areas of the home. They knew the registered manager by name and told us they were always approachable. Staff members told us that the registered manager and deputy manager were both very approachable and that they could rely on them for support and advice. The registered manager told us that the home had good links with the local community and the deputy manager was the main point of contact for these arrangements. Staff from the home met with local GP surgeries each year to discuss changes in practice, what works well and what may need to be changed. Following the most recent meeting the home moved from ringing the surgery for medicine prescription requests to faxing. The registered manager told us this had stopped errors and omissions from occurring. This demonstrated the registered manager looked for ways of improving the quality of care people received.

Staff told us that they had regular meetings, such as team meetings, to discuss changes around the home. They said they were able to raise concerns and that the provider organisation took action to resolve issues. A whistle blowing policy was available and copies were located around the home, including in the staff room so that staff were able to look at it in private if this was required.

The registered manager has been in post since February 2015. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the home.

People told us that they could share their views of the home at meetings or by completing questionnaires. We saw that results of the most recent questionnaires in October 2016 were available in the home. These showed that people were happy with the home, how it was run and how they were cared for.

The registered manager completed monthly audits of the home's systems to identify any areas that needed improvement. They told us that these audits fed into audits completed by the operations manager, which in turn fed into the provider organisation's auditing system. We found that when issues had been identified,

actions had been  taken to address them.

The registered manager completed an analysis of any incidents or accidents that had occurred which had not shown any trends or themes, and the information was also analysed by the organisation's estates manager. The registered manager also told us about changes made to check bath temperatures following an incident where a person sustained burns in another of the provider's homes a few years ago. We concluded that the registered manager took appropriate action to monitor records so that if similar issues arose, changes could be made to reduce these happening in the same way again.