

Care UK Community Partnerships Ltd

Kingsleigh

Inspection report

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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

This unannounced inspection took place on 3 November 2016. Kingsleigh provides accommodation and personal care for up to 67 people. On the day of the inspection, 56 people were using the service.

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

The last inspection of Kingsleigh took place in December 2013. The service met all the regulations we checked at that time.

People were happy with the care they received at the service. Staff understood the types of abuse and their responsibility to report any concerns to protect people from harm. People received safe and effective care and support. People's medicines were securely stored and administered safely.

Staff treated people with kindness and respect. People had sufficient healthy meals which they liked. Staff supported people to eat and drink and followed healthcare professional's advice to support people with their nutritional needs as required. There were sufficient staff on duty to meet people's needs. The provider used safe and robust recruitment practices.

The registered manager assessed risks to people's health and safety. Staff had sufficient information and guidance to manage the known risks. People received support to pursue their hobbies and interests.

Staff had the experience and skills to support people effectively. Staff received appropriate training and the necessary support through supervision to enhance their work. Staff felt confident the registered manager valued their ideas to improve the service.

People and their relatives were involved in the planning of people's care. Staff asked people for their consent before providing them with care and support. Staff knew people well, understood their needs and respected their views on how they wanted to be supported. Staff respected people's privacy and dignity.

The registered manager carried out regular audits on management of the service and asked people and their relatives about the quality of care people received. The registered manager used their ideas and feedback to drive improvement.

The registered manager recorded and monitored incidents and accidents and ensured staff took appropriate action to minimise recurrence. The registered manager had looked at complaints and addressed them in line with the service's procedures.

People had access to healthcare services when needed. The registered manager worked in partnership with other healthcare professionals to ensure people received the support they required.

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 knew how to recognise signs of abuse and actions to take to protect people from harm.

Staff identified risks to people's health and well-being and managed these appropriately.

There were sufficient and suitably skilled staff to support people safely. The provider used safe recruitment procedures.

Staff managed and administered people's medicines safely.

Is the service effective?

Good ●

The service was effective. People received support from staff with relevant skills and knowledge. Staff received support and regular supervision to undertake their role.

People enjoyed a healthy diet which they liked and met their needs.

People consented to the care and support they received. Staff supported people in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People accessed the healthcare they needed to maintain good health and to be as independent as possible.

Is the service caring?

Good ●

The service was caring. Staff were kind and caring. Staff understood people's individual needs, likes and dislikes.

Staff involved people in planning their support and care. Staff knew how to communicate with people about their needs and preferences and respected their choices.

Staff upheld people's dignity and human rights and respected their privacy and confidentiality.

People received the support to maintain relationships with their friends and family.

Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and responded to changes in their health.

Staff had sufficient information on how to deliver people's care. People received their care as planned.

People and their relatives were involved in the planning and delivery of their care. People took part in activities of their choice and pursued their interests.

The registered manager considered people's views and opinions about the service. Complaints were investigated and resolved.

Is the service well-led?

Good ●

The service was well-led. People and their relatives described the registered manager as approachable and available. Staff felt supported in their work valued at the service.

The service had a positive and open culture that encouraged learning.

The provider and registered manager used effectively robust systems to monitor the quality of the care and drive improvements when necessary.

There was an effective partnership with healthcare professionals to promote people's well-being.

Kingsleigh

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 unannounced inspection took place on 3 November 2016. 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with the registered manager, deputy manager, two shift leaders and eight members of staff, activities co-ordinator, chef and a regional support manager who was visiting the service.

We reviewed 15 people's care records and their medicines administration records. We looked at staff records including recruitment, training, supervision and duty rotas. We looked at how the provider assessed the quality of the service and feedback the service had received about people's views of the service.

We undertook general observations and formal observations using the short observation framework for inspections (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from healthcare professionals.

Is the service safe?

Our findings

People felt safe at the service. One person told us, "Staff help me to stay safe". Another person said, "They [staff] take good care of me". One relative told us, "[Person] is very happy here and I know they are safe."

