Kingsbury House Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 9 April 2018. The inspection was unannounced.

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

Kingsbury House Limited accommodates up to 19 people living with mental health needs. On the day of our inspection, 17 people were living at the service.

The service had a registered manager at the time of our inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the home's previous inspection in April 2017, we rated the service 'Requires Improvement' and identified one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was in relation to Regulation 17 Good Governance. Systems in place to check on quality and safety were not as effective as they should have been. Following this inspection the registered provider was required to send us an action plan to inform us of the action they would take to make the required improvements.

During this inspection we checked to see whether improvements had been made, we found the breach in regulation had been met and all areas of the service had improved resulting in positive outcomes for people.

People told us they felt staff provided safe care and support. When safeguarding incidents or concerns were identified, the registered manager took appropriate action to protect people. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm or if they needed to report concerns.

There were systems in place to identify, manage and monitor risks associated with people's needs including the environment. Accidents and incidents were minimal but recorded and reported by staff. The registered manager analysed these to ensure appropriate action had been taken to protect people, and to consider if there were any themes or patterns that required further action. Contingency plans were in place to support staff to provide a safe service in the event of an untoward incident affecting the service.

There were sufficient staff to keep people safe and meet their needs. Safe recruitment procedures were in place and followed. People's prescribed medicines were managed and stored safely following best practice guidance.

Improvements had been made to infection control practice and some areas of the service had been

refurbished.

People were supported by staff that had received an induction, ongoing training and support. The provider ensured practice was in line with current legislation and best practice guidance.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. Opportunities of healthy eating needed to be promoted; the registered manager took action to address this.

People had choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. Deprivation of Liberty Safeguards were in place for people where required.

The service worked with external healthcare professionals when required to ensure they provided effective care and support. When concerns were identified about people's healthcare needs, appropriate action was taken to support people's health and well-being.

Staff were kind and caring, they knew people well, and they supported people in a dignified and respectful way. Staff acknowledged and promoted people's privacy. People felt that staff were understanding of their needs and that they had developed positive relationships with them. Information about an independent advocacy service was available for people should this support have been required.

People were involved in the assessment and review of their needs. Care plans informed staff how to support people and were overall personalised to people's needs, routines and preferences. Some weekly activities were offered to people. People and staff knew how to raise concerns and these were dealt with appropriately.

People who used the service were given opportunities to share their experience of the service. Quality assurance systems were in place to regularly review the quality and safety of the service provided. Since our last inspection, the service had improved in all areas and the management team were committed to sustain improvements and drive forward further developments.

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.

People were protected as far as possible from abuse and avoidable harm and where safeguarding incidents had occurred, immediate action was taken to protect people.

Risks associated with people's needs including the environment were assessed, monitored and reviewed.

There were sufficient staff available to meet people's needs. New staff completed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely. Infection control procedures followed best practice guidance.

Is the service effective?

Good

The service was effective.

People were supported by staff that received an appropriate induction and ongoing training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People received support with any associated healthcare need they had and staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People had information about independent advocacy services to represent their views if needed.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good

The service was responsive.

Overall, information available to staff to provide a personalised and responsive service was in place. People received opportunities to participate in some activities.

People were involved as fully as possible in reviews and discussions about the care and support provided.

A complaints procedure was available that informed people of their rights to make a complaint.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to all areas of the service. The management team had a commitment to continually drive forward further improvements.

People received opportunities to share their experience about the service.
There were quality assurance processes in place for checking and auditing safety and quality.

The registration and regulatory requirements were understood and met by the management team.

Kingsbury House Limited

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 was a comprehensive inspection that took place on 4 April 2018 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who was a registered mental health social worker and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion, we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

The inspection was also informed by other information we had received from and about the service. This included previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also sought feedback from the local authority, who commission services from the provider and Healthwatch.

On the day of the inspection, we spoke with four people who used the service for their views. We also observed staff interaction with people, as an additional method to understand people's experience of the care and support they received. After the inspection, we spoke with two relatives for their views.

During the inspection, we spoke with the registered manager, the provider and four care staff. We looked at all or parts of the care records of five people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes, policies, procedures, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yeah, it is staffed 24 hours so that makes me feel safe." We were aware of a recent incident where one person living at the service had harmed another person. The provider took immediate action with the support of external health care professionals, to safeguard people against any further risks. We heard people talking about this incident, it was apparent they were pleased with the action that had been taken to protect any reoccurrence.

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. A staff member said, "We are here to protect people from abuse and discrimination and I've reported concerns to the manager who took action." The management team told us of action they had taken to safeguard people. This included implementing staff disciplinary procedures when concerns were identified in relation to poor staff practice. Staff told us they had received training to support them in keeping people safe and training records confirmed this. The registered provider had safeguarding policies and procedures in place to guide practice. People had access to safeguarding information that informed them how to report any concerns.

