Kingston Farmhouse Carehome Limited

Kingston Farmhouse Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

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

At the last inspection on the 15 October 2016 the service was rated Good. At this inspection we found the service Requires Improvement.

The home is registered to provide accommodation for nine people. At the time of our inspection there were nine people living at the home. The home is arranged over two floors with most of the bedroom accommodation on the first floor. Bedrooms had facilities where people could wash and there were toilets and bathrooms available to people on each floor. There were 3 communal areas in the home, which included a kitchen, dining room and lounge.

The inspection was conducted on 15 December 2017 and was unannounced. 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.

There were quality assurance systems in place to help ensure the safety and quality of the service; these had not been fully effective in ensuring that shortfalls were addressed.

People and their families told us they felt safe living at the home. Staff knew how to identify, prevent and report abuse. They assessed and managed risks to people and risks posed by the environment effectively.

When risks around people were identified, the registered manager acted quickly and sought support from external health and social care professionals. Collaborative working had enabled risks to be managed promptly with positive outcomes for people.

People received their medicines as prescribed. However, we identified some areas where improvements could be made to ensure the safety of medicines management and these were acted on promptly by the registered manager.

There were enough staff to meet people's needs in a timely way. Recruitment procedures were in place and pre-employment checks were completed before staff started working with people. Staff were appropriately trained to meet the needs of the people using the service. Staff were supervised in their role and received an annual appraisal to aid their personal development.

The home was clean and hygienic and staff followed best practice guidance to control the risk and spread of

infection.

Staff sought verbal consent from people before providing support and followed Mental Capacity Act legislation which is designed to protect people's rights when making decisions on their behalf. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the relevant supervisory body in line with guidance.

People had enough to eat and drink and received appropriate support where needed. Meals were balanced and nutritious and support was given to promote healthy options.

People were supported to access health care services when needed. Staff worked with healthcare providers to help ensure continuity of care.

People were cared for with kindness and compassion. Staff knew people well and supported people to maintain relationships that were important to them.

People's dignity and privacy was respected and they were supported to remain as independent as possible. People were supported to develop skills and to take positive risks so that they could become more independent.

Staff worked well as a team and were motivated and organised. They enjoyed working at the home and told us they felt valued.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service provided. Their opinions had been used to make changes and to promote and drive improvements. People and their relatives felt the service was well run. Family and visitors were welcomed to visit at any time.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The staff worked in line with current legislation.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating.

We found one regulatory breach at this inspection. There is further information about this at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

People felt safe and the staff had received training in safeguarding.

Individual risks to people were managed effectively.

There were enough staff to meet people's needs. Recruitment processes were robust.

There were appropriate systems in place to protect people by the prevention and control of infection.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems in place to monitor the quality and safety of the service provided, however this was not always robust and did not identify the concerns we found during the inspection.

The provider's values were clear and understood by staff. The

registered manager adopted an open and inclusive style of leadership.

People, their families and staff had the opportunity to become involved in developing the service.

Kingston Farmhouse Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 was unannounced and was carried out on 15 December 2017 by two Inspectors.

Before the inspection, the provider sent us a Provider Information Return (PIR). The PIR requires the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR and information we held about the home, including notifications. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with six people living at the home and one visiting family member. We also spoke with the registered manager, four care staff and three external professionals. We looked at care plans and associated records for two people and records relating to the management of the service, including risk assessments, quality assurance records and health and safety records. We observed care and support being delivered in communal areas of the home. Following the inspection we spoke to a further two family members.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I'm safe here." Another person said that staff kept them safe. Relatives told us they did not have any concerns regarding their relative's safety. One relative commented that, they had no worries and that they were confident their relative was safe. Another relative told us, "I feel [person] is safe, the staff know [person] can wander off but are very vigilant so I don't worry."

People received their medicines as prescribed; Medicine administration records (MAR's) documented this. However, where hand written additions were made to MAR's we saw that these had not been countersigned by a second staff member. This would help ensure the information written by the first staff member was accurate. Prescribed topical creams were not always managed safely. Dates when containers of topical creams had been opened had not been recorded and there was no system to replace these on a regular basis. This meant staff would not be aware of the expiration of the item when the topical cream would no longer be safe to use.

People were provided with 'as required' (PRN) medicines promptly, such as pain relief. At times staff used technology to ensure the safe administration of PRN medicines. For example, all PRN medicine being given needed to be witnessed by two members of staff. When only one member of staff was available in the home, they would contact a second member via a live video link to ensure the safe administration of PRN medicine.