People were safe because staff identified and managed risks to their health and well-being. Staff involved people, relatives and healthcare professionals in carrying out the risk assessments before and after the person began using the service. Assessments contained details of the measures the service had taken to minimise risks to people in the least restrictive way. Staff regularly reviewed risks to people and updated their care plans to reflect changes to the support they required. Risk assessments included areas around going out, use of mobility aids, their environment, skin care and falling.

Staff understood how to keep people safe. Staff understood the types of potential abuse that could happen to people and how to recognise signs if they suspected a person had suffered abuse. One member of staff told us, "We have to protect people safe from the different types of abuse such as emotional, physical or financial. I would report this to my manager." Staff understood the provider's safeguarding policy and reporting procedures to follow to protect people. Records showed the registered manager worked with local authorities on safeguarding concerns to ensure appropriate action was taken to protect people.

Staff knew how to report concerns to protect people from harm. Staff understood the provider's whistleblowing policy and had access to guidance about how to 'whistle blow' and who to contact. One member of staff told us, "I am confident the manager would promptly act if I had concerns about abuse. I would contact social services, CQC or the police if my concerns remained unresolved."

There were sufficient staff available to meet people's needs. The registered manager reviewed people's needs and the number of staff required to support people safely. We observed call bells were attended to promptly and people supported to meet their needs as required. Staff told us and rotas confirmed there was a regular and consistent staff team that worked at the service to ensure continuity of care. There was ongoing recruitment to replace staff who had left the service and to provide additional staff to manage the increasing needs of people. The service used bank staff to manage planned absences and sickness.

Staff took appropriate action to reduce the risk of accidents to people at the service. The registered manager monitored and analysed accidents and incidents and put measures in place to minimise the risk of a recurrence. Staff reported and documented incidents in line with the provider's policy. Incidents were discussed at team meetings and handovers which ensured staff learnt from those events.

Staff knew what to do in case of an emergency. Personal emergency evacuation plans (PEEP) provided staff with guidance about how to support people to evacuate safely in case of an emergency. The registered manager discussed with staff what action to take to enhance people's safety in the event of a fire. The service carried out regular fire drills and kept up to date records of these. This ensured staff understood how to support people to leave the building safely.

People received support from staff deemed to be of good character and fit to undertake their role. The provider operated a safe recruitment process and ensured staff employed at the service met people's needs safely. These included checks with the Disclosure and Barring Service to ensure applicants were not barred from working with vulnerable people. There was also evidence of interview records, identity document checks, full work histories and written references from previous employers. New staff did not commence employment until a return of satisfactory checks. This minimised the risk of people receiving care from staff who were unsuitable for the role.

Staff managed people's medicines safely. Medicines Administration Records (MAR) charts were accurately completed and showed medicines had been given to people at the stated time and correct dose. Staff completed medicine audits at the end of each shift to allow them to rectify any errors promptly. Medicines stocks we checked tallied with records. Only staff assessed as competent administered people's medicines. Staff followed the service's policies and procedures for ordering, storage, administering and recording of medicines. The registered manager carried out regular checks on the management of medicines and ensured staff addressed any concerns.

People received their 'as required' (PRN) medicines when needed. Staff followed the provider's protocol on managing PRN's in the use of these medicines and as set out in people's care plans.

Staff protected people from unhygienic practices. Staff understood and followed the service's procedures on how to prevent cross contamination to reduce the risk and spread of infection. A shift leader held the role of infection control link for the service and liaised with all staff on good practice. We observed members of staff use personal protective clothing such as gloves and aprons when undertaking tasks.

Is the service effective?

Our findings

People received support from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "They [staff] give me the help I need and know what to do". Relative's comments included, "Staff do their work very well," "Staff are very good and know how to help [person]" and "Staff are very attentive."

People received support from staff who had achieved acceptable levels of competence to support them. Staff had completed comprehensive induction when they started to work at the service. The registered manager observed staff's practice during their probation period to ensure they were competent to support people. The registered manager introduced new staff to the service's values, policies and procedures and ensured they completed mandatory training.

