

Supported Independence Limited







Kingscourt

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	

Overall summary

The inspection took place on 15 December 2014 and was unannounced which meant that the staff and provider did not know we were coming.

We last inspected the home on 01 July 2013 and no concerns were found.

Kingscourt Care Home provides accommodation for up to six people with a learning disability who require personal care.

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.

People received safe care and support to meet their needs. There were systems in place to support staff in providing safe care. For example there were detailed risk

Summary of findings

assessments in place for each person who lived at the home. These identified possible risks people may experience, such as being in the community on their own. They also set out clear actions to take to minimise risks in the least restrictive way for the person concerned.

There were enough staff to provide people with safe care, for example when planned activities took place in the community, staffing numbers were increased.

People received care and assistance with their needs from staff who were attentive in their approach. Staff demonstrated they were caring and supportive. For example, when one person was upset a member of staff spent time with them offering support in a gentle and caring way.

Staff engaged people in household tasks and there were friendly conversations and animated communication between people and the staff.

People were consulted about what mattered to them in their daily life and were encouraged to maintain important relationships. For example, some people had friends outside of the home and staff supported people to maintain contact with them.

Peoples' needs were effectively met and they were supported by staff who were suitably trained and understood how to provide them with the care they required.

People were protected by recruitment and staff selection procedures which helped minimise the risk of unsuitable staff being employed to work with them.

People were able to enjoy a choice of healthy food and drink which ensured their nutritional needs were met. Menus were planned with the involvement of people at the home to ensure they liked the choices.

People's physical health needs were monitored at the home and they were well supported to be able to stay healthy and well. When necessary, referrals to other health professionals were made for people.

Staff were provided with proper training and support and they understood how to provide people with care that met their needs.

Staff felt supported by the registered manager and deputy. There was an open and accessible management culture for people who lived at the home and the staff who worked there

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care that was safe and met their needs. Staff were able to refer to detailed risk assessments records. These helped them identify what to do to keep people safe and minimise risks to them.

Staff understood how to protect people from potential abuse and harm. They were aware of what the signs of possible abuse were and the correct procedure if they suspected someone was at risk of abuse.

There were enough staff on duty at all times for people to be safe. When more staff were needed, such as at times when people were undertaking activities in the community, the numbers were increased.

People's medicines were looked after safely for them. There was a quality checking system in place to make sure people were given them at the times they needed them.

Good



Is the service effective?

The service was effective.

People were involved in planning what type of care and support they wanted to receive. Staff were trained and knew how to provide people with effective care and assistance to meet their needs.

People's legal rights and freedoms were respected because the requirements of the Deprivation of Liberty Safeguards (DoLS) were adhered to. People's liberty had only been restricted after a DoLS application was approved. Staff understood the implications of DoLS.

People's nutritional needs were effectively met and menus were planned with their involvement to ensure choices and preferences were included.

The staff team were provided with effective support and guidance to enable them to care for people effectively.

Good



Is the service caring?

People were well supported to take part in activities and interests they enjoyed. For example one person told us about their job at a local café that they liked to work at.

Care plans contained detailed information explaining how to provide people with the care and support they required and preferred. People had been actively involved in writing their care plans.

Other healthcare professionals for example, community learning disability Nurses supported people with their health care needs when required.

Good



Is the service responsive?

People were well supported to take part in activities and interests they enjoyed. For example one person told us about their job at a local café that they liked to work at.

Care plans contained detailed information explaining how to provide people with the care and support they required and preferred. People had been actively involved in writing their care plans.

Good



Summary of findings

Other healthcare professionals for example, community learning disability Nurses supported people with their health care needs when required.

Is the service well-led?

The service was well-led.

Staff felt they were supported by the registered manager and the deputy. Staff said there was an open and relaxed management culture and they felt able to approach the managers at any time if they needed to. They said the managers were receptive to them and listened to their views openly.

Quality checking systems were in place to ensure that the overall quality of the service people received was being properly monitored and improved.

The views of people who lived at the home were proactively sought by the registered manager. For example they were invited to meet all prospective new members of staff and give their views about them. Their opinions were an active part of the decision making process when recruiting new staff.

Good



Kingscourt

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 15 December 2014 and was unannounced.

The inspection was carried out by one inspector. We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the deputy manager, the five people who were using the service, and four members of staff. We also met a senior manager who came to the home during the inspection.

We looked at three people's care records, mealtime guidance, audits covering different aspects of the way the service was run, a range of policies and procedures, staff training records, four staff supervision records, and staff duty rotas. Further records we looked at included, staff meetings minutes, a record of complaints, and maintenance records.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern and of good practice. We asked for feedback from external professionals who have regular contact with the service. We did not receive any feedback from them.

Is the service safe?

Our findings

Every person we spoke with told us they felt safe with the staff who supported them. Examples of comments people made included “the staff are alright” and “they are all doing things properly”

Staff supported people in a safe and suitable way. For example staff offered two people emotional support and spent time with them when they became upset.

