Four Seasons (No 10) Limited

Kingston Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Inadequate**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 6 January and 9 February 2015 and was unannounced on both days. We revisited the service on 9 February because of information we received from the Clinical Commissioning Group (CCG).

At the service's last inspection, which was carried out on 5 and 24 June 2013, we found they were meeting all the regulations we looked at.

Kingston Care Home provides accommodation, nursing and personal care for up to 67 older people. The service specialises in the care and support of older people who may be living with dementia. The home is purpose built and accommodation is arranged over three floors. There were 63 older people living at the home when we visited. Approximately half the people using the service were living with dementia.

The service did not have a registered manager in post, although an acting manager had been in post since December 2014 following the departure of the registered manager in November 2014. The regional manager confirmed they had appointed a new permanent

Summary of findings

manager in February 2015 to replace the homes temporary acting manager. The new permanent manager told us on the telephone that they were aware they were required by law to be registered by the Care Quality Commission (CQC) as the registered manager. This is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People had mixed views about the quality of the care and support they received at Kingston Care Home. Whilst some people were very happy with the care they were provided, others were not. Our observations matched some of the negative descriptions some people had given us. People's safety was being compromised in a number of areas. This included people's care not being delivered consistently. We also found there were not always enough staff on duty, chemicals and other substances hazardous to health were not safely locked away and the environment was not always adequately maintained. For example, some of the bedrooms we viewed smelt malodourous. These failings meant people were placed at risk of injury or harm or their individual care needs were not being fully met. In addition, people's rights were not always respected because staff did not follow the Mental Capacity Act (MCA) 2005 for people who lacked capacity to make particular decisions.

We found a number of breaches of the Health and Social Care (Regulated Activities) Regulations 2010, which corresponds to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We have also made three recommendations for the provider to refer to current guidance and/or seek advice from a reputable source about improving some aspects of the home. Firstly, we made a recommendation for the provider to review the provision of social, leisure and recreational activities people using the service could choose to participate in. Secondly, we made a recommendation about staff motivation and team building. And finally, we made a recommendation about staff training in the subject of reporting the actual or suspected abuse and/or neglect of people using the service.

These negative comments notwithstanding we also saw some good working practices in the home.

We saw people received their medicines as prescribed and staff knew how to manage medicines safely.

People told us, and we saw, that staff had built up good working relationships with people using the service and were familiar with their individual needs and preferences. People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made visitors feel welcome.

People had a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well. Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Staff also ensured health and social care professionals were involved when people became unwell or required additional support from external services.

People told us staff who worked at the home were kind and caring. Our observations and discussions with relatives during our inspection supported this.

Care plans were in place which reflected people's specific needs. People were involved in developing and regularly reviewing their care plans.

When people were nearing the end of their life they received compassionate and supportive care.

The provider regularly sought people's views about how the care and support they received could be improved.

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?

Inadequate

The service was not safe. There was not always enough staff on duty to meet people's needs. Chemicals and other substances hazardous to health were not always kept locked away when they were not in use and we found a number of outstanding repair and maintenance issues. These failings had all put people at risk of harm.

Furthermore, although there were robust safeguarding procedures in place and staff understood what abuse was, some staff did not always know what to do if they witnessed or suspected abuse had occurred in the home.

People were given their prescribed medicines when they needed them.

Is the service effective?

Requires improvement

The service was not as effective as it could be. The provider did not always act in accordance with the Mental Capacity Act (2005) to help protect people's rights. Staff did not always understand their responsibilities in relation to mental capacity and did not demonstrate they received and acted in accordance to people's consent in relation to care and treatment.

People received the care and support they needed to maintain good health.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Requires improvement

The service was not consistently caring. Although people were positive about the caring attitude of staff, we saw care often focused on getting the job done and was not delivered consistently, which put people at risk or meant their individual care needs were not fully met.

People were involved in making decisions about the care and support they received.

People received compassionate and supportive care and support from staff when they were nearing the end of their life.

Is the service responsive?

Requires improvement

The service was not as responsive as it could be. People did not have enough opportunities to participate in meaningful leisure and recreational activities that reflected their social interests.

People's needs were assessed and care plans, which were personalised, provided clear guidance for staff on how an individual's needs, preferences and choices should be met. These care plans were regularly reviewed and updated accordingly to ensure they remained current and relevant to the needs of the person.

Summary of findings

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

The service was not as well led as it could be. Staff morale and motivation was low.

The provider asked people for their views about what the service could do better, the feedback from which was used to drive improvement.