Staff had up to date skills to support people effectively. Staff had received training on safeguarding adults, fire safety, infection control, first aid, health and safety and medicines management. One member of staff told us, "We have lots of training and can request to attend specific courses if we feel we need particular skills." Staff told us the training enhanced their knowledge needed to support people. Staff received specialist training in working with people living with dementia and diabetes. The registered manager ensured staff received 'refresher' training to keep up to date with current practice.

Staff received support to carry out their role. One member of staff told us, "I feel supported in my role and find supervision meetings helpful in assessing my work practice." Another member of staff said, "We talk about achievements and challenges we may have with the job." The registered manager undertook supervision sessions with staff to review their performance and to identify any needs to develop their practice. Records confirmed staff had regular supervisions and were able to discuss how best to support people. The registered manager followed up on action planned from previous sessions to ensure completion. Staff had an annual appraisal to review their performance and personal development goals and the training they would undertake to enhance their knowledge.

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 at least restrictive as possible.

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 and hospitals are 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 were being met.

People received support and care in line with the requirements of MCA. One member of staff told us, "The

MCA is about offering people choices to make decisions about their care." Staff had received training on MCA and DoLS and told us they always presumed people were able to make decisions about their day to day care and support. Staff ensured people gave consent to the care and support they received. Care records showed where a person was assessed as lacking capacity, their relative and GP were appropriately involved in making decisions in their 'best interests'.

Staff upheld people's rights in line with legislation. The registered manager assessed and monitored restrictions to people's freedom or choice. Records showed the service had made DoLS applications to the local authority to ensure they lawfully deprived people of their liberty when appropriate. The service had received authorisation for this. Records showed staff supported people in line with the conditions stated on the authorisations. People had the Charter of Rights in their rooms explaining their human rights and the services duty to fulfil this obligation.

People gave consent to the care and support they received. People had an assigned member of staff as a keyworker who coordinated their care and ensured any issues raised were addressed. Records showed regular key-working meetings and review of people's needs. The registered manager reviewed the notes from these meetings and ensured people received the support they required.

People were provided with nutritious food which they enjoyed. One person told us, "Delicious meals and good portion sizes". Another person said, "I sometimes prefer a cooked breakfast and a smaller lunch and it is not a problem". Menus cards were displayed in the dining room for people to choose from and were presented in large print and pictures to allow every person to understand what meals were on offer. People told us the chef prepared fresh food daily and respected their individual preferences. During the inspection we observed people had easy access to fresh fruit, snacks, juice and jugs of water. The chef told us fruit and snacks were available for people out of hours. The service was promoting "Dining with Dignity" and encouraged people to use special cutlery utensils, crockery and beakers which made it easy for them to eat.

People received the support they required with their dietary requirements. Staff monitored people's nutrition and received input from a dietician and speech and language therapist on how to meet a person's dietary needs. Records showed staff had updated a person's care plan and gave them food appropriate to their needs as advised by the dietician and the person had some weight gain.

People's health needs were met. One person told us, "Staff will get the doctor if I need to see one." Staff made referrals to relevant professionals for advice and guidance when people's health needs changed to ensure they received appropriate support. Care records contained the outcomes of visits and advice obtained from professionals including community nurses, physiotherapists, opticians, tissue viability nurses, dieticians and dentists. The registered manager ensured staff followed guidance to support people with their health needs.

Is the service caring?

Our findings

People and their relatives were positive about the care and support people received at the service. One person told us, "Staff are caring. I like it here and am very happy." Comments from relatives included "The staff are very kind and helpful" and "Staff are kind and friendly" and "Staff are very supportive. We can't fault them."

Staff respected people's privacy and dignity. One member of staff told us, "We respect people's space. We don't just barge into their rooms." We saw staff knocked on people's doors and waited for a response before entering. Staff told us about the importance of treating people with dignity and respecting their individuality. People could go to their room and rest when they wanted to. Staff told us people and their relatives could meet in private if they wished.

