Chiltern Residential Homes Limited

Kingsley Rest Home

Inspection report

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Staffordshire
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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 30 November 2016. This was an unannounced inspection. This was the service's first inspection under their registration as a new provider. The service was registered to provide accommodation for up to 12 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 10 people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run. A deputy manager was also working at the service on the day of our inspection. The registered manager was managing two services under the provider's registration and told us that they split their time between the two. On the day of our inspection the deputy manager called the registered manager in from the other service where they were based at the time we arrived.

We found that work was being carried out on the building and as a result some people's bedrooms were very cold and were unsuitable for them to use. We had received information prior to our inspection about the premises being cold and found this to be the case in certain areas when we inspected the home.

We found that some of the care plans and risk assessments we looked at contained out of date information and that one person had not had their medication for several days. This put this person at risk of harm.

We found some instances where the service was not delivering care which met people's individual needs and some of the documentation in place referred to care being delivered in a regimented way. Some people were not clear about whether they were able to get up when they wanted or whether they could choose where they spent their time.

We found that staff understood how to protect vulnerable people from abuse and that staff had received training in safeguarding vulnerable adults. Complaints had been logged and responded to and incidents were recorded and reviewed.

Staff were safely recruited and we found that there were enough staff to meet people's needs. Staff reported to be well supported by the management and we found that checks were in place to monitor staff performance.

The principles of the Mental Capacity Act (MCA) were being following and Deprivation of Liberty Safeguards had been applied for where appropriate.

People were given sufficient quantities of nutritious food and were supported as needed to eat and drink.

The service had a clear management structure in place and staff were positive about how the service was managed. However, the provider and the registered manager had failed to pick up on some of the issues that were identified during our inspection, including the routines and directions for staff which indicated a lack of person-centred care and raised concerns about people being woken up early in the morning.

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 consistently safe.

Some parts of the premises were cold and therefore not suitable for people to use.

There were systems in place to safely manage people's medicines, however, one person had been without their medication for several days.

There were sufficient staff to meet people's needs. People felt safe with staff and staff had been trained on safeguarding people from abuse.

Adverse incidents that occurred at the service were recorded and action taken as needed.

Is the service effective?

Good

The service was effective.

Staff were adequately trained and skilled to carry out their roles.

The principles of the Mental Capacity Act 2005 were followed and Deprivation of Liberty Safeguards had been applied for as needed.

People's nutritional risk was monitored and people had enough to eat and drink.

Health referrals were made as needed.

Is the service caring?

Good

The service was caring.

People's likes, dislikes and personal histories were detailed in their care plans.

Staff were caring, knew people's needs and respected people's dignity.

Is the service responsive?

Requires Improvement

The service was not responsive.

Care delivery was not individualised and people's care plans and staff guidance detailed a task-based approach to people's care.

People were not being supported to access the local community and activities on offer were not designed to meet people's individual needs.

There were regular meetings held for people who used the service and there were ways in which people could express their views.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements were needed in terms of how care was planned and delivered to ensure people's individual needs were met. The provider and registered manager had not recognised some of the directions being given to staff as being of concern.

There were systems in place to monitor the delivery of care and staff were supported in their roles.

Kingsley Rest 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November 2016 and was unannounced. One inspector and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of nursing and dementia care.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to formulate our inspection plan. This provider had recently re-registered the service and so this was a new registration.

During our inspection we talked to five people who used the service and one visitor to the service. We spoke with six members of staff including three care workers, the registered manager, the deputy manager and the cook. We also spoke with the provider during the course of the inspection. We spent time observing how people received care and support in communal areas. We looked at five care records for people using the service as well as records related to the delivery of people's care. We reviewed staff files to ensure staff were recruited safely and reviewed how the quality of the service was being monitored. We looked at records relating to the management of the service. These included audits, staff rotas and training records. We also looked at incidents, accidents and complaints.

Requires Improvement

Is the service safe?