The provider regularly monitored the care, facilities and support people using the service received. However, these were not effective as they had not identified the areas for improvement that we identified during the inspection for the provider to address these.

Requires improvement

Kingston Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 January and 9 February 2015 and was unannounced on both days. We revisited the service on 9 February because of information we received from visiting Clinical Commissioning Group (CCG) nurses.

The inspection team included an inspector and an expert by experience on the first day, and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people living with dementia.

Before the inspection we asked the provider to complete a 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. We looked at the notifications we had received since we last inspected the service. We also contacted the local commissioners of the service to obtain their views about Kingston Care Home.

During our inspection we spoke with ten people using the service, 16 people's relatives and/or friends and a GP. Staff we talked with included the acting manager, the regional manager, the deputy manager, ten nurses, ten care workers and a cleaner. We also looked at records which included eight care plans, six staff files and other records relating to the management of the service.

We spent time observing care and support being delivered in various communal areas. We also 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.

After the first day of the inspection we received feedback about the home from three Clinical Commissioning Group (CCG) nurses who had recently visited Kingston Care Home.

Inadequate

Is the service safe?

Our findings

People did not always receive safe and appropriate care because the provider did not make sure staffing levels were always adequate to meet their assessed needs. Some people told us there was not always enough staff available in the home to look after them properly. One person said, "The staff are great, but they're always so busy." Another person told us, "The staff are so caring, but they haven't got the time to stop and chat with you." Similarly, most relatives we spoke with expressed being concerned about the lack of staff on some shifts. Typical comments we received included, "They're short staffed again today. The unit has been short staffed almost every day I've visited recently. It's a disgrace" and "I've noticed the unit has been short staffed a lot lately, which the manager seems unable or unwilling to address".

Most nursing and care staff confirmed the units they worked on had been one or two members of staff down at least three of four times a week in recent months. They told us there were not always enough of them to fully deliver the care and treatment people needed at a time convenient to the people to ensure their safety and welfare. Four nurses told us they were "always rushed off their feet" and gave us several examples when the unit they usually worked on had been short staffed in the last month. Typical feedback we received included, "we seem to be short staffed at least twice a week these days", "I think being short staffed so often has inevitably impacted upon our ability to care for people properly" and "it's not usual to be one or two staff down. It's difficult sometimes just to do basic care".

The provider used a standardised electronic tool to calculate staffing levels in all their care homes based on the number of people using the service and their needs. However, the acting manager acknowledged that despite this system the service had found it increasingly difficult in recent months to respond to unexpected changing circumstances in the service, for example, adequately covering staff sickness and vacancies in the home to make sure there were enough staff on duty to meet people's needs. The acting manager told us the home had just appointed a new permanent manager, an experienced nurse to be the services clinical governance lead and an activities coordinator, and were in the process of recruiting more nursing and care staff to fill all the home's staff vacancies. The lack of adequate arrangements to ensure there were enough staff on duty to meet people's assessed needs in a timely manner. This was in breach of regulation [9] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [9] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were placed at unnecessary risk of harm because chemicals and other substances covered by the Control of Substances hazardous to Health Regulations 2002 (COSHH) were not always stored away safely when they were not in use. During several tours of the premises we saw a cupboard used to store chemicals and cleaning products had been left unlocked with the door ajar on two separate occasions.

Staff told us, and we saw form ourselves, that some people living with dementia on the ground floor could move freely and independently around the home. This meant they were at risk of accessing products identified as hazardous to health. The COSHH cupboard door was eventually locked after we had raised our concerns with a senior member of staff for a second time. We saw COSHH risk assessments had been carried out, but it was clear from our observations that these risk management plans were not being followed by staff. We discussed the service's failure to manage risk and to continually maintain a safe environment for people to live in, with the acting manager. They agreed to review the home's arrangements for keeping people safe from chemicals and other toxic products. We found that [the registered person had not protected people against the risk of the homes environment. This was in breach of regulation [10] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [12] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people gave us positive feedback about the premises we found that these were not always well maintained to ensure they provided a comfortable and safe environment for people. For example, one person said, "I like the smaller communal areas as it's more intimate there and a nice place to sit and chat with my friends." Another person told us, "My room is fine. It's always clean and I've got everything I need there." We also saw domestic staff going about their cleaning duties on both days of our inspection.

Inadequate

Is the service safe?

