

Greensleeves Homes Trust

Kingston House

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

About the service

Kingston House is a care home providing personal care to 36 people aged 65 and over at the time of the inspection. The service can support up to 46 people. People live in three wings, one of which specialises in providing care to people living with dementia.

People's experience of using this service and what we found

People said they felt safe living in the home and staff supported them to manage the risks they faced. People received support to take the medicines they had been prescribed. We have made a recommendation about supporting people to manage their medicines independently. There were enough staff to provide the care that people needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the food provided by the home and staff helped people where required. People were able to access the health services they needed. Staff received suitable training to give them the skills to meet people's needs. The registered manager provided good support for staff to be able to do their job effectively.

People received caring and compassionate support from kind and committed staff. Staff respected people's privacy and dignity. People and their relatives were positive about the care they received and about the quality of staff.

People were supported to take part in activities they enjoyed. People were involved in planning the activities schedule. There were opportunities for people who were unable to participate in group activities, to help ensure they did not become socially isolated. People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

The service was well-led, with a registered manager and experienced management team. People felt the management team had a good understanding of any issues in the home. The quality of the service was regularly assessed, and action taken to make improvements where needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 October 2018) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kingston House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a medicines inspector 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.

Service and service type

Kingston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a provider information return. 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people and one relative to gather their views about the care they received.

We looked at six people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, deputy manager, general manager and five care staff. 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection action was needed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the storage and recording of medicines at this inspection and the provider was no longer in breach of Regulation 12. However, further work was needed to ensure staff always followed the medicines policy.

- People could look after their own medicines if it was safe to do so. We saw that risk assessments had been completed. Some people did not have secure storage of their medicines. The provider had already bought lockable cabinets for people to use to use in their bedroom and these were fitted during the inspection.
- Staff were removing medicines from the pack in which it was received from the pharmacy and putting it into a different one prior to administration. This was not in their policy and not good practice. The registered manager said they had done this to maintain a person's independence following changes in the way medicines were supplied by their pharmacy. During the inspection the registered manager made appropriate arrangements for these medicines to be supplied in the required packs by a different pharmacy.
- No-one had been harmed as a result of the issues we identified and the provider took immediate action to address them during the inspection. The provider was working with the medicines management team from Wiltshire Clinical Commissioning Group to ensure improvements to medicines management systems were sustained.

We recommend the provider consider current guidance on supporting people to manage their medicines independently.

- Opening dates were being recorded on medicines which had a reduced stability once opened to ensure they were discarded within an appropriate timeframe.
- Separate cream charts were being used to show the administration of topical preparations. Body maps were in place to show carers where creams needed to be applied and the records showed they were being applied as directed.
- Protocols were in place to guide staff on when to administer a medicine which had been prescribed to be taken 'when required'
- Medicines were given as prescribed. Records showed there were adequate intervals for medicines which were administered multiple times throughout the day. Any handwritten amendments were double signed to ensure they were correct.
- There was a gap monitoring sheet to identify any gaps in the recording of medicines and daily stock checks were completed. Medicines errors were recorded, and we saw evidence that action was taken to

prevent them reoccurring.

Assessing risk, safety monitoring and management

At the last inspection we assessed that improvements were needed to ensure risks were identified and well managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the storage and recording of medicines at this inspection and the provider was no longer in breach of Regulation 12.

- Risk assessments were in place to support people to be as independent as possible, while managing any risks they faced. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to manage incidents between people. People and their representatives had been involved in the process to assess and plan the management of risks.
- Staff demonstrated a good understanding of risk management plans, and the actions they needed to take to keep people safe.
- There were good systems to ensure the building was safe. Fire equipment and alarms had been serviced and there was a fire evacuation plan. Regular checks and servicing had been carried out on electrical appliances, gas and electrical services, lifts and lifting equipment and the water systems. This helped to ensure any defects were identified promptly and equipment was safe for people to use.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at Kingston House. Comments included, "I like the security. No one here is left on their own" and "Yes I feel safe here." Relatives also said they thought people were safe.
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and provider would take action if they raised any concerns.
- The management team had worked with the local safeguarding team when concerns had been raised.
- Staff told us they received regular safeguarding training and records confirmed this. Safeguarding issues were also regularly discussed in staff meetings and staff one to one supervision sessions.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff responded promptly to people's requests for assistance. People told us there were enough staff to provide the care they needed.
- Staff told us there were enough of them and they worked well together to meet people's needs.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks, contacting previous employers about the applicant's past performance and obtaining a full employment history. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- The home was clean and smelt fresh. Prompt action was taken to resolve any unpleasant smells in the home. People told us this was how the home was always kept. A relative commented, "The cleanliness has improved recently since the Housekeeper was employed."
- Staff had received training in infection control procedures. There was a supply of protective equipment in the home, such as gloves and aprons.
- Regular audits checked whether the home was clean and staff were following infection control procedures.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events.
- The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we assessed that improvements were needed to ensure the service provided care in a person-centred way, particularly in relation to support at mealtimes. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People enjoyed the food provided by the home and had a choice of meals. Comments included, "The cook is really good. If there is something special I want, they will do it for me" and "They will change the dish if you don't like it."
- Staff showed people plated meals to help them make their choice. This was particularly useful for people living with dementia who may not be able to express their choices verbally.
- People had access to drinks throughout the day and staff supported people if needed.
- Staff provided good support for people to eat when needed. Staff sat with people, were not rushed and explained what they were offering to people.
- Staff kept a record of people's food and fluid intake where this was necessary. These records were used to identify any increased risk of malnutrition and shared with health staff where needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to ensure they could be met. People and their relatives told us staff understood their needs and provided good care.
- Staff demonstrated a good understanding of people's medical conditions and any support they needed. This information was included in people's care plans.
- Staff had worked with specialists where necessary to develop care plans. Examples included the care home liaison team, who provide specialist mental health support, dieticians and community nurses.

