

GrayAreas Limited

# Kingsmount Residential Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Kingsmount Residential Home is a residential care home providing personal care to 32 older people, some of whom may be living with dementia or memory loss. At the time of the inspection, there were 28 people living at the home.

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

The provider had made improvements since our last inspection and were no longer in breach of regulations. Further improvement was needed to ensure the improvements made were sustained and systems and processes in place to ensure the delivery of quality care, were robust. We have also made two recommendations to continue to drive improvements.

People told us they felt safe living at Kingsmount. One person said, "Oh yes I feel safe. I'm safe in their hands." Staff knew what to do to keep people safe and were confident any concerns would be taken seriously.

Risks to people were assessed and managed safely and risk assessments were in place which guided staff in caring for people in a safe way. Systems were in place that ensured accidents and incidents were recorded and investigated. Accident or incident records were not analysed to consider any lessons which could be learned. We made a recommendation to the provider about this.

People's care plans provided staff with guidance in how to support each person. However, some care plans were not as detailed or person-centred as others to ensure people's preferences were reflected. We recommended the provider seek guidance to ensure all care plans are person-centred.

Systems to monitor the quality of the service provided had been strengthened and improved. Further improvement was being implemented and embedded into practice to ensure people continued to receive safe care and treatment.

Medicines were managed safely. Staff were trained to administer medicines and regular audits were completed to ensure medicines continued to be given safely and as prescribed.

People told us staff were kind and caring and they treated them well. One person said, "There's some delightful staff, they really are good. Nothing's too much trouble for them." There was a relaxed and friendly atmosphere in the home and people were supported by staff who knew them and their needs well. During the inspection, we observed staff interacting with people and found there were sufficient staff available to meet people's needs. Staff were recruited safely.

Staff received supervision and training which enabled them to deliver effective care. Staff told us they felt

supported, listened to and able to make suggestions.

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.

Staff encouraged people to maintain a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 20 February 2019) and there were breaches of regulation.

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 reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Kingsmount Residential Home

## **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 was carried out by one Inspector.

### Service and service type

Kingsmount 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.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback or notifications which the provider is required to send to us by law. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

### During the inspection

We spoke with twelve people who lived at the home and three visitors about their experience of the care provided. Some people living at the home were unable to talk with us. We used the principles of 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. We spoke with seven members of staff including the registered manager, head of care, care staff, the activities coordinator and kitchen porter.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure that 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.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. We observed staff administer people's medicines safely and according to their needs.
- Medicine administration records (MARs) confirmed people received their medicines and topical creams as prescribed. Where people received 'as required' medicines (such as pain relief or medicines used to assist people when they became agitated), there were clear protocols in place.
- Medicines were received, stored and disposed of safely and in line with national guidance.
- Staff were trained to administer medicines and regular audits were completed to ensure medicines continued to be given safely and as prescribed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess, manage and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and managed safely. Risk assessments were in place which guided staff in caring for people in a safe way. For example, we saw assessments were in place for the risk of falling, malnutrition and skin care. These were reviewed and updated every month or as soon as people's needs changed.
- Where people had risks associated to their health needs such as, diabetes, seizures or catheter care, we found risk assessments could be further improved with the addition of more specific person-centred information.
- Records showed risks were monitored regularly and appropriate actions taken. For example, where people were at risk of pressure sores, pressure relieving equipment was in place and daily checks were made to ensure they were set correctly for the person's weight.

- Where risk assessments had identified the need for a person to be regular repositioned in bed. Daily repositioning and skin inspection charts demonstrated this had taken place consistently.
- Staff were observed using moving and handling equipment safely when supporting people to transfer.
- Risks relating to the environment were assessed, and actions taken to ensure the environment remained safe.

#### Learning lessons when things go wrong

- The provider had a system in place that ensured accidents and incidents were recorded and investigated. Although this information was reviewed by the registered manager, the accident or incident records were not analysed to consider any lessons which could be learned from incidents and accidents to avoid the risk of it happening again.

We recommend the provider review the system in place for recording and analysing accidents and incidents.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People told us they felt safe living at the home. One person said, "Oh yes I feel safe. I'm safe in their hands." Another person said, "I am safe living here."
- Staff confirmed they had received training in safeguarding and knew how to protect people and would not hesitate to do so.

#### Staffing and recruitment

- People told us staff were extremely busy, but always supported them when they required assistance. One person said, "They do the best they can, but they're rushed off their feet." Another person told us, "There's usually enough staff. They are always there for you and come quickly when you ring the call bell. We passed these comments onto the registered manager.
- During the inspection, we observed staff interacting with people and found there were sufficient staff available to meet people's needs.
- People were protected because the provider had safe recruitment procedures in place. Staff recruitment records demonstrated the provider carried out pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

#### Preventing and controlling infection

- People were protected from the risks of infection. The home was very clean and there were no malodours.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed staff used these items where required.