However, a few relatives and two external community based nurses who had recently visited the home told us that some aspects of the home's physical environment were not always well maintained. For example, these nurses said they were concerned about the strong smell of urine in their clients' bedroom when they last visited the home. On the second day of our inspection we found that a bedroom on the ground floor and several bedrooms on both the first and top floors we viewed did smell malodourous. We also found a shower gel dispenser and several locks on bathroom and toilet doors on the top floor unit were damaged. This was in breach of regulation [15] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [15] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at the home. One person said, "I feel safer here than I would do in my own home." We saw policies and procedures about safeguarding people from abuse, as well as contact details for the local authorities safeguarding adult's team, were available in the manager's office. Records held by CQC showed that where there had been safeguarding concerns raised about the people using the service. The former registered manager and the new acting manager had dealt with them in an appropriate and timely manner.

Records showed staff had attended an E-learning course in relation to safeguarding adults within the past 12 months, which the acting manager confirmed. However, although staff were able to explain what constituted abuse, most were unclear what action they needed to take if they witnessed or suspected people in their care were being abused or neglected. For example, one member of staff said, "If I saw someone abusing people I would always talk to them and make sure they didn't do it again."

Care plans contained personalised risk assessments that identified the hazards people might face which provided staff with clear guidance on how they should prevent or manage these identified risks of harm. This included those associated with people's individual health care and support needs. It was clear from discussions we had with staff that they were fully aware of the potential risks people using the service may face. Staff gave us examples of the risks some people may encounter when they used their walking frame or had a bath and the support these individuals needed to receive to keep them safe.

People told us they received their prescribed medicines on time. We saw people's medicines were held in locked cabinets and trollies stored in clinical rooms located on each floor of the home. Medicines administration record sheets we looked at were appropriately maintained by staff as they were free from any recording errors. Nurses told us they were the only staff authorised to handle medicines in the home and their competency to do it safely was regularly assessed, which senior nursing staff confirmed. It was clear from feedback we received from nurses that they understood how to store, administer, record and dispose of medicines safely.

We recommend that the service seek support and training for all staff about reporting safeguarding concerns in accordance with the providers, Government and locally agreed safeguarding protocols.

Requires improvement

Is the service effective?

Our findings

Staff told us they had received Mental Capacity Act (2005) and DoLS training. We saw there were policies and procedures in place regarding the Mental Capacity Act (2005) and DoLS, which staff said, had helped them understand their responsibilities in relation to the Act. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them.

However, during our inspection we saw a person trying to leave the top floor unit who was prevented from doing so by staff. Other people with rails fitted to their beds had them continually up, which restricted their movement. Care plans did not contain any recorded evidence of any discussions taking place with people using the service, their relatives and the relevant health and social care professionals about these restrictions. There was no evidence that decisions to use these restrictions had been made in people's best interests. We saw that keypad devices were fitted to all the external doors and passenger lifts on the top floor units which meant a person, including visitors' and others could not leave the top floor unit without knowing the access code to the keypad devices. We observed there was no information about how to access the codes to the keypad devices available on the unit.

Staff also told us no-one who lived on the top floor knew how to operate these keypad devices because it was felt nobody had the capacity to understand these restrictions. All the keypad devices and bed rails used on this unit, which staff said could not be removed safely, restricted people's liberty in a way that may amount to a deprivation of liberty. There was no evidence that appropriate assessments of people's capacity were carried out in relation to the above restrictions and that consideration had been given that people might have been deprived of their liberty. As a result appropriate applications had not been made to assess people for authorisations in cases where they might have been deprived of their liberty. This was in breach of regulation [18] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [11] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by staff who received appropriate training and support. People told us staff had the right mix of knowledge, skills and experience to care for them. One person said, "The staff are excellent. They all do a fabulous job. Can't fault any of them, it's just a shame there's not enough of them sometimes." Most relatives also told us they felt staff were suitably trained to meet their family members' needs. One relative said, "The staff do a marvellous job despite being so busy all the time."

Staff training records we looked at showed us that all staff had completed the provider's mandatory training programme and had regular opportunities to refresh their existing knowledge and skills. Staff spoke positively about the training they had received which they said was on-going. Staff also felt the training and guidance they had been given enabled them to perform their jobs well and meet the needs of the people they supported. One member of staff said, "We have lots of e-learning training we can attend." Staff confirmed they had received dementia awareness training and were aware which members of staff were designated dementia champions who they could speak to about any queries they had about supporting people living with dementia. Dementia champions are members of staff who have received additional dementia awareness training who are able to give their fellow colleagues advice and guidance on meeting the specialist needs of people living with dementia.