Our findings

When we arrived at the service the registered manager explained to us that renovation work was underway in the building. We carried out a walk around of the premises to assess the impact of this work on people using the service as concerns had been raised with us prior to our visit. The building operatives on site explained that some changes were being made to the premises to improve people's bedrooms and to modernise the building. The areas which were being worked on had been isolated to keep people safe from any safety risks posed by the renovation work. However, we did find that two people's bedrooms were very cold and no efforts had been made to ensure they were warm enough for people to access. The operatives on-site explained that this was due to them changing over the heating system on the day of our visit. We spoke with the registered manager about the fact these rooms were cold and they took steps to address this during our inspection. However, had people wanted to access their rooms at the time we visited, they would have been very cold and unsuitable for them to use. One person had a chesty cough and should they have felt unwell, would not have been able to access their room.

Some of the people we spoke with described being cold at times. One person said, "I am often awake at night because I am cold." Another person told us, "Yes, I do like it here but it isn't always warm enough when the fire is off." Following our inspection visit the registered manager explained that new heaters had been installed into the bedrooms we found to be cold and assured us that the home was now warm throughout, however, at the time of our inspection steps had not been taken to ensure people's bedrooms were suitably warm for them and people reported to us that they had been cold throughout the home and not just in the areas affected by the building work.

The above evidence indicates a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the premises were not suitable for people to use at the time of our inspection.

When we visited the home there was a deputy manager on duty and a senior care worker. The registered manager, who manages two services, came over to the home once they were told the inspection was underway. Another care worker was also asked to come to the home during our inspection. We were told that there would usually be two members of staff on duty during the day time shifts. We observed care during our visit and found that staff were able to meet people's needs. Staff told us that staffing levels were adequate and none of the staff expressed concerns about how many of them were on duty. One staff member told us, "There's always somebody at hand." Another staff member said, "We have the routine for the day." We found that there were enough staff to meet the needs of people who used the service during the day. One person did express concern about staffing at the home during the night, saying, "There are enough staff but I don't always feel safe when they don't come. At night they sometimes don't come quickly, or even at all." We were told that there was one staff awake and on duty through the night. We spoke with a staff member who had worked at night at the service who told us that it was manageable and that people's needs were met. However, the provider did not have a system in place to monitor call times and so had no way of measuring how long people had to wait during the night and so it was not clear how they had assured themselves that one member of staff at night was sufficient.

We reviewed people's care records and looked at the risk assessments related to the delivery of people's care. We found instances where these documents contained information which was out of date and no longer relevant. For example, one person was described as having rails on the bed to keep them safe. When we went to this person's bedroom with a member of staff we were told that this was no longer the case and that the documentation required updating. Another person's records documented that they displayed behaviours which put them at nutritional risk. When we asked the registered manager about this they told us that this was no longer the case and that the paperwork needed updating. People's care records and risk assessments did not always contain enough information to keep people safe. Staff we spoke with were familiar with people's current care needs and were able to tell us how they cared for people safely, however, new staff and any temporary staff would not have had up to date care records to refer to.

We looked at how medicines were managed in the home and found that systems were in place to ensure people received the medicines they had been prescribed. Medicines were stored safely and we observed a staff administering medicines safely to people. Staff completed Medicines Administration Records (MARS) and these were checked and monitored by the management. We did find that one person had not had their medication for six days. This medication was required in order to control a medical condition. When we discussed this with the deputy manager at the home they informed us that the GP practice had been unwilling to prescribe this medication in the period of time between their usual repeat prescriptions. The deputy manager explained that they had chased this up with the GP practice and during our inspection the medicines were received. We could not see evidence of this being chased by the service and this person had been without their required medication for six days which had put them at risk.

People were supported by staff who knew how to recognise when people were at risk of abuse and knew what action they should take to keep people safe under these circumstances. Staff had received training in relation to safeguarding people who used the service and this training was refreshed when needed. Staff and the management had an understanding of how to protect people from abuse.

We saw that any incidents that took place at the service were documented and action taken as a result in order to keep people safe. Incidents were audited monthly to look for any patterns or trends.

Staff were recruited using safe recruitment procedures. Pre-employment checks were carried out to ensure prospective new staff were fit and of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that the manager could be sure that staff were of good character and fit to work with vulnerable people.

Good

Is the service effective?