# 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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At our last inspection we recommended the provider review all records to ensure best interests decisions had been considered and recorded in accordance to the MCA. At this inspection we found where people lacked mental capacity to consent to a specific decision, a best interests decision had been made and clearly recorded.
- Where people had an authorisation in place that restricted them of their freedom and liberty with any attached conditions, this was clearly documented for staff to follow.
- During the inspection we observed staff encouraged and supported people to make day to day decisions about their care and staff demonstrated an understanding of the principles of the MCA.

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

- People had a thorough assessment of their needs prior to admission to the home. The assessment included consideration of people's protected characteristics and preferences to ensure staff could support them in a personalised way. The process was inclusive and involved people, relatives and professionals.
- The home used nationally recognised risk assessment tools as part of planning for care to identify possible risks and provide suitable guidance for staff.

Staff support: induction, training, skills and experience

- At our last inspection we recommended the provider ensured staff were supported with regular appraisal

of their performance. At this inspection records showed the provider had a plan in place and was working towards this being completed.

- Although we found some appraisals had not been completed, staff told us they felt supported and received regular supervision. This was confirmed in the records we looked at.
- People were supported by staff that had the appropriate skills to care for them. One person told us, "They know what they are doing."
- Staff received an induction when they started working at the home. The induction programme included orientation of the building, getting to know people and shadowing experienced staff.
- Staff completed training which was considered mandatory by the provider, including health and safety related courses, safeguarding and moving and handling. They also completed additional courses in relation to people's specific needs, such as, dementia awareness. A system was in place to record the training staff had completed and identify when training needed to be refreshed.

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

- People told us they were happy with the food at Kingsmount and told us they had a choice of meals. Comments included, "The food is nice and there is always something I can eat, and they would give you something else if there wasn't" and "The food and the chefs are both excellent. If I don't like what's on the menu, they ask what I want and go and get it for me."
- People's dietary needs and preferences were assessed and monitored. Where people had specific dietary needs such as, requiring a soft diet due to swallowing difficulties or a fortified diet due to concerns of malnutrition, this was provided.
- We observed the meal time experience on both days of the inspection. People chose where they wanted to eat their meals and were encouraged to be as independent as possible and where they needed support this was offered sensitively and at people's own pace.

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

- People were supported to live healthier lives and to access health professionals when required. People told us staff were proactive when supporting them with their health. For example, one person told us about staffs' response when they had a fall, "They responded really quickly and checked me over. They called 999 to make sure I was ok." Another person told us, "They got my pills sorted with the GP."
- Records showed that when there were concerns about people's health, they were referred to appropriate healthcare professionals. For example, GP's, dieticians and speech and language therapy and the advice provided by them was listened to and used to plan and deliver people's care.

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

- People benefitted from an environment that was suitably maintained and adapted to meet people's needs. For example, pictorial signage was used to help people independently navigate themselves around the home and assistive equipment was available for people who required specialist support.
- People's bedrooms were individually designed and personalised to meet their own taste and preferences.

# 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 now 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 told us staff were kind and caring and they treated them well. One person said, "The staff are very caring. I like the whole place and the management are all kind and considerate." Another person told us, "There's some delightful staff, they really are good. Nothing's too much trouble for them."
- There was a relaxed and friendly atmosphere in the home and we observed many positive caring interactions between staff and people. People were comfortable with staff and it was evident that staff had developed good relationships with people and knew them well.
- Staff talked about people fondly and told us they enjoyed working at the home. One staff member said, "I think I've achieved something if I make someone smile."
- Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The registered manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans recorded important information about people's relationships with others and those important to them.

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

- People, wherever possible, were involved in decisions about their care. Care plans were reviewed and updated on a regular basis to ensure people's care needs and preferences were up to date. One person told us they were involved in their care plan reviews, they said, "Staff always ask if I have anymore needs and if things are ok."
- Staff supported people to make their own choices and decisions, whenever possible. We saw people were supported to have choice in their daily lives from meals to activities to when to get up and go to bed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect.
- Staff understood the importance of respecting people's privacy and were able to give examples of how they maintained people's dignity, such as ensuring people's dignity was not compromised whilst assisting them with washing and dressing.
- Confidential information was stored and protected in line with General Data Protection Regulation (GDPR).
- People were encouraged to remain independent. Staff were clear about the importance of making sure people retained their independence and attended to their own care, where possible. One person told us, "I can do it myself and they leave me to it because I want to be independent, but I know they will help me if I need it."

- Equipment was available to help people remain independent, for example, plates with curved edges to help people eat by themselves.

# 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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they received care and treatment that met their individual needs, preferences and wishes.
- Since our last inspection the provider had introduced new computerised person-centred care plans and staff were working at transferring people's care plans onto the system. The care planning system allowed staff to record all aspects of care provision and alerted staff of any care needs that were required, such as, a person requiring their position changing.
- People's care plans were based on their initial assessment and provided staff with guidance in how to support each person. However, we saw some care plans were not as detailed or person-centred as others to ensure people's preferences were reflected. For example, one care plan said staff should support the person with their personal hygiene. There was no further information, such as, what assistance they might need or what they could do for themselves. This meant there may be a risk that people may not receive care in the way that they wished or met their needs.

We recommend the provider seek advice and guidance from a reputable source in developing care and support plans that are fully person-centred.

- Staff were able to tell us how they supported people with their personal care in an individualised way. Staff told us they got to know people and their preferences by talking with them about their likes and dislikes, preferences and wishes.

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.

- People's communication needs were considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs.
- Information was available for people in a suitable format such as large font or picture cards.

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

- People had access to a range of activities according to their needs and abilities. The provider employed an activities co-ordinator who developed and provided meaningful activities for people tailored to people's individual hobbies and interests.

- The activities co-ordinator was passionate about stimulating people in a person-centred way. They told us they found that people benefitted more from short, one to one or small group sessions. For example, they told us by sitting and talking with people about their lives and hobbies they discovered that two people shared love of a well-known classical musician. The activities co-ordinator introduced them to each other, and they became good friends and listened to concerts together.
- As well as personalised one to one activities, group activities were arranged which included gentle exercise, quizzes, music groups and reminiscence groups. There were also external entertainers that came to the home, such as, singers, animal therapy and music for health groups. People were also encouraged to go out and were supported when they wished to do so.
- People were supported to stay in touch with friends and family which helped to avoid social isolation. Visitors were welcome at the home at any time.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The home had not received any formal complaints since we last inspected. The registered manager told us they had an open-door policy and was always available to people and their relatives to discuss any concerns. People told us they had no complaints but knew who to go to if they did have any concerns.

#### End of life care and support

- At the time we inspected the home was not supporting anyone at the end of their life.
- People were supported to discuss their wishes for the end of their lives. Care plans contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans.
- Staff received training in end of life care and worked with community health professionals to make sure people had the right medicines and equipment to ensure people had a comfortable, dignified and pain-free death.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure that systems were in place and robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17, although, further improvements were still needed.

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

- The registered manager told us since the last inspection the introduction of the computer care planning system had improved the systems to monitor the quality of the service provided. These included regular checks on medicines management, the environment, equipment and people's care.
- The registered manager acknowledged they still had some areas to improve on. A programme of audits and checks were in the process of being implemented and embedded into their practice. This would enable them to assess and demonstrate that the quality of the service and care provided to people was being effectively monitored and sustained. For example in relation to person centred care and analysing accidents and incidents.
- The staffing structure at the home ensured clear lines of accountability and responsibility. The registered manager was supported by a head of care and senior care staff. Staff were clear about their roles and who they could go to for support.
- The registered manager knew of their responsibilities in terms of regulatory requirements. The registered manager had notified us of any accidents and incidents as they are required to by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager ensured that care and support was person-centred, of a good quality and appropriately planned. Our observations during the inspection showed that staff knew people well and always ensured that people were happy and well cared for.
- People told us the home was well managed and the registered manager was approachable and accessible and were confident they could raise issues, which would be dealt with.
- Staff told us they enjoyed working at the home and felt supported by the registered manager. One staff member said, "[Registered manager's name] has really started to turn things around. He listens to us and

he's always available."

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 registered manager understood their responsibility under the duty of candour and had procedures in place if things went wrong.
- The registered manager and staff were open and honest in their approach during our inspection.

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

- People and staff were regularly encouraged to contribute their views on a formal and informal basis.
- Staff told us the registered manager was approachable and that they could talk to them at any time, they were always open to suggestions and provided them with opportunities for improvement.
- Quality assurance surveys were sent out yearly to visitors, relatives and health professionals. Results were analysed to drive improvement.

Working in partnership with others

- The registered manager and staff maintained positive working relationships with other agencies who were involved in the lives of the people who lived at Kingsmount. These included local health care services, local authority commissioners and safeguarding teams.