It was clear from training records we looked at that all new staff had to complete a thorough induction before they were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of 'shadowing' experienced members of staff going out about their daily duties. The acting manager confirmed that all new staff had to spend part of their induction shadowing experienced members of staff.

Staff had effective support and supervision. Staff told us they felt well supported by senior nursing staff who worked on the same unit/floor as they did. Staff told us they had regular face-to-face meetings with their line manager and group meetings with their co-workers. Furthermore, their

Requires improvement

Is the service effective?

overall work performance was appraised annually by their line manager. Staff records we looked at showed that staff had regular opportunities to review their working practices and personal development. This was confirmed by discussions we had with the senior nursing staff.

People told us on the whole they liked the food they were offered at the home. One person told us, "The food is normally pretty good and the atmosphere in the dining room during mealtimes is usually pleasant." Another person said, "The staff know I'm a vegetarian and never fail to give me a veggie meal." People we talked with also confirmed they could choose what and where they ate their meals. During lunch we saw several people chose to eat their lunch in their bedroom. Feedback we received from relatives was also complimentary about the meals provided at the home. One relative told us, "I've never actually eaten here, but I must admit the meals I've seen look good to me. I think [my relative] enjoys them."

People's nutrition and dietary needs had been assessed and reviewed regularly. We saw care plans included information about people's food preferences and the risks associated with eating and drinking. Staff told us they monitored people's nutrition and fluid intake using food and fluid charts and weight charts where this was required. Care plans also contained information where people needed additional support. For example, where people needed a soft diet, the care plans explained how the person should be supported.

People were supported to maintain good health. A visiting GP we talked with said the staff at the home always demonstrated a good understanding of the health care needs of the people they supported and always let them know if one of their patients' health had deteriorated. This was confirmed by staff we spoke with who told us everyone who lived at the home was registered with a local GP surgery and that they would not hesitate to contact the relevant health care professional if they were concerned about a person's health.

Records we saw indicated that people were in regular contact with community based health care professionals, such as GP's, district nurses, podiatrists, opticians, dentists, dietitians and palliative care specialists. Care plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes. For instance, a nurse was able to give us examples of referral they had recently made to a dietitian to seek advice about significant changes in one person's weight and to a tissue viability nurse about pressure sore prevention and management.

Requires improvement

Is the service caring?

Our findings

People were supported by caring staff. Feedback we received from people showed they were supported by compassionate and kind staff. People told us staff who worked at the home were kind and caring, and our observations during our inspection supported this. One person said, "The staff are wonderful. There are all so friendly." Another person told us, "No complaints about the staff. Considering how busy they all are the staff remain pretty cheerful most of the time." Feedback we received from visiting relatives was equally complimentary about the standard of care and support provided by staff. For example, one relative told us, "The staff are so good here. I can't fault any of them for their effort."

However, the service was not always caring because we found a number of concerns that confirmed this. Throughout our inspection we observed a number of occasions where people had waited in excess of 20 minutes for staff assistance after they had activated their call bell alarm. A call bell alarm is an electronic device that enables people to summon assistance from staff when they need it. Three relatives gave us several examples of occasions when their relative had waited for more than 20 minutes for staff to come and provide the personal care they urgently needed. One relative told us, "I've been waiting for staff to bring my mother a drink for half an hour now."

On the second day of the inspection we saw two people had become very distressed and anxious while waiting for staff to attend to their needs. Staff eventually came after we intervened and actively sought out a member of staff. We discussed the issues with the acting manager who said this would improve when they have more staff in place. This was in breach of regulation [9] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [12] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout our inspection we saw that people were treated with respect. Staff were friendly, patient and discreet when they provided people with personal care and support. For example, during lunch we saw several instances of staff patiently explaining to the person they were assisting what food they had been served and how they would be supporting them to eat their meal. We also saw staff gave appropriate and timely reassurance to one person who had become anxious before lunch. People were clearly relaxed in staff's company and in discussions with staff we noted they talked about people who lived at Kingston Care Home in a very respectful and affectionate way.

People told us, and we saw staff respected people's rights to privacy and dignity. One person told us, "Staff always knock on my bedroom door and never come in unannounced." Relatives also told us staff respected their family member's privacy and dignity. One relative said, "I've never seen staff enter a bedroom door without knocking first." We saw staff kept bedroom, toilet and bathroom doors closed when they were providing personal care and knocked on doors before entering.