People were supported to take risks which were safely managed. There was a detailed risk assessment in place for each person. These included information about possible hazards and risks people may encounter. For example some people went out in to the community alone and how to support them to do this safely was clearly explained in their risk assessments. People had signed these records as confirmation they agreed with the actions to help to keep them safe.

People were supported by staff who knew how to protect them from potential abuse. Staff were able to tell us how they would respond to an allegation of abuse to ensure people were kept safe. Staff were aware of where to find the safeguarding adults policy and procedure and had signed to show they read and understood them. These were to guide them to respond to concerns and allegations of abuse. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices.

People’s medicines were managed safely and given to them at the right times. Medication administration records were accurate and up to date. They showed people were given the medicines they required when they needed them. To address some shortfalls in staff recording on medicine records, the registered manager a new checking system in

place. They checked all the medicine records daily to make sure staff had signed to say medicines were given or why they had not been. Staff who had responsibility for giving people medicines had received regular training and their competency was checked by the registered manager.

The temperature of the home environment was comfortable for people. Checks were carried out by external contractors on the electrics and water systems to make sure they were safe.

The risk of unsuitable staff being recruited was minimised by a thorough recruitment processes. A completed disclosure and barring service (DBS) check was carried out for all staff. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with vulnerable adults. Two employment references were undertaken before staff could work at the home.

The senior manager told us staff numbers were calculated based on how much support each person required. The rotas showed there were sufficient staff who were suitably qualified on duty at all times. There was enough staff on duty to respond to people when they wanted to speak to them, and when they needed help with their care. Staff assisted in a prompt and unhurried way, for example assisting people to get ready for the day and help them with their meals.

Accidents and incidents that had occurred at the home were analysed and learning took place. For example, we read about one person who sometimes felt very angry. We saw guidance was sought from other health and social care professionals to offer the staff and the person specialist advice. The care plan reflected this advice about how staff should support the person safely.

Is the service effective?

Our findings

People spoke to us about the way they were supported by the staff. One person said “they do ok they are all friendly ”, another person told us “the staff take me to the charity shops”

People’s care needs were effectively met by staff. Staff assisted each person to get up at different times of their choosing during the morning. Staff spent time with people and encouraged them to plan how they would like to spend their day. People were supported to prepare drinks and meals at times of their choosing. Staff were able to tell us how they respected people’s choices. For example, staff told us they helped people to make choices about how they wanted to spend their day, what they wanted to eat and drink and where they wanted to go out. We observed staff assisted each person to make choices in the ways they had described.

Staff had the right experience and training to meet people’s needs. They explained how they knew individual needs and how to effectively assist each person. For example they told us part of their role was to support people and help them to feel happy .

People were supported to eat a healthy and varied diet. Every person we spoke with had a positive view of the food. One person said; “the food is alright ”. Care plans clearly explained how to support people with their nutritional needs. There was also dietary guidance kept in the kitchen to guide staff in providing people with nutritious meals . Menus were varied and special diets were provided for people who required them. The menu displayed was in an easy to read format so that people knew what meal options were available. Staff also asked people what meal options they wanted at breakfast and at lunchtime.

People were effectively supported with their physical health care needs. The staff told us people were registered with a GP surgery nearby. There was information in people’s care records showing staff checked on people’s health and wellbeing and supported them to see their doctor and other healthcare professionals when needed. For example if people had complex health needs there was

suitable guidance explaining how to support them to stay healthy. People had their own keyworker for additional support .Their role included helping people with healthcare needs. People had a health action plan which explained how a person could stay healthy and what help they could find to do this.

The staff told us they had attended a range of training courses relevant to the needs of the people who used the service. Courses staff had been on included understanding different learning disabilities, safeguarding adults, infection control, food hygiene, safe moving and handling training and health and safety. Staff also told us they had been provided with a thorough induction when they began employment to ensure they were effectively supported. Training records confirmed staff attended regular training in a range of subjects relevant to their role.

Staff were effectively supported and their work monitored. The staff told us one to one support meetings were held regularly. They said their support needs were always bought up and discussed with them by the registered manager at the meetings.

Staff knew about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and their impact on people. This legislation protects the rights of people who lack the capacity to make certain decisions. Where people had the mental capacity to make their own decisions, this was respected. Staff were able to give us some examples of how they did this. They promoted people’s rights and their choices in their daily life, for example how they chose to spend their day, whether they wanted to go out, and who they wanted to be friends with.

People’s legal rights were protected because the registered manager understood how to meet the legal requirements of the DoLS. This is a framework to protect peoples’ rights and ensure people who lack capacity are not unlawfully restricted. The staff were able to explain when an application should be made to ensure people’s safety and rights. There had been three DoLS applications that were authorised by the local authority in the last year.

Is the service caring?

Our findings

We observed positive and caring relationships between people and the staff. One person told us, “the staff give me a hug when I want one”, another person said “they are all caring”. We observed caring interactions, for example one person asked the staff how they were feeling and staff told us this person always asked after their wellbeing. People looked relaxed and comfortable in the company of the staff. We heard gentle humour between them. One person gave the staff a Christmas present. These actions by people who lived at the home conveyed they had built up close relationships with the staff who supported them.