Risks associated with people's needs had been assessed and planned for. People told us they had no undue restrictions placed upon them. However, we were aware that people did not use the kitchen but there was no clear rationale as to why this was. We discussed this with the management team who agreed to review this practice and assess people's individual needs.

People had support needs to manage their mental health that at times, could affect their mood and behaviour. Care plans advised staff of how to support people at times of heighted anxiety such as using diversional strategies. We saw a staff member support a person who showed signs of heightened anxiety. The staff member had a calm and reassuring manner, which the person responded well to.

Where people had risks associated with health conditions and life style choices, this had been assessed and planned for. For example, one person had diabetes and a risk assessment advised staff what they needed to be aware of to support the person to remain well. Another person was at potential risk due to their alcohol intake. Their care plan and risk assessment advised staff what to consider in keeping the person safe. In addition, an information leaflet was available to support the person to stop drinking if they chose to. Staff told us how they included people in discussions about how risks were managed and showed an understanding of the importance of this.

People were living in a safe, well maintained environment and there were systems in place to minimise risks. We saw there were systems in place to assess and ensure the safety of the service in areas such as fire and legionella, and control measures were in place to reduce risks. Staff had been trained in health and safety and how to respond if there was a fire in the service. There were risk assessments in place in relation to the risks people faced if they needed to evacuate the building in an emergency. Staff had access to the provider's business continuity plan that advised of the action required should there be an event that affected the safe running of the service.

CCTV was used in some communal areas to protect people's safety. The management team told us of the rationale for this and the action they had taken to have this agreed with people who used the service. We saw some notices were in place advising people that CCTV was in operation but not in all areas. The management team said they would address this immediately.

Since our last inspection, improvements had been made to the deployment of staff. At our last inspection, we found night staff arrangements did not fully protect people against avoidable risks. At this inspection, a waking night staff member had been introduced. Staff told us this change had been very positive. One staff member said, "It's much better, sometimes people can't sleep, they get up and have a chat and a drink, they seem much happier that staff are available."

People were positive about the staffing levels provided. One person said, "Not that long (for a staff member to respond), you do wait longer at night time, we have phones in the bedroom so we can use the phones."

Staff told us they had no concerns about staffing levels and said any shortfalls, were picked up by the staff team and the registered manager. We found staffing levels were sufficient on the day of our inspection. The management team told us how they considered staff skill mix and experience when developing the staff rota. This included a senior member of staff on each shift and included a qualified first aider. They also said staffing levels were increased if there was a need such as health appointments or a change in a person's needs.

People were supported by staff who had been through the required recruitment checks as to their suitability to provide care and support. These included references and criminal record checks. Recruitment files showed the necessary recruitment checks had been carried out.

People received their prescribed medicines safely. One person told us, "Medication is on time yeah." Another person said, "Yeah very prompt, first thing in the morning between 8am and 9am."

We found the ordering, storing and management of medicines followed best practice guidance. An external medicine check had been completed in September 2017 by the local clinical commissioning group with a score of 94%. Where shortfalls had been identified these had been addressed. Staff had the required information to support people with their medicines effectively. We found one exception to this where a person, who had medicines prescribed to be taken as required, did not have a protocol in place. We saw examples of other people's protocols that provided staff with the required information. We discussed this with the registered manager who agreed to address this immediately. Staff had completed medicine management training.

Since our last inspection, improvements had been made with the cleanliness of the service, including improvements to infection control measures. People told us they found the service to be clean. One person said, "Yeah I think so (being clean) no complaints at all about the cleanliness." Another person said, "Yeah it is clean."

Staff were aware of infection control measures and cleaning materials and equipment were found to be available. Cleaning schedules were in place and up to date and we found the service was clean and odour free. Staff had access to policies and procedures on infection control that met current national guidance.

Accidents and incidents were recorded and monitored by the registered manager for action required to reduce reoccurrence. The registered manager told us incidents were infrequent and records confirmed what we were told. Where an incident had occurred we saw examples where support and guidance had been

sought from external health care professionals.

Good

Is the service effective?

Our findings

At our last inspection we found staff had not competed all required training to meet people's needs effectively. At this inspection, improvements had been made and staff told us they had received training when they started their employment. In addition, they had received ongoing refresher training to keep their knowledge up to date. One staff member said, "I'm happy with the training opportunities, I've just signed up to do my level three in the social care diploma." Some staff also told us they had commenced the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to.

The staff training plan and staff files confirmed what training staff had received, this included emergency first aid, food hygiene, fire safety and mental health awareness. Staff told us they received opportunities to discuss their work and review their performance. One staff member told us they were still on their probationary period and the registered manager met with them each week to discuss their work. This staff member said, "The manager is very supportive we have regular meetings, they make sure I'm okay we talk about training needs."