People were supported to maintain relationships with their family and friends. Relatives told us they were able to visit their family member whenever they wished and were not aware of any restrictions on visiting times. One person said, "The staff always make me and family feel welcome regardless of how busy they get." Another person told us, "We've had a few problems with the home, but visiting times hasn't been one of them." Care plans identified all the people involved in a person's life, both personal and professional. Staff told us the service had links to local advocacy services to support people if they could not easily express their wishes and did not have any family or friends to represent them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

When people were nearing the end of their life they received compassionate and supportive care. People told us their key-worker helped them decide how they wanted to be supported with regards their end of life care. We saw this was reflected in care plans we looked at. Staff confirmed they had received end of life care training. Nurses we talked with told us the service was in regular contact with palliative care specialists to seek their advice and input on end of life care matters.

Requires improvement

Is the service responsive?

Our findings

People did not have enough opportunities to participate in meaningful activities that reflected their social interests. People told us the home had activities coordinators who sometimes organised social activities and events, such as flower arranging, sing-a-longs, chair exercise, Birthday parties, and a chess club. Care plans we looked at also contained some information about people's social interests and we saw some home entertainment equipment and resources were available in most communal areas, such as televisions, books, films and board games.

However, although we saw activity coordinators were on duty during both days of our inspection; we did not see much in the way of structured social activities being initiated by staff or leisure resources being used when we visited. We received mixed feedback from people about the quality of the social and leisure activities they could choose to participate in at the home. Half the people we talked with said they were happy to spend most of their time alone in their room or just sitting relaxing with friends in the lounge and were not interested in joining in any organised activities. The rest felt there were not enough meaningful things to do in the home. Typical comments we received included, "I don't think I would like to get involved in any activities they do here. I'm quite content doing my own thing", "it can be a long day if you've got nothing to do. I spend most of it just watching television" and "I do get bored here sometimes. The staff are great, but they're so rushed off their feet usually they (staff) haven't got any time to sit and chat with you". Similarly, most relatives we talked with also felt there was not always enough interesting or fulfilling social activities people could join in if they wished. One relative said, "as you can see there's not much happening here today." Another commented, "They do have activities coordinators, but I don't think they're enough of them."

It was clear from discussions we had with relatives and staff that most of them felt meeting the social needs and wishes of people using the service was something the home could do much better. Several members of staff told us the home did not have enough activities coordinators to organise meaningful activities on all three of the homes floors/units. One member of staff said, "We definitely need an extra activities coordinator so we have someone arranging interesting things for people to do each day across all three floors." Another told us, "I just haven't got the time to organise any activities for people and do my day-to-day caring duties." The acting manager confirmed the home employed two activities coordinators. They told us the provider was in the process of recruiting an additional activities coordinator.

People told us they had been included in developing their personalised care plan. One person said, "Before I moved in the staff did ask me what they should call me and what I liked to eat." We saw care plans included assessments of people's needs, choices, and abilities, which staff told us were carried out before people were offered a place at the home. These initial needs assessment were then used by staff to develop people's individualised care plan. Care plans we looked at set out clearly what staff needed to do to meet people's needs and wishes. People told us they had each been allocated a keyworker or key-nurse who were familiar with their abilities and needs. Several members of staff were able to give us detailed information about the life histories, food preferences and spiritual needs of people they regularly supported, which demonstrated they were familiar with the content of these individuals care plans.

People's changing care and support needs were regularly reviewed. People told us they were involved in reviews of their care plan. We saw care plans were routinely updated by staff to ensure the information they contained remained current and relevant to people needs and preferences.

People told us that they made choices about their lives and about the support they received. They said staff listened to them and respected their decisions and choices. Several people told us staff always asked them what they wanted to eat for their lunch every day. One person said, "The one thing I would say which is good about it is that you can generally do what you want." Another person told us, "I can choose when I get up and go to bed." Relatives we talked with also said staff encouraged their family members to make informed choices about their lives. For example, one relative told us, "Staff do make sure [my relative] is encouraged to choose what she wears every day."

People using the service and their relatives told us they felt confident speaking to the manager or staff if they had any complaints or concerns about the care provided at the home. Three relatives gave us examples of issues they had recently raised with the acting manager. One relative said, "I've been unhappy about a few things at the home

Requires improvement

Is the service responsive?

recently, which I've raised with the manager. I will reserve judgment about the action they've promised us they will take, but to be fair the manager's door always seems to be open. Another relative said, "It's a shame I've needed to complain lately, but at least the manager listened to what I had to say and said he would try and address my concerns."