People each had their own personalised single rooms and had a key to enable them to lock their room. This helped to maintain privacy and independence. Bedrooms were decorated in different colours and people had small items of their own furniture, posters and arts works on display in their room. One person told us they had just chosen the new colour for their room to be redecorated. This showed people were supported to make choices in their environment and express individuality.

People’s care plans were personalised and the information in them put the person at the centre of everything in their

life. The care plans included each person’s individual wishes and needs in relation to how they were supported. People had signed their care plans to confirm they were involved in writing them and agreed with their content.

Staff assisted people with their needs in a way that was respectful and kept their dignity. For example staff used a polite and respectful tone of voice when they spoke with people. A member of staff assisted people with their medicines during breakfast and lunch. The staff member spoke with people in a quiet and discreet way to ensure they took their medicines and understood why they needed them.

The staff were able to explain to us what privacy and dignity meant when they assisted people with their care. They told us some examples of how they maintained this. They said they encouraged people to build up their confidence and to express their views. They said they helped people to do things that mattered to them in their daily life.

Information was available which showed people were able to use advocacy services to support them in making their views known. The staff told us this service had been used on a number of occasions. At the time of our inspection visit none of the people who lived at the home were using advocates.

Is the service responsive?

Our findings

People were supported to take part in social activities they enjoyed. Two people told us about the recent Christmas party that took place at the home. Both people told us they had enjoyed the event. One person told us about their job as a chef. Another person said they enjoyed visiting the charity shops in the nearby area.

People were supported to be independent if they wanted to be. They were encouraged to help staff with daily living tasks such as cooking, washing up and cleaning. One person made lunch with the support of a member of staff. They told us they liked cooking. Care records included individual timetables of social activities for each person and one person told us they chose what they wanted to do each day.

People received support which was responsive to their changing needs. For example, one person was being supported to manage their health by understanding how to eat a suitable diet. Another person was being supported to express their feelings in a suitable way when they felt upset.

The staff explained people's different needs and how they assisted them with their care and support. For example, they told us how they assisted people with their physical care needs, their dietary needs and their mental health needs. Staff told us one of their roles was to support people to feel content in their mental health and overall mood.

Care records contained useful guidance to ensure people were properly supported to meet their needs. One example of this was a person's care plan which contained detailed information to support them with their psychological needs. The person concerned had helped decide how best they wanted to be supported. The records included pictures and written in an easy to understand format so people could understand their plans.

They also showed people and their families or friends were involved in deciding what care and support they wanted to be provided with. Care plans were regularly reviewed and updated to make sure they accurately reflected what support people needed. The staff said people at the home asked to view their records and were able to do this at any time.

People told us that if they were not happy or had something they needed to discuss they could speak to any of the staff. People approached the staff to speak with them and staff made time for people whenever they wanted to see them. Complaints about the service were investigated and properly addressed. The complaints records showed two complaints had been made since we last visited.

The complaints were taken seriously and were responded to sensitively. The complaints procedure had a timescale and a course of action the provider would take, which was clearly explained. It was also available in a picture format to make it easier for people to use.

Is the service well-led?

Our findings

The views of people were sought by the registered manager. People were asked if they wanted to meet all prospective members of staff and give their views about them. Their opinions were an important part of the final decision making process when new staff were employed.

People said they found the registered manager and deputy approachable. They told us they always made themselves available if anyone wanted to see them. We saw people went into the office whenever they wanted to see the staff who were open and welcoming to people and made time for them. They also encouraged people to talk to us when we visited.

The staff were aware of the visions and values of the organisation they worked for. They were able to tell us how they followed them in the way they supported people at the service. They told us a key value was ensuring people were treated with respect at all times and encouraged to be independent and make choices in their life. The senior manager told us that 360 degree feedback is used as part of the staff appraisal process. This means staff can give feedback confidentially about their views of the performance of the registered manager and other senior staff. This is a process that encourages openness and transparency.

Staff meetings took place regularly. Staff told us they were able to express their views and discuss ways to improve

practice and how the home was run. The minutes of staff meetings showed discussions took place about matters to do with the way the home was run, including staff training. Safeguarding adults and whistleblowing were also discussed to ensure staff knew how to report concerns.

The provider took student social workers on placement at the home as a part of their training and we received positive feedback about this experience. The senior manager had come to the home to offer support to staff during our inspection and they and staff communicated with in an open and relaxed manner.

People told us house meetings were also held regularly. We saw the minutes of a recent meeting These showed people were actively encouraged to give their views about the way the home is run. People had made choices about what they wanted to do at Christmas and these had been carried out.

The quality of care and service people received was being properly checked and monitored. There were regular audits checking the quality of care people were receiving and the way the home was being run. Areas that had been audited included quality of care, care plan records, management of medicines, health and safety, and staff training. If shortfalls in the service were identified the registered manager devised an action plan to address them. For example, extra checks were now carried out on how staff were managing peoples medicines. This was because there had been a failure on some occasions in recording when medicines were given.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.