Our findings

We spoke with staff about their training and found that staff felt adequately trained to carry out their roles. One staff member told us, "The training's really spot on." Another staff member said, "We're all trained and we know how to communicate with people." Some of the staff we spoke to were undertaking diplomas in Health and Social Care. We reviewed staff training records which showed that the manager had oversight of people's training needs. Some training was out of date and needed refreshing, however, we saw that several training courses had been booked for staff to fill some of these gaps. People who used the service described being looked after by staff who knew and understood their needs. One person said, "I like it here, we always have a giggle. I have no concerns or worries and the staff are all nice to me and know how to look after me." Staff were skilled and trained to look after people effectively. For example, when we observed staff delivering care to people they treated them with respect and knew how to communicate with people.

Some people who used the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interests, when they lack sufficient capacity to be able to do this for themselves. Staff told us about the basic principles of the Act and we saw that mental capacity assessments were completed when required. The registered manager was aware of the current DoLS guidance and had identified a number of people who could potentially have restrictions placed on them to promote their safety and wellbeing. The service was awaiting assessments by the local authority in relation to the DoLS referrals they had made and we saw evidence of this. This showed that staff were acting in accordance with legislation when people were unable to make certain decisions about their care.

We observed lunch time at the service and spoke with the cook about people's nutritional needs and preferences. The cook was able to tell us who had a condition which affected what they ate and drank and described preparing fresh and nutritious meals for people. We found that people were offered a choice of meal and that people were given sufficient amounts to eat and drink throughout our inspection. Nutritional risk was documented and people were weighed regularly. We saw that there were no concerns in terms of people's weight loss and gain in the records we reviewed. People told us they enjoyed the food, one person said, "I feel the staff know what I am like. We have fun. The food isn't too bad, there is always a choice and they are ordinary portions. They respect my privacy. I like a cup of tea in the morning and they bring one to my room. The girls are lovely."

People told us their health and wellbeing needs were met and monitored. One visitor to the home told us, "With my friend's poor eye sight, they do seem to take it into account with his care. He always has a drink to hand when I visit. There was one concern a few months ago when they were a bit slow to recognise that he had a cold and chest infection, and he ended up being admitted to hospital." There were a number of people with chesty coughs at the time of our inspection and when we asked staff we were told that a person was on antibiotics for a chest infection. We saw in care records that referrals were made to health professionals as needed to ensure the well-being of people using the service. One person who used the service told us, "If I needed to see an optician or a GP, I would just ask the staff and they would arrange it for me." People's health was monitored to ensure their well-being.

Good

Is the service caring?

Our findings

We observed the care being delivered to people during our inspection and found that staff treated people with respect and with kindness. People told us that staff were caring. One person said, "Staff are very kind and respectful." Another person told us, "There is nothing to dislike here, the staff are kind, gentle and caring." A visitor at the service told us, "Staff appear to be kind and caring and I can visit whenever I want to." Nobody we spoke with had any concerns about the staff's behaviour or how they were treated.

People were looked after and presented well. A hairdresser came into the service weekly and people had the opportunity to get their nails and hair done as this was what some of the people enjoyed. Staff were able to describe people and knew their personal histories as well as their likes and dislikes. This information was also reflected in people's care plans. Care plans we looked at clearly described people's personal histories and reflected people's likes and dislikes.

People told us that they would feel comfortable raising concerns with the manager should they need to and that they felt these would be listened to. One person said, "They are always nice. They treat me well and I could talk to them if I was worried." We found that staff knew people and their personal histories and that staff spent time engaging with people when they could.

People's privacy was respected and we saw that where people needed to have medication such as eye drops administered this was done in order to protect their dignity.

Requires Improvement

Is the service responsive?

Our findings

Although we found care records to contain information about people's individual needs and preferences we also found evidence of a regimented approach to care delivery. Each person's care plan contained a document entitled: "24 Hour Plan of Care on an Ordinary Day." These documents all showed people getting up at 6.30am and going to be between 8pm and 8.30pm every evening. Care delivery was scheduled into tasks and was set out for each day with every day being the same. We were concerned at this approach to care delivery and queried whether every person at the service wanted to get up at 6.30am and go to bed at 8pm every day.