Staff supported people to maintain the relationships that were important to them. One person told us, "I write letters and send birthday cards to my family." Care plans showed what name people preferred to be known by and we heard staff use these names. Relatives told us staff made them to feel welcomed at the service. Staff supported a person to visit their relatives as they wished. Sufficient staff were made available to support people plan and go out to visit their friends and family when needed.

People enjoyed positive relationships with staff. We saw staff greet and talk to people in a way which showed they knew them well. Staff showed an understanding of each person's needs. One person told us, "I have a chat and a laugh with staff." One member of staff told us, "It's important we have a rapport with people. It's their home and it's important we keep them happy." A relative told us, "Staff have gotten to know people well over time." Staff we spoke with knew about people's backgrounds and their needs and supported them as they wished. We observed staff interacted with people in a friendly and polite way. Staff promptly responded to people's requests for support in an unhurried manner.

Staff respected people's cultural backgrounds and their religion and supported them to enjoy their beliefs. For example, a person's care plan had information about the support a person wanted in relation to practising their religion. Records confirmed the person had received support in accordance with their wishes and celebrated significant religious events.

People were involved in the planning of their care and to make day to day decisions about their lives. People's bedrooms were personalised with their photographs, ornaments and other personal items. Staff supported people in line with their individual needs and preferences. We observed people made choices about how staff supported them with care. For example, staff asked people what type of drink they would like and were able to choose the fruit they wanted.

Staff encouraged people to do as much for themselves as possible. One person told us, "I do what I can and get the staff to help when I am unwell." One member of staff told us, "We support [people] to do what they are able to do for themselves such as washing their face and brushing their teeth." One member of staff said, "We know people's strengths and will encourage them to do as much as they can for themselves without

putting them at risk." Staff told us this ensured people retained the skills they had. Daily observation records showed what tasks people were able to complete without assistance and indicated if a person needed prompting or some support to complete tasks.

Staff had developed effective ways to communicate with each person. Staff understood how each person was able to communicate their needs and used that knowledge to support them to make decisions about their care. We observed staff were patient when giving information to people and explaining the support they were offering. Staff supported people to reduce the risk of social isolation and encouraged them to socialise with other people at the service.

Staff kept information about people secure and safely. Staff understood data protection and confidentiality requirements in their role. Personal records including support plans and medicine administration records were stored securely to maintain confidentiality.

Is the service responsive?

Our findings

Staff involved people and their relatives in planning people's care and support to meet their individual needs. One person told us, "We discussed with my family and staff the support I needed before I came to live here." The registered manager carried out an assessment of people's needs before they started using the service. The service involved healthcare professionals in identifying people's needs and the support they required. Care plans had information about people's health, background and preferences. This enabled staff to plan and deliver people's support appropriately.

People received appropriate support in response to their changing needs. Staff undertook regular review of people's needs and worked with healthcare professionals involved in their care. Care plans were updated to reflect the changes to ensure that the care to be delivered was agreed and met people's needs. For example, staff had updated a person's care plan due to concerns on their swallowing difficulties. Their record detailed how staff were to support the person to take food and fluids, monitor intake and report any concerns.

Staff supported people in line with their preference. A member of staff told us, "We respect [person's] preference on not being checked on during the night when they are in bed." Another member of staff said, "It's important to know how people like their things done and to keep their routines." Care plans included each person's likes, dislikes, and details such as when they wanted staff to wake them up, how the person wanted their personal care delivered and how to prompt them.

Staff supported people to follow their interests and take part in activities they enjoyed at the service and in the community. The activities co-ordinator encouraged people to take part in activities of their choice. The service had undertaken a "Kingsleigh by the Sea" project which saw people and staff introduce a colourful beach themed areas throughout the home and a coastal sensory garden. People and their relatives told us they enjoyed the 'visit' to the beach.

People and their relatives were actively encouraged to express their views and the service acted upon their feedback. They attended regular meetings at the service and gave feedback on the support and care people received. The registered manager used their feedback to improve the service. One relative told us, "I attend relative's meetings and use questionnaires to voice my concerns." We saw minutes of a meeting held which showed the registered manager had taken action in response to people's suggestions and they were happy with the activities at the service.

The complaint system was effective and people's concerns were resolved. People and staff were aware of the complaints procedure and felt confident to use it to raise a complaint if they needed to. They felt assured the registered manager would investigate their complaint and provide them with a response. One person told us, "I would complain if things were not ok." One relative told us, "I have not had complaints as such, just niggles. If I had any problems, I would speak with the manager." We viewed the record of compliments received by the service.

The registered manager kept a register of all complaints received and ensured they were dealt with in line

with the service's complaints procedure. Records showed the registered manager had responded appropriately to a person's complaint and resolved the issue.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the way the service was managed. One person told us, "The manager comes around to ask if everything is alright." Another person said, "The manager is open-minded and polite." Relatives and staff spoke highly of the service and the registered manager. A relative told us, "The service is managed well and the staff work as a team." Staff said the registered manager was available and approachable.

People and their relatives told us the registered manager promoted a transparent culture in the home and they were involved in the development of the service. One relative told us, "The manager listens if we have any concerns." People and their relatives told us the registered manager was visible in the service. Throughout the inspection we observed the management team interacted with people and their relatives and it was evident they were known to them.

Staff said the registered manager was supportive and felt motivated to perform in their role. They said she promoted an open and inclusive environment. Comments from staff included, "The manager listens and acts on concerns we might have" and "I feel valued" and "[The registered manager] is all about us providing the best care to [people]. She encourages us to develop our skills and improve on our knowledge." Staff told us the registered manager had ensured they knew what was expected of them in relation to how they cared for people and carried out their work.

Staff told us they knew each other well and had good teamwork. Staff had regular meetings with the registered manager and received guidance on how to improve on the support and care they delivered to people. One member of staff told us, "We can raise any concerns or discuss our ideas in team meetings. The managers do consider what we have to say." Records of staff meetings showed issues discussed included areas for improvement within the service and feedback from the registered manager regarding accidents, complaints and compliments received. Staff said they were supported by senior managers who were also available out of hours to provide advice and support.

Staff told us communication was shared appropriately within the team. Staff understood and shared the provider's vision and values and which were available to people, their relatives and staff. Staff told us they promoted the values by being supportive, inclusive and responsive to people's needs.

The service adhered to the requirements of their registration with Care Quality Commission (CQC) and met the conditions of their registration. The service ensured notifications were sent to CQC as appropriate. The registered manager told us the provider was supportive and was available to discuss issues and provided resources as necessary.

The quality of the service was subject to regular checks. The registered manager ensured staff followed good practice to meet people's needs. For example, the registered manager looked at care records to ensure they were accurate and up to date. Checks were also carried on the quality of support and care provided to people, issues such as privacy, dignity and standards of nutrition. Staff training was reviewed to ensure it

was up to date and when staff needed to attend refresher training.

The service effectively used the systems in place to monitor the quality of the service and to drive up improvements. The registered manager carried out regular audits on staff performance, care planning records and staff record-keeping on the support people had received and took action to improve the service. The registered manager carried out checks on medicines administration records charts and ensured staff had followed correct procedures.

The provider had oversight on the monitoring of quality of care at the service. The regional manager carried out a 'Quality Outcome Review' and reviewed findings with the registered manager. We saw the service made follow up actions and ensured issues were resolved.

The registered manager gathered the views and comments of people, their relatives, staff and healthcare professionals as part of the audit checks through surveys and annual client satisfaction surveys. Latest results of the surveys showed people were happy about the quality of care. Staff told us they were happy to contribute to the staff surveys "as we are all very clear of the service's ethos and live up to the values and the direction of the organisation."

The provider maintained the premises well to ensure the safety of people who used the service and staff. There were regular maintenance checks on the safety of the building and equipment. The registered manager reviewed information on the safety of the building and equipment. We saw audit records on health and safety and faults and repairs faults were addressed promptly.

The service worked in close partnerships with organisations and healthcare professionals to support people's care provision and service development. There was joint working with the local authority and other health care professionals involved in relation to the care and support for people with older people and dementia care. The registered manager told us they worked closely together to ensure staff developed their skills in meeting the needs of people.