People received care and support based on their holistic needs, preferences and diverse needs. People spoke positively about staff understanding their needs. One person said, "Yeah they (staff) have supported me well in the past and they know what makes me tense and stressed." Relatives were equally confident staff met their family member's needs effectively. One relative said, "[Name of family member] is the most settled they've ever been, they get on well with the staff who have a good understanding of their needs."

People's support needs were assessed using nationally recognised assessment tools and best practice guidance such as needs associated with nutrition. This meant people could be assured their needs were effectively managed and monitored. The provider had policies and procedures that were in line with legislation and standards in health and social care. This included equality, diversity and dignity. Additionally, examples of NHS information fact sheets supported staff awareness and understanding of particular mental health conditions.

People told us they received a choice of meals and drinks. One person said, "Food is lovely, sometimes they can give you too much." Another person said, "They (staff) try to make the best they can, we get enough, I need to lose some weight and they tell me if it is going up and down." The menu was discussed in resident meetings where people were consulted about food choices. We saw people were offered a choice of lunch, including drinks and biscuits throughout the day. We noted and a relative commented on a lack of fruit and vegetables available. Following our inspection, we discussed this with the management team, they agreed to encourage health eating and provide fresh fruit and increase vegetable options. Food was stored and managed appropriately.

Staff worked with external organisations. For example if a person was admitted to hospital relevant information such as a person's prescribed medicines was shared, to support other clinicians in the person's ongoing care.

People were offered support to maintain their health and staff worked with healthcare professionals to support people. One person said, "They (staff) would take me to hospital if they needed to." Another person said, "Yeah I go to see a dentist for my teeth and a mental health specialist when I need to."

The registered manager gave examples of how they worked with external health and social care professional for support and guidance in meeting people's needs. Whilst people's records confirmed this, we identified in one person's care records where it was not clear what follow up action had been taken with two health needs. The registered manager was able to provide this information, meaning this was a recording issue.

Since our last inspection, some communal furnishings had been replaced such as a dining table, chairs, and lounge chairs. In addition, bathrooms had been refurbished and an action plan showed plans were in place to replace some carpets and bedding where required. Some people smoked and had access to a smoking area at the rear of the property. An extension to the property that created another room for either office space or a second lounge had been completed.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us they were involved in discussions and decisions about their care. One person said, "Yeah they (staff) respect my wishes." Relatives told us they were confident their family member was involved as fully as possible in their care. They also told us they were consulted and felt involved. One relative said, "Communication is good, the manager contacts me to share any changes or concerns, we work together."

People's care records confirmed their mental capacity to consent to their care and support had been considered. We did discuss with the management team the need to consider people's fluctuating capacity during periods of mental ill health. The management team told us they understood the need to complete mental capacity assessments and best interest decisions during these times. Staff demonstrated a good understanding of the principles of MCA and were aware of one person who had an authorisation in place to restrict them of their freedom and liberty.

Good

Is the service caring?

Our findings

Three out of four people told us they were happy living at the service. One person said, "I am happy here yes." Another person said, "Yes I am happy, the manager is very nice, you can talk to her on any level." A third person said, "Yeah they (staff) are kind towards me and caring." Where a person expressed some feelings of being dissatisfied with the care they received, this was discussed with the registered manager who agreed to follow this up.

Relatives were positive about the care and support their family member received. One relative said, "[Name of family member] is very settled, it's the first time in many years. They get on well with others and any issues are dealt with well."

People told us they felt staff were approachable and supportive. One person said, "Yeah I can approach them if I need to yeah." Another person said, "Yeah I could (speak with the staff about any concerns), I spoke to staff during the time we had a very challenging resident."

When talking with staff they demonstrated they knew and understood people's needs, routines and what was important to them. Staff told us about a person who liked to pray, this was understood by staff to be very important and this was respected. Staff also showed an understanding of people's diverse needs in relation to their heritage and cultural backgrounds. Staff's approach clearly demonstrated they appreciated people's differences and they treated people's values, beliefs and lifestyles with respect.

We observed staff interacted with people in a polite yet friendly manner. Jovial exchanges were shared between staff and people who used the service, indicating people were relaxed within the company of staff. We noted how staff respected people's different needs and how they were sensitive in how they approached and responded to people. For example, some people responded well to a quieter, calm tone of voice during verbal communication. Whilst others responded well to a relaxed, jovial communication exchanges.

People told us they were involved in opportunities to discuss their care and support. One person said, "I've sat with staff to write my care plans, they let me read them or read it to me and then I sign it." Another person said, "I am involved with my care plan, they (staff) discuss it with me." A relative told us they were confident their family member received opportunities to express an opinion about how they wished to spend their life. This relative said, "Yes, [name of family member] is absolutely involved, there are meetings arranged and one to one opportunities to talk with staff where they can raise any issues."