We asked people about their experiences of living at the service. People were generally happy with the care they received, however, some people expressed that they were unsure about what they would be able to do. One person said, "I think the staff know me. We have plenty to eat and drink and they always keep us supplied with drinks on the table by my chair. It's very good food, I am not sure of how much choice there is but I always eat it and we have pudding. They get me up about 6a.m. but I don't really know if I can have a lie in, I just accept it and get up when they tell me. I am ready for bed at 8 pm, and am tired by then. I suppose I could go to my room in the day if I asked but I don't know, I have never asked." Another person told us, "I get up at 6 a.m. and when they get me up I have to get up. I would like to lie in sometimes."

We looked at the "Night Time Routine" during our inspection. This was a document to provide guidance to staff on the night time shift to inform them of the tasks which needed to be undertaken during the shift. The document guided staff to start getting people up from 5am. The document also stated that: "Should residents state they do not want to get up you need to explain to them why it is in their best interests to get up and the consequences of staying in bed and not washing." When we discussed this document with the registered manager they explained that the document was to guide staff and told us that nobody at the service was woken up or got up if they didn't wish to. However, documentation devised and used at the home did not evidence an individualised approach to people's care and we were concerned about people receiving a task based approach to their care. Some of the people we spoke with did describe being woken earlier than they would have liked.

At times staff lacked the time to spend with people and there was a lack of activity in the home, particularly in the afternoon of our inspection. Activities in the home were carried out by staff and were not done on an individualised basis. There was a member of staff engaging people in an activity during our visit and this was on offer to those who wished to take part. There were no individual activities for people and some staff told us that they felt people could be assisted to access the local community more often. One staff member said, "They need to get out more." As there were usually two care staff on duty during the day, it would not have been possible for staff to assist people to access the local community. People we spoke with described activities being offered but that they didn't always meet their needs. One person said, "I just read, I don't like television. There are some activities but I get bored. My family bring me a few books in." Another person told us, "I am happy with activities but I watch TV most of the day."

The above evidence indicates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We saw that regular meetings were held for people who used the service. There was a complaints procedure in place and people raised issues as they occurred at the service. These complaints and concerns were dealt with by the manager.

Requires Improvement

Is the service well-led?

Our findings

We found some concerns in relation to people's care delivery and raised these both with the provider and the registered manager. They both assured us that people could choose how they spent their time and that people were not woken up early in the morning. However, neither the provider nor the registered manager had recognised that the documents in relation to people's care delivery were inappropriate and that they provided evidence that the focus of care was not person-centred. There was a task orientated approach that meant care was planned to enable staff to deliver care more efficiently, however, people were not always sure that they could choose how they spent their time and this had not been recognised or addressed by the service.

We found that systems and processes were in place to monitor the quality of care being delivered. We saw evidence of medication audits carried out by the deputy manager as well as audits on incidents. However, at the time of our inspection one person had been without their medication for six days and this had not been resolved by the management until we visited. We saw that care plan and risk assessment audits were carried out. We found some instances where care plans contained information that was out of date and so these checks were not always effective. However, staff knew people's care needs and the manager told us that a new system of care planning and risk assessing was being implemented and that these would all be updated to reflect the current needs of people using the service.

When we spoke to staff they described a supportive management team who they felt they could approach with any issues they may have. Staff told us that they were able to undertake training should they need it and that they all worked well as a team. One staff member said, "If I ever have any concerns I just speak to the manager." Another staff member told us, "They would listen. You can go to them and they will sort it out." We saw that staff had regular appraisals and supervisions which allowed the management to have oversight of staffing issues as well as on the quality of care delivery. Staff felt well supported.

There was work going on at the home at the time of our inspection. The provider had made investment into the service to improve the premises and some steps were being taken to improve the service. However, at the time we inspected the service some parts of the home were not suitable for people to use and this had not been picked up or addressed by the registered manager or the provider.

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 9 HSCA RA Regulations 2014 Person-centred care Care was not always planned and delivered to meet people's individual needs and reflect their individual preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment At the time of our inspection some of the premises were not suitable for the purpose for which they were being used.