

Kingsley Care Homes Limited

Wisteria House

Inspection report

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Date of inspection visit:
30 June 2017

Date of publication:
19 July 2017

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

Wisteria House provides a residential care service for seven people living with a learning disability or mild mental health issues. At the time of this announced inspection of 30 June 2017 there were seven people who used the service. The provider was given short notice of the inspection because we needed to know that people would be at home.

At the last inspection of 31 March 2015 the service was rated Good. At this inspection we found the service remained Good.

There was 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 service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse and with their medicines. Staff were available when people needed assistance and the recruitment of staff continued to be safe.

People were supported by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to assess and meet people's dietary and health needs.

Staff had good relationships with people who used the service. People were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs. People were supported to participate in meaningful activities.

The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve. A complaints procedure was in place.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Wisteria House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection was carried out by one inspector on 30 June 2017 and was announced. The provider was given short notice of the inspection because we needed to know that someone would be available in the service.

We spoke with four people who used the service and observed the interactions between staff and people. The registered manager was on leave on the day of our inspection and another registered manager from another of the provider's services was at the home. We spoke with this registered manager, the director of specialist services and two care staff.

We reviewed the care records of two people who used the service and records relating to the management of the service.

Is the service safe?

Our findings

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to ensure their safety. This included ensuring people were safe when preparing their lunch and had access to their walking frame to reduce the risks of falls. One person said, "I need it to help me walk."

People continued to be protected from the risk of avoidable harm and abuse. People received support from staff who understood how to recognise and report abuse.

Risks to people continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with going out in the community, finances and using equipment in the service, including electrical equipment. Risks to people were minimised because electrical, fire safety and the water system were regularly checked to ensure they were safe.

The director of specialist services told us that the staffing level continued to be appropriate to ensure that there were enough staff to meet people's needs safely. One person told us how they could go out when they wanted, "Where there is enough staff." We asked if there were any times they could not go out because of the staff numbers and they said, "No, I can go out when I want to." We saw that staff were available when people needed them and they responded to people's requests for assistance promptly.

The service continued to maintain robust recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. The staff had worked in the service for many years, with the last new staff member starting over a year ago. The director of specialist services showed us their audit document which showed that the appropriate checks had been made.

Medicines continued to be administered safely. We observed one staff member give a person their medicine at lunch time, this was done safely and with the person's consent. The person said, "I take it with water." Another person told us about the medicines they took and how they were being monitored by another health professional and the staff in the service. They understood the importance of ensuring that their medicines were provided with a safe gap between doses, "If I take them late, I have my others later if it is too close between." Records showed that medicines were given to people when they needed them and kept safely in the service. Regular audits allowed the staff to quickly pick up any issues and take action to address them.

Is the service effective?

Our findings

The service continued to provide staff with training, support and the opportunity to obtain qualifications in care to meet people's needs effectively. Staff told us that they were happy with the training and support received. This included training associated with people's specific and diverse needs such as challenging behaviour, autistic spectrum conditions, diabetes awareness, learning disabilities and depression.

Records and discussions with staff showed that staff continued to receive supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

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. 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's care records identified their capacity to make decisions. Staff had been trained in MCA and DoLS and continued to demonstrate they understood MCA and how this applied to the people they supported. One person said, "I choose what I want to do."

The service continued to support people to maintain a healthy diet and/or with the preparation of meals and drinks. People chose what they wanted to eat and drink. One person said, "We all choose." They told us that all of the people in the service chose the menu and they were involved in preparing and shopping for their food. One person said, "We go to [local supermarket]. We do the food and staff assist." The person said that they required a condition which required a specific diet and had to, "Watch what I eat." Their records identified the support that they required and how their dietary requirements may effect them, such as if they were becoming unwell as a result of their condition.

People were supported to maintain good health. One person told us that they were supported to visit health professionals when needed, this included the optician, chiropodist, doctor and mental health professional. We complimented them on the style of their spectacles and they said, "I chose them, I'm going to have my eyes tested soon," and, "I go to Ipswich to have my feet done, cut my nails." People's records included a health action plan, information about treatment received from health professionals and any recommendations made to improve people's health were incorporated into care plans.