There were appropriate arrangements in place for the storage and disposal of medicines. We saw that medicines were stored at the correct temperature and there was a system in place to ensure temperatures were closely monitored.

Staff who administered medicine had been suitably trained and had been assessed as competent to do so. Staff confirmed that training had been received and the registered manager told us that she regularly monitored the staff that administered medicine, to ensure their competence remained at a high standard. Staff were observed administering medicines competently; they explained what the medicines were for, did not hurry people and remained with them to ensure the medicine had been taken. Everyone we spoke with told us staff gave them their tablets. One person said, "They [staff] give them to me." The person confirmed that staff always remembered to give them their tablets. Another person said, "If you have a headache or something you just ask for some tablets and they'll get them for you." An external professional told us, "I do feel that the people that live at Kingston Farmhouse are safe and I have not encountered any issues with inappropriate incorrect administration of medications."

Staff had the knowledge to identify and report safeguarding concerns, and acted on these to keep people safe. One member of staff told us, "If I had concerns I would tell [the registered manager]." They added that if the registered manager did not respond appropriately to their concerns they knew how to contact the local safeguarding service or the Care Quality Commission (CQC). All staff had received safeguarding training and were aware of actions they should take if they had any concerns. The registered manager described the action they had taken when they had previously had safeguarding concerns about a person living at the

home. The action taken was appropriate and ensured the safety of the person and other people. This had included working with external professionals and reporting the concerns to the local safeguarding team. The home also had a whistleblowing policy though they had not received any reports of this nature in the last year.

Incidents and accidents were investigated and action taken to prevent recurrence. For example when staff had identified injuries on people such as bruising of an unknown cause, body maps had been completed and an investigation undertaken. The registered manager described how they had identified bruising on one person. This was found to be caused by the person themselves; the registered manager was able to identify action to be taken to reduce the risk of recurrence.

There was a recruitment process in place to help ensure that the staff the home recruited were suitable to work with the people they supported. Staff completed an application form, which requested information about previous employment. Appropriate pre-employment checks such as obtaining references and a Disclosure and Barring Service (DBS) check were completed for all staff prior to them commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home.

People living at the home had been involved in the recruitment of new staff. Potential staff were invited to visit the home and join people in an activity. The registered manager asked people and existing staff for their views about the applicants. This was considered along with the formal processes when deciding whom to appoint.

There were enough staff deployed to meet people's needs. People told us staff were available when they needed them. Staff responded to people promptly, were able to support people with in-house and external activities on a daily basis, and interacted with people in a relaxed and unhurried manner. Staff said they felt they had enough time to do their job. One staff member told us "Yes there is enough staff."

The registered manager told us that staffing levels were based on the needs of people living at the home. We saw that some people needed additional individual support. We observed this being delivered and records showed they were regularly receiving this. There was a duty roster, which detailed the planned cover for the home. Short term absences were managed through the use of bank staff which are available to cover planned or unplanned staff absences. Staff were able to use on-call support from the registered manager whenever this was required.

Email updates were sent to the staff team and they had monthly staff meetings to discuss any new information or lessons learnt. There was a closed social media group for staff members and each day the staff on shift updated it with any new or important information. This use of technology meant that the staff coming into work could check the group so they knew anything important as soon as they arrived for work. This assisted them to maintain continuity and to follow up relevant information with people during their shift.

Individual risks to people were managed effectively. Staff recognised risks that could impact on people and understood people's individual needs. This meant they were able to support people's independence whilst safely managing any risks. Risk assessments had been completed for all identified risks, together with action staff needed to take to reduce the risks. Risk assessments and care plans considered individual need, promoted independence and supported people to develop skills. Where required, positive risk management plans were in place. These helped to ensure that if people made a choice to do something that involved an

element of risk, effective and appropriate support was provided to keep them safe, while supporting them to continue to live full and active lives. For example, one person who had seizures had a risk assessment to support them to go swimming. Risk assessments and care plans were up to date, reviewed regularly and available for staff to use on a daily basis.

Environmental risks assessments had been undertaken and were comprehensive. They considered all potential risks and had clear action plans. Staff were aware of the fire safety procedures and the action they would take if an evacuation of the home were necessary. People told us what action they should take if the fire alarms sounded and where they should meet outside the home. They told us about fire evacuation drills which had occurred. Records showed fire detection equipment was checked weekly.

Infection risks were managed safely. The home was clean. Staff were responsible for cleaning and encouraged people to assist as appropriate. Staff had completed infection control training and had access to equipment, such as disposable gloves and aprons to protect themselves and people from the risk of the spread of infection. The environment was well maintained. A downstairs bathroom was being renovated with new flooring. Other maintenance and repair within the home had been identified through the home's audit process and was being carried out.

People and staff had been supported to receive the annual influenza immunisation, which would help prevent the spread of influenza and antibacterial hand gel was available at the entrance of the home. The registered manager and staff were aware of actions they should take should there be an infectious outbreak at the home.

Good

Is the service effective?

Our findings

People, their families and healthcare professionals told us they felt the service was effective.

Staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff recognised that people may need support to make decisions and used verbal communication, Makaton, (a sign language used by people with learning difficulties) and visual aids to assist people to understand information and to make decisions. One staff member told us, "People may have better ability to make decisions in the morning than in the evening; we consider their ability to make decisions and offer them choices at different times to help them understand." A relative told us that, "Staff support [person] to make choices."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff were following the necessary requirements. They had applied for DoLS authorisations where needed and these were awaiting assessment by the local authority.

People had been involved in their care plans and one person had signed documents to identify that they had read it. Staff members told us that they supported people to understand what was in their care plans and talk through any changes so they agreed them together. However, they recognised that some people would have difficulties understanding some documents. Staff members told us that spent time with people, explaining what things meant in a way they would understand by using pictures or objects.

People's needs were met by staff who were skilled, competent and suitably trained. New staff completed an effective induction into their role. This included time spent shadowing, (working alongside experienced staff), until they felt confident to meet people's needs. A staff member told us "I shadowed other staff for a few shifts before I started." The registered manager had a system to record the training that staff had completed and to identify when training needed to be refreshed. This included essential training, such as safeguarding awareness, health and safety, food hygiene and fire safety. However, on reviewing this system we saw that not all staff had up to date manual handling training. This was important as one person living at the home required support that involved manual handling at times. We brought this to the attention of the registered manager who arranged training in this area immediately. All staff had the Care Certificate or were working towards gaining it. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. All of the staff had completed specialist training in areas to meet the needs of the people living at the home, such as Learning Disability awareness and Autistic spectrum condition awareness.

Staff had regular supervisions in the form of face-to-face meetings with the registered manager. Supervisions provide an opportunity for the registered manager to meet with staff to discuss their performance, learning needs and any concerns they had. Staff also received annual appraisals which reviewed their annual performance and development needs. These meetings identified areas for recognition and areas for development, with action plans if needed. Staff told us that they felt well supported in their role and could raise issues or concerns anytime with the registered manager.

People were provided with enough to eat and drink. People were able to ask for food in between meals and were prompted to have a healthy option such as fruit. Drinks were available at all times and we heard people asking for or being offered drinks. Mealtimes were appropriately spaced and relaxed with staff and people eating together round a large table. We observed positive interactions between staff and people.

People were involved in preparing the food, laying the table and clearing away. We saw there was a weekly menu on the wall and people were actively involved in choosing their food and deciding what they all wanted to eat for main meals. One person told us "We get a take away each month, like fish and chips, it's my favourite." Staff members said that people often asked for a favourite meal to be on the menu. Staff guided people to understand healthy food choices and to have a balanced nutritional diet.

When people required additional support with eating such as needing their food cutting up and being encouraged to eat, this was managed well. Staff had clear guidelines in care plans that detailed what they needed to do to meet the needs of individual people during mealtimes. At the time of the inspection, no one living at the home had any specific dietary requirements due to religion or culture but we were told that these would be met should people request it at any time.

People were supported to access healthcare services when needed. Issues that could affect people's health and wellbeing were identified and action taken to address them, meaning people experienced positive outcomes regarding their health and wellbeing. People were involved in decisions about their own health and staff described how they helped to explain health needs to people. A health professional told us, "The people I see are involved in the decision making processes with regard to my interventions." People were able to tell us about their influenza immunisations and which dentist they attended, a chiropodist also visited the home on regular basis.

Care plans contained information about people's past medical history and current medical needs, including how these should be monitored or met. For example, one person had seizures. We saw detailed records were kept when they had a seizure, which would help external health professionals make decisions about medicines and help identify if there were any patterns or triggers to seizures. The registered manager has developed links with the learning disability lead nurse at the local hospital. They told us how this had been useful when a person required a medical investigation.

Kingston Farmhouse have a policy for transferring people between services. The registered manager told us that should a person need to attend hospital then a staff member would accompany them and remain until the person was either discharged or settled on a ward. Information about personal and health needs were included within a communication passport, which could go with the person to hospital, to help hospital staff meet the person's needs. The registered manager identified that this would ensure any important information was made available to hospital staff.

People were involved in decisions about the home and their bedrooms. For example, one person showed us their bedroom and told us they had chosen the colour of paint and items of soft furnishing. Most bedrooms had en-suite showering facilities and one person's bedroom had been adapted to meet their specific needs.

One-way protective film had been put on the window to ensure the person maintained their privacy.

People had access to the garden and communal areas within the home; these areas were suitable for the needs and number of people accommodated. We were told that people liked to be on their own at times and have a quieter space. People could go to their bedroom at these times and staff would periodically check if they were all right or needed anything. All people living at the home were able to walk around the home independently and access all areas when they chose to.

People and staff at the home used technology to aid communication, maintain family relationships and share information about the service. For example, people accessed a private social media page for the home and with support from staff they uploaded photographs or comments of things they had been doing. We were told that this has been very popular and both people and their families find this a positive form of communication. One person also uses email technology to keep in touch with their family.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People told us that the staff were nice and helped them when they needed it. A health professional said, "Staff are very supportive, caring, and full of compassion for individual's needs." A family member told us "The staff are very caring, I've never had any concerns, they are always polite and you can chat to them and laugh about things."

People were spoken to with dignity and respect. However, we heard one staff member saying to a person "Its toilet time." Whilst the use of this language may not have intended to cause people upset it can result in people feeling they are not respected or valued. The registered manager stated that she would address these concerns with staff immediately. The registered manager told us that she observed staff regularly and discussed the culture and atmosphere of the home as part of staff meetings so that they were aware of the importance of kindness and compassion.

Staff sat with people and chatted to them, listening to what they said and showing a genuine interest. One staff member said to a person on returning from being out for a walk "What did you do?" Oh that's sounds lovely, did you enjoy it?" At times lots of people were speaking at once but staff members remained calm and gently reminded people to wait for each other to speak. There was a general feeling of consideration for others and supporting people to be kind to each other.

People were supported to be as independent as possible and staff understood people's abilities. People were involved in the daily tasks within the home with support and encouragement from the staff. Care plans had detailed information about how to support each person and what they enjoy doing, where they like to go, and how to encourage them to do as much for themselves as possible. The staff team had taken steps to meet people's individual needs and communicate with them by ensuring they spoke in a way that people could understand. For example, staff could communicate verbally and also use Makaton, pictures or symbols. This enabled people to be involved in decision-making and to do the things they wanted to do.

Staff understood the importance of respecting people's choices and they supported people to make their choices, though effective communication which was presented both visually and verbally. An example of this was when a staff member asked a person what they would like in their sandwiches, as they were going out for the day. The staff member showed the person the different food options, as well as verbally asking them. This aided their ability to make an informed choice. Another person often repeated the same word when asked what they would like to eat or if they wanted to participate in a craft activity. Staff members knew them well and were able to support them to make choices visually by putting options in front of them. If the person engaged in the activity or picked up the food presented, staff members determined they had made a choice. If the person pushed the item offered away the staff would offer another choice. The registered manager told us about photos that had been developed for the weekly house meeting during which people would discuss and choose activities and menus for the forthcoming week. An external professional told us, "The staff involve the people in all kinds of activities of their choosing."

People's privacy and dignity was respected. We saw that staff knocked on people's doors before entering

their bedrooms and doors were closed during personal care. Care records and individual care plans were kept in a locked cupboard and we observed care plans being put away as soon as staff members had finished with them. One person told us "I can look at my care plan if I ask; they are kept locked away as they are private."

People were supported by staff to maintain their personal relationships. This was based on staff understanding of who was important to the person, their life history and their cultural background. One person told us that staff or the registered manager took them to visit their mother who was living in a care home. We heard arrangements being made for a visit over the Christmas period.

People had regular visits with their families and during the inspection, we observed visitors to the home. One family member told us, "I can visit whenever I want to; I just have to ring up to check [person] is in first. The staff are always friendly and we get asked what we think about things so we feel we are involved."

Families were involved in what is going on at the home and the manager had started a closed social media group for family and friends of the people who live there. This group is so that weekly news and things people have done, with photographs can be posted. Only the family members and friends agreed to be in the group can see this and people are consulted and give consent to what is posted on the social media page. An example was when people went out to a visit to a donkey sanctuary. Photographs were taken and posted onto the closed group with the agreement of the people in the photograph. This is especially valuable for family members who do not live nearby. One family member told us "The social media page is really great, I can see what [person] has been doing and it gives me things to talk about with them when I see them, and helps me to plan things we can do together."

Good

Is the service responsive?

Our findings

People told us they received personalised care and support that met their individual needs and that staff knew their preferences and respected their wishes. One person said, "The staff help me when I need help." A relative told us, "Staff support [person] to make choices and to recognise risks, they get to do the things that they want to."

Prior to admission to the home, the registered manager undertook an initial assessment of the person's needs using information from a range of sources, including the person, their family and other health or care professionals. Part of the initial assessment process included inviting the person to visit the home and spending time with people who lived at the home.

People, their families, where appropriate and external professionals, were involved in the ongoing development of care plans. Care plans had details about individual care needs, personal interests and any information about cultural and spiritual needs or beliefs. There was a process in place to make sure people were treated fairly and their lifestyle choices were recognised and met. For example, staff told us how they supported people's human rights, how individual people like to be supported and what was important to them. A family member told us they felt very involved in planning for their relatives care and support. Communication needs had been identified in people's care plans and shared with relevant professionals with the consent of the person. One external professional told us, "I have recently been involved in a person's assessment and care plan, this was carried out in a person centred way, was detailed and well documented and also used symbols so the person could understand the information."

We saw evidence that care plans were reviewed regularly. A staff member told us, "We go through their [people] plans with them together and explain anything that they may not understand, we try to get them [people], to say what they want or like so we can include this." Annual reviews were held where family members and other professionals involved with that person, were invited. The reviews identified support that was needed, for example how to increase skills and independence and to create opportunities for people to develop. One family member told us, "[manager] is planning with us and [person], to help [person] become more independent so they may be able to live on their own with some support and even get a job."

Where the registered manager identified a need for a higher level of support due to changing needs of individuals, they advocated on behalf of the person to ensure the commissioners made additional funding available. This meant the person's changing needs were identified and appropriate action was taken to meet those needs.

Handover meetings were held at the start of every shift and provided the opportunity for staff to be made aware of any relevant information about changes to the needs of the people they were supporting. The information shared at these meetings included, activities people had undertaken and what meals and drinks people had received. The registered manager had identified that there was sometimes a need for staff to be informed of events before they arrived on shift. Therefore, they were using a restricted technology system, which staff could access prior to arriving at the home. This meant staff would be immediately able

to provide appropriate responses to people when they arrived for work.

People had keyworkers, who are members of staff that have responsibility for supporting individual people to fulfil their life, keep in touch with family and friends and to make choices. One of the keyworker roles was to help a person send birthday or other event cards to family members. Staff thought about new things people may want to try and where possible organised these. For example one staff member knew a person liked animals so had taken them to visit an exotic pet shop where the person had been able to hold a lizard. The person told us about this and had clearly enjoyed the activity. We heard staff discussing that other people may also enjoy this and they would be contacting the shop to try to facilitate this.

People were supported to take part in activities providing both mental and physical stimulation. We saw people having choice about activities both in the home and out in the community. Where possible the staff supports people to go to local events. One person told us their support worker, "Knows what I like doing and what help I need, we go somewhere that I like to go and decide on the day." Staff told us that they have had theme weeks, where people had spent the week learning about a particular country such as its flags, history, language and food.

On the day of the inspection, some people chose to go out to a local Christmas fayre, whilst others stayed at home and made some Christmas cards to give to relatives and friends. People were also involved in daily tasks of living and each person had small domestic tasks to do each week. One person told us, "It is my job to help empty the dishwasher today, I like doing that." We heard a staff member say to the person, "[Person] do you want to help with the dishwasher?" The person replied, "Yes I'll do it."

Kingston Farmhouse provides a service for younger adults living with a learning disability. At the time of the inspection, nobody was nearing the end of their life. Discussions with the registered manager showed that, should this need arise, consideration would be given to ensuring people would receive appropriate care. Support and planning for end of life would involve the person, external health care specialists and the person's family or relevant people. The manager told us that they recognise the impact this would also have on other people living at the home and would provide additional support for them and the staff team.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was able to demonstrate that they understood the provider's vision and values to promote independence and provide a person centred approach to care. However, we saw written information that was not respectful; some of the records in people's care plans used language that was not person centred and referred to people in a childlike way. For example, written information included, '[Person] needs toileting' and 'boys toilet'. When we raised these concerns with the registered manager they took immediate action to review the documentation and to discuss best practice and person centred language with the staff team. We found however that the governance arrangements for reviewing records had failed to address these issues.

There were systems and processes in place to monitor the quality of the service. These systems included regular audits and checks of areas such as medicines management, quality of care records, support to staff, environmental health and safety checks and monitoring of the service. These checks were undertaken by the registered manager and a senior staff member. There were no additional checks made by the provider. We found that some of these checks had not identified the shortfalls we found at this inspection in relation to medicines, training and records. For example there were processes in place for monitoring staff training, however it had not been identified that staff required manual handling training.

During the course of the inspection each time we informed the registered manager of our findings of areas that required improvement they were responsive and acted to address our concerns. This demonstrated that the registered manager was reactive when shortfalls were identified. However, they did not have effective systems of governance in place to ensure that they were able to proactively assess and prevent shortfalls in the service.

The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and visitors were happy with the care provided and felt the home was well run. We saw that there was a positive, relaxed, atmosphere in the home. We found staff were organised and worked in an efficient and effective way, ensuring people's needs were met. People and their families felt able to approach the registered manager at any time to discuss concerns they had and felt they would be listened to. One relative told us they felt very lucky that they had chosen Kingston Farmhouse. They told us they had found the staff and the registered manager "absolutely fantastic."

There was evidence of a positive professional relationship between the registered manager, the staff team and with external professionals. One external professional told us, "leadership skill and professionalism is at high level, clients/families and staff have a good relationship with the manager. That's apparent when you meet with clients and families and other professionals." Another told us, "The manager, and her team of staff work well with professionals and will report any concerns appropriately and seek resolution in a timely manner. The people in their care are always spoken to with respect and asked their opinions, and all seem very keen on the manager."

The home encouraged and valued feedback from people. Weekly residents meetings were held and people were consulted on all aspects of their life and how the home was run. People were involved in decisions such as when new people were moving in, new staff members and the general activities, meals and decoration of the home. Their opinions were valued and listened to and clear records of these meetings were kept. In addition, the home had also gathered feedback from people and their families through an annual survey. All feedback was positive. One family member told us "Kingston Farmhouse has been fantastic and the staff and manager can't do enough for people."

Staff were confident in their role and understood the part each person played in delivering care within the home. We saw records to confirm regular meetings took place with staff. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. All staff told us they enjoyed working at the home. One staff member said, "I love working here, it's not like work". They identified they enjoyed being able to make suggestions to the registered manager who they said "always listens to us". One staff member told us how they had made a suggestion to improve the responsiveness of the service. They had suggested the use of technology to enable a second staff member to witness the administration of medicines even when only one staff member was present in the home. This had been tried by the registered manager and was now incorporated into the home's medicines practice, meaning there would not be a delay if people required medicines at any time.

The law requires that providers send notifications of changes, events or incidents at the home to the CQC. We had received appropriate notifications from the service and the home's previous inspection rating was displayed prominently in the entrance hall.

The registered manager told us that they kept up to date with current legislation through training and keeping informed of changes within CQC, government and the local authority. For example, they were aware of the CQC changes to inspection process and changes in employment law around sleep-in staff.

The home had good links with the local community and we saw people going out to a nearby high school for a community fair. People later told us they had enjoyed this and would do something similar again. The registered manager told us that they keep up to date on events happening locally and offer people the opportunity to attend these if wanted. People at Kingston Farmhouse use local amenities such as café's shops and the GP surgery.

The registered manager and staff team worked with other agencies. This included external health and social care professionals and commissioners at the local authority and clinical commissioning groups. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.

A duty of candour policy was in place. This required staff to act in an open and transparent way when accidents occurred and to provide information and an apology in writing to the person or their relatives, although this had not been required yet at Kingston Farmhouse.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality and safety monitoring systems had been ineffective in identifying shortfalls in the service provision.