

Four Seasons (No 10) Limited

# Kingston Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service effective?

**Good** 

Is the service responsive?

**Good** 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 October 2015 and three breaches of legal requirements were found. This was because the provider did not have suitable arrangements in place relating to medicines covertly administered. This meant professional authorisation was not always gained and could lead to people receiving their medicines inappropriately. We also found people were not always involved in their care plans which could result in them receiving care that was inappropriate or that did not meet their care needs. The provider also did not give people enough opportunities to participate in meaningful activities that reflected their social interests.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on the 15 March 2016 to check that they had followed their action plan and to confirm that they now met legal requirements. This inspection was unannounced.

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Kingston Care Home provides accommodation, nursing and personal care for up to 67 older people. The service specialises in care and support of older people who may be living with dementia.

At the time of this inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service had appointed a new manager who had been in post for two months, and it was anticipated they would become the registered manager. The delay was a result of many of the current providers' homes changing to a new provider. It was anticipated the new provider would make applications on mass to register all new managers. This was with the CQC's agreement.

During our focused inspection we found the provider had followed their action plan. We saw legal requirements had been met as the provider now had systems in place to ensure suitable arrangements for medicines that were administered covertly. People and their relatives were being actively engaged in the writing of people's care plans. The home had also increased the number and range of activities available to people in order to better meet their needs.

Sufficient action has been taken to meet the legal requirements made at the last inspection, and we have therefore changed the ratings for 'effective' and 'responsive' from 'requires improvement' to 'good'. However, we have been unable to change the overall rating of the service as the categories of 'safe' and

'well-led' remain at the rating of 'requires improvement'.

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

We always ask the following five questions of services.

### Is the service effective?

We found that appropriate action had been taken to act in accordance with the Mental Capacity Act (2005) and professionals were appropriately involved in making decisions to covertly administer medicines.

The provider had also put procedures in place to make sure people who could not access call bells were routinely monitored.

This meant that the provider was now meeting legal requirements. We have therefore changed the providers rating in this outcome area from 'requires improvement' to 'good'.

Good ●

### Is the service responsive?

We found that appropriate action had been taken by the provider to ensure people were offered a range of social and recreational activities based on people's preferences and wishes.

We also found the provider had taken steps to ensure people and their relatives were involved in reviewing care plans so they reflected their current needs.

This meant that the provider was now meeting legal requirements. We have therefore changed the providers rating in this outcome area from 'requires improvement' to 'good'.

Good ●

# Kingston Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced focused inspection was undertaken by an inspector and a specialist pharmacist inspector on 15 March 2016. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in October 2015 had been made. We inspected the service against two of the five questions we ask about services: Is the service effective? Is the service responsive?

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

During our inspection we visited the home and looked at records relating to the administration of medicines and people's care plans. We observed care provided by staff. We also spoke with three people living at the home, two members of staff, the activities co-coordinator and the manager.

## Is the service effective?

### Our findings

At our comprehensive inspection of this service on 14 October 2015 we found the provider was in breach of a legal requirement because the service was administering medicines covertly without reference to the appropriate legislative framework. The administration of covert medicines is covered by the Mental Capacity Act 2005 (MCA) which 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 had found in the October inspection that although the provider was generally working in people's best interests, healthcare professionals had not always been involved in making decisions. In one example, we saw there was no evidence to show a pharmacist had been consulted about the suitability of certain medicines to be administered covertly.

At this inspection we looked at nine Medicines Administration Records (MARs) for people who were administered their medicines covertly. We saw appropriate authorisation and input from professionals to enable them to have their medicines covertly. For example, there was evidence of a best interests meeting and mental capacity assessment.

A medicines form had been signed by the GP and pharmacist. This form contained sections which helped to explain the consequences of administering medicines covertly, list of medicines administered covertly, alternatives considered, professionals involved in decisions, date of review and a statement of the outcome of capacity. This gave assurances that people were now receiving their medicines within the legislative framework and recommended guidance.

At the October inspection there had also been an issue regarding people's access to call bells to summon staff if there was an emergency. We found not everyone was able to access a call bell and if they were unable to do so there were few strategies in place to ensure people were continually monitored.

At this inspection we saw mental capacity assessments or risk assessments had been completed for all those unable to access call bells. There was also a system of recorded hourly checks to ensure people's on going safety.

## Is the service responsive?

### Our findings

At our comprehensive inspection of this service on 14 October 2015 we found the provider was in breach of a legal requirement in relation to people being given opportunities to participate in fulfilling and meaningful activities that reflected their social interests. Although we found some activities on offer at Kingston Care Home, typical comments we received from people were they were bored and there were not enough structured activities for them to participate in.

At this focused inspection we spoke with three people, an activities coordinator and we looked at various documentation in relation to activities. One person said of the activities now on offer, "they've improved enormously and are full of ideas."

The provider had employed two activity coordinators who both worked 30 hours per week. They had been trained in the provision of specialist activities for older people. Since the previous inspection they had developed a weekly activity timetable which was on notice boards throughout the home. We saw there were four activity's on offer throughout the home between Monday and Friday. On the day of our inspection we saw six people were involved in an arts and crafts class as detailed in the activity timetable. Other activities included quizzes, exercise classes and a news group. The coordinators were also able to offer one to one sessions to people if that was their preference. We saw during the week of our inspection, the home was also trying to break a world record for the largest cream tea party.

One of the coordinators told us about a recent meeting they held at the home to consider what new activities people wanted to be offered. We saw the meeting was well attended and number of suggestions had been made by people. This had included classical music appreciation, music from shows, a history group and poetry and short story group. The coordinator told us how they would be able to include some of these sessions into a new timetable, and how they may be able to use certain technology to assist them in the process.

At our comprehensive inspection of this service on 14 October 2015 we found the provider was in breach of a legal requirement in relation to people or their representatives being involved in reviewing care plans. Staff told us they did involve people but we could not confirm this from the records we looked at.

At this inspection we spoke with the manager who told us they were in the process of inviting people and their relatives for a meeting to review people's care plans. The service had a target to review everyone's care plan by the end of March. We looked at evidence from Richmond unit and saw letters had been sent out to relatives inviting them to a review meeting or to comment on their relatives care. We saw within Richmond unit, nine out of ten people had had a recent review meeting. For those people who had not yet had a review meeting, we saw evidence that meetings had been arranged.