Is the service caring?

Our findings

People we spoke with told us staff treated them with respect and kindness. One person said about the staff, "I like them." Staff interacted with people in a kind and caring way. They listened to what people said and people clearly shared positive relationships with the staff. One person told us that they had lived in the service for a long time and that they knew the staff well and the staff knew them.

Staff continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices.

During lunch we saw that staff assisted people where required and encouraged people's independence when preparing their chosen meal. People's records included information about how their independence was promoted and respected.

People told us that they continued to make decisions about their care and that staff listened to what they said. People told us that they had chosen how their bedroom was decorated and what they had in them. One person said, "I chose the colour. I have got two big cupboards full of dolls, jewellery and DVDs, my favourite is Sister Act 2." People's records included information about their preferences and how their choices were respected.

One person told us how they were supported to maintain their family relationships, which was important to them. They visited a family member often, "We go in a car or in a taxi." Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships to reduce the risks of isolation.

Is the service responsive?

Our findings

The service continued to provide a responsive service which met people's individual and diverse needs. People told us that they were happy living in the service and with the support they received. One person said, "I am happy, I like living here."

The service continued to ensure that people's care records were personalised to include information about how their needs were met. This provided staff with guidance about how to meet people's needs and preferences. The records included information about people's diverse needs and how they were met, such as when people became anxious and the support they required to reduce the risks associated with depression and anxiety. One person told us about their anxiety, what worried them and how the staff supported them. This was confirmed in their records.

The service continued to provide people with the opportunity and support to maintain links with the community and undertake meaningful activities that they enjoyed. We saw that people chose what they wanted to do. During the day of our inspection people went to their day services, went out independently and with relatives and watched television. One person went out with staff to take another person to their day service. One person listed the day services they attended and what they enjoyed doing. They showed us potted plants in the garden, "I planted the seeds." They also told us what they were planning to do at their day service on the day of our inspection, "I am going to paint my frame." They said that they were going to put a photograph of themselves and a friend in it and give it to their relative. Another person said that they went out when they wanted to and enjoyed bowling and the cinema and, "We sit in the garden on a nice day." People assisted with the upkeep of their home and their personal space. One person said, "I clean my bedroom on Sunday." Following lunch one person cleared up the items used and wiped down the tables. This meant that people undertook meaningful daily activities and took responsibility for their home.

There was a complaints procedure in place and the service continued to address any concerns and complaints received in a timely manner and use these to improve the service. There had been no complaints received in the last 12 months. Information in the service such as the menu and the complaints procedure was in text and picture format which was accessible and designed to ensure that people were able to understand them.

Is the service well-led?

Our findings

The registered manager continued to promote an open culture where people, relatives and staff were asked for their views of the service provided. This included in meetings and questionnaires. Where comments from people were received the service continued to address them.

Staff told us that they felt supported by the service's management and they could go to the registered manager if they were concerned about anything.

The registered manager was on leave during our inspection and a registered manager from one of the provider's other services were present. They and the director of specialist services told us that they had a buddy system between services to cover the leave of registered managers. This meant that services were not left without managerial support.

The registered manager and the director of specialist services continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicines records, incidents and accidents and care records. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon, including in action plans. In addition the director of specialist services told us that the provider had a quality team who could assist the registered manager in improvements if needed.

There were systems in place which showed that the service continued to improve. This included the recent installation of a computerised care planning system. There were hand held devices being used by staff to input the care and support people had been provided with and their wellbeing. Staff told us that these had been used for two weeks. They said that they thought that they were good and they record any support or incidents immediately without having to get out the care records and write in them. We saw staff using them during our inspection. The system was not yet fully implemented and the director of specialist services told us that the next step would be to input all the care plans onto the system. This showed that the service had identified how they could improve and were taking action to implement these improvements.