The provider had a formal procedure for receiving and handling concerns and complaints. We saw a copy of the complaints procedure was clearly displayed in the home. People told us they had been given this information when they first moved into Kingston Care Home. The procedure clearly outlined how people could make a complaint and the process for dealing with them. We saw the manager kept a record of all the complaints the service had received, which included the outcome of investigations carried out into the issues raised and actions taken to resolve them.

We recommend that the provider review the provision of activities in the home and seek advice and guidance from a reputable source about supporting people living with dementia to participate in meaningful social, leisure and recreational activities.

Requires improvement

Is the service well-led?

Our findings

People were not protected against the risks of poor and inadequate care and support because the provider did not have effective quality assurance processes in place. They completed various audits to assess the quality of service provision and to drive improvement but our findings showed that these were not effective in identifying the areas for improvement we found during the inspection so they could address these. We found breaches of regulations in regards to the management of risks, care and welfare of people, consent and maintaining a safe environment. In addition we found that people social care needs were not being met adequately. This was in breach of regulation [10] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [17] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not have a registered manager. The last registered manager left suddenly in November 2014. Feedback we received from people, their relatives and staff showed that the provider had not made sufficient arrangements to ensure continuity of care and service for people. Most people using the service and relatives told us they felt the standards of service had dropped after the registered manager's departure. For example, three people using the service and the relatives of five others said staff morale had been adversely affected by the registered manager's sudden departure. Other comments we received from relatives included, "I think the previous manager leaving so suddenly was a bit of a shock to everyone and that's got to have affected the staff who work here" and "the staff are always so busy and that's why so many are going off sick, which is merely exasperating the problem. It's a downward spiral".

Most staff also felt their morale had been adversely affected by the unexpected departure of the former registered manager. Typical feedback we received included, "staff have been demoralised since the manager left. I think it's the uncertainty about what the future holds that's making the team anxious", "there's definitely more staff going off sick these days because of stress" and "staff are busier than ever covering people who are off sick and inevitably they end up going off sick themselves because of fatigue".

The provider had appointed an acting manager since December 2014 who was being supported by a regional manager. The regional manager told us, and we saw recorded evidence, that the provider had appointed a new manager to the home in February 2015. We spoke with the newly appointed manager over the telephone who confirmed that had started working at the home in February 2015 and we aware that they needed to submit an application to be registered with the Care Quality Commission (CQC) as the homes manager.

People were supported to express their views about the home. Records we looked at and people told us, they had numerous opportunities to express their views at monthly residents or relatives meetings and at care plan reviews. People also told us every year they were invited to complete a satisfaction survey to feedback their views about the home. Staff told us information from these surveys was always assessed and any conclusions drawn were used to help improve the service. We saw the results of the services most recent satisfaction survey carried out in 2014, which indicated that most people were happy with the way the home had been run up until that point.

Staff had clear lines of accountability for their role and responsibilities. Staff told us the home had good systems in place for communication to inform them about the changing needs of people using the service. For example, staff told us any changes in people's needs and incidents were discussed at daily shift handovers and unit managers meetings and team meetings. This ensured everyone was aware of incidents that had happened and the improvements that were needed.

The regional manager told us they regularly visited the home to carry out quality assurance checks on the standard of care and support people who lived there received, which the acting manager confirmed. The acting manager also told us they held daily meetings with senior staff who were in charge of each unit and regularly carried out unannounced spot checks on staffs working practices. It was clear from discussions with the acting manager, and records we saw, the service undertook a range of internal quality assurance audits that looked at staffs care planning and reviewing practices, medicines management, infection control, fire safety, staff training and supervision and record keeping. Senior staff we spoke with understood their quality assurance roles and responsibilities and why it was important to have robust monitoring systems in place to

Requires improvement

Is the service well-led?

drive improvement. We saw an action plan had been created which stated clearly what the service needed to do to improve its record keeping after issues were found with some staffs working practices.

CQC records showed that the managers and staff at the service had sent us notification forms when necessary and kept us promptly informed of any reportable events so we could monitor how these events were dealt with. A notification form provides details about important events which the service is required to send us by law.

We recommend that the service seek support and training for staff about motivation and team building.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not take proper steps to ensure people using the service were protected against the risks associated with receiving care and support that was inappropriate or unsafe. Regulation 9.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services were not protected against the risks associated with living or staying in unsuitable premises because these were not always adequately maintained. Regulation 15.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. Regulation 11.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People using the service were at risk of receiving inappropriate or unsafe care and support because the registered person did not have effective systems in place to monitor the quality of the service they provided or manage risks to people's health and welfare. Regulation 17.