Staff told us they supported people to make choices about how they spent their time and involved them in discussions and decisions. One staff member said, "We make sure people have opportunities and are involved in deciding how they live their life, it's important people feel listened to and valued."

People told us staff respected their privacy and dignity. One person said, "Yeah they (staff) leave me if I need to be on my own and don't disturb me." Another person said, "Yeah I'm treated fairly and respected."

Staff told us how they respected people's privacy and understood the important of this. One staff member said, "Every person is different, when people choose to remain in their room we check they are okay but respect this is their personal space." Another staff member told us how they maintained confidentiality. This staff member said, "We don't discuss openly any personal information about a person, we speak with people on a one to one basis about anything personal to them."

People told us staff supported them to maintain their independence. One person said, "I did do the cooking for a while, I knew a patient who was on a course at a local centre. I wasn't well myself so couldn't join them at the time, they (staff) have said I can join courses now if I want but am not sure I want to yet."

Staff told us how they encouraged people to maintain their independence with daily tasks. We observed people taking their own laundry to the laundry room. We saw a person hoover up after breakfast and lunch. People told us how they accessed the local shops and on the day of our inspection, two people went to the local pub, they said this was a regular occurrence that they enjoyed to do. One person said, "We go for a couple of pints at the local."

Good

Is the service responsive?

Our findings

Following an assessment of a person's needs, care plans were developed with the person and their relative where appropriate. Care plans covered a range of areas showing an holistic approach in meeting people's individual needs. This covered physical and mental health needs and well-being. Additionally, information was available to inform staff about people's background, skills, interests, likes and dislikes. One staff member told us they found information detailed and assisted them to understand important information about people's needs.

Staff told us they provided some activities during the week and that they encouraged people to participate in these but said people's participation was very variable. One staff member said, "We have an activity timetable and the day of the activity, we put a notice up to remind people but people's participation depends on their motivation on the day. People will agree to join in but then change their mind."

People told us that they did not do any type of paid or voluntary work or attended any type of community activity or leisure or recreational activities. One person said, "I like to do arts and crafts, I can do different things that I like." Another person said, "I like to listen to music." A third person said, "I like shopping and dining out in cafes, I think I am supported to do the things I like." We noted in people's care records they had been asked if they had any activity interests or wishes they wanted to pursue. Where people had expressed a preference, this was recorded and supported. For example, one person said they wanted to go to the pub for a daily pint and on the day of our inspection, we saw that they were supported to do this.

On the day of our inspection, people were not offered any choice of activity. However, people told us staff were responsive to their needs. One person said, "If I want time individually with staff they will offer it me." Whilst staff interaction was positive, staff did not spend time with people other than when they had short exchanges of communication. However, we did see staff sitting with people after tea had been served. Activities that were provided included, card games, pub quiz, sing along, chair games, bingo, baking and arts and crafts. We saw photos of recent activities people had participated in such as a pizza night, cake making and biscuit decorating. In addition, theme events were organised such as bonfire night, St Patrick's day and Easter.

Throughout our inspection day we saw some people went out independently, one person went to purchase the daily paper and was seen reading it, other people watched the television and spent their time doing what they wished, this included spending time in their bedroom and having cigarettes when they pleased. One person said, "I like doing things on my own and they (staff) will ask me what my plans are." The atmosphere within the service was relaxed and calm, good interactions between people who used the service were seen, indicating friendships had been developed.

The registered manager was were aware of their responsibilities in relation to the Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People communication and sensory needs had been assessed and planned for.

People had access to the provider's complaint procedure and they told us they would raise any issues, concerns or complaints. One person said, "I've been told it more than once but know who to speak to if I needed to." Another person said, "Yeah I would complain to European parliament, go to MP (member of parliament)."

We checked the provider's complaint log that showed one complaint had been received; this had been responded to as per the provider's policy and procedure.

People's end of life wishes had been discussed and planned with them but at the time of our inspection, no person was at the end stage of their life.

Good

Is the service well-led?

Our findings

During our inspection in April 2017, we identified a breach of Regulation 17 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had implemented some systems to assess and monitor and improve checks on quality and safety. However, these were not as effective as they should have been. At this inspection, we found systems in place to monitor quality and safety had improved.

Systems and processes to check on quality and safety included daily, weekly and monthly monitoring of housekeeping and infection control, health and safety and medicines management. Maintenance checks were also completed on equipment and the environment. We noted where improvements were required an action plan was developed that described the timescales of action required. This was good practice and enabled the provider to have continued oversight of the service and any shortfalls that needed improving.

We noted the service received a food hygiene inspection by the local authority food standards agency in September 2017. The service was awarded a rating of Five stars the highest rating to be