Staff support: induction, training, skills and experience

- Staff received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs.
- New staff spent time shadowing experienced staff members. Staff said they were not expected to provide care on their own until they were confident to do so.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service.
- The registered manager had a record of all training staff had completed and when refresher training was due. This helped to ensure training courses were planned when needed.

- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with other agencies to meet people's needs. People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments.
 - People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.
 - The provider was following guidance from the National Institute for Health and Care Excellence (NICE) on oral health. People's oral health was assessed and included in their care plans. People were supported to access dentists and to clean teeth and dentures if needed.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to meet people's needs. Specialist equipment was available when needed to deliver better care and support. This included specialist beds for those that needed them, pressure relieving mattresses and equipment to help with mobility.
- Technology and equipment was used effectively to meet people's care and support needs. This included sensor alarms to alert staff that people may be at risk of falling.
- The provider had installed accessible signs to help people find their way. People had been supported to personalise their bedroom door to make them easier to find.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff gained people's consent before providing any care or support.
- Applications to authorise restrictions for some people had been made by the service. These applications were kept under review to ensure any restrictions in place to keep people safe were the least restrictive option available.
- The registered manager had a record of any conditions that had been placed on an authorisation and whether the conditions were being met. These were reviewed regularly.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and were positive about the staff's caring attitude. Comments included, "Staff are good, I'm lucky to live here. I get on really well with all the staff" and "The staff are lovely, we have such a good laugh."
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.
- People's cultural and religious needs were reflected in their care plans. People said staff supported them to meet these needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people and their representatives to make decisions about their care. People's views were clearly represented in their care plans. Plans had been changed in response to people's feedback.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them in ways that maintained their privacy and dignity.
- Staff were discreet when asking people whether they needed support with their personal care. Staff ensured sensitive conversations about people were not held in public areas.
- Confidential records were locked away when staff were not using them. Electronic records were protected by passwords.
- Staff encouraged people to do things for themselves where they were able and to maintain their independence. Care plans included information about what people could do themselves and what they needed support with. Staff were observed encouraging people to do things for themselves before providing support if needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection improvements were needed to ensure staff kept accurate records of the support people were provided with the take part in activities they enjoyed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17. Records demonstrated people received good support.

- People were supported to take part in activities they enjoyed. The registered manager told us a new activities co-ordinator had been recruited and people had been supported to plan the activities schedule. There was a planned schedule of group and one to one activities. The schedule was regularly reviewed with people. One person commented, "I would say they've got the activities about right."
- The activities co-ordinator kept detailed records of the activities people had taken part in, including group and one to one activities. These were used to assess how successful events had been and to plan improvements with people.
- We observed staff supporting people to take part in various activities, including a sewing club, puzzles and a trip out to a garden centre. Events were well attended, and staff supported people to engage with the activity where needed. Staff supported people who were not able to participate in group activities to have regular one to one sessions. This helped to reduce the risk of social isolation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been supported to develop care plans specific to them. Plans included detailed information about people's life history and what was important to them. The care plans had been regularly reviewed with people and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. People told us staff respected their preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified people's communication needs and included them in their care plans. Methods included using any aids such as glasses and hearing aids, using objects of reference and written documents

made more accessible through the use of large print. Menus and activity plans had been developed with pictures.

- We observed staff using these different methods of communication throughout the inspection.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. People and their family were given a copy of the complaints procedure when they moved in.
- Records demonstrated complaints had been investigated and action taken in response. The registered manager had responded to the complainant to let them know the outcome of their investigations and the actions that had taken.

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection improvements were needed to ensure the quality assurance systems identified shortfalls in the service and improvements were made. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17. The management team had identified shortfalls and made improvements to the service.

- The service had quality assurance systems which included reviews of care records, staff files, the environment and quality satisfaction surveys. The management team completed observations of staff practice, including unannounced night visits. This was to assess whether staff were putting the training and guidance they had received into practice.
- The results of the quality assurance checks were used to plan improvements to the service. A senior manager visited the home regularly to assess the service being provided and ensure the improvement plan was being implemented effectively.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The registered manager had notified us of significant events in the service when necessary.
- The service had effective systems to manage risks to people using the service, staff and members of the public.
- Staff told us they thought the service had improved since the last inspection and was well managed. Comments included, "[The registered manager] is very supportive and the introduction of [the general manager] has been very positive. Action has been taken"; "Things have improved a lot recently" and "Delegation, communication and record keeping have improved a lot."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had promoted a person-centred approach in the home. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received.
- Staff reported the registered manager was focused on ensuring people received the best care.
- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their families, friends and others were involved in developing the service in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- The registered manager held regular meetings for people and their relatives to express their views on the service provided. Comments included, "We have regular meetings, you can speak your mind" and "There are two relatives' meetings a year and they hold regular residents' meetings. One Saturday morning a month there is a drop-in with the manager, which I find useful." Feedback from these meetings had resulted in changes to the menus and activity plans.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others

- The registered manager worked well with the local health and social care professionals. They had established good links and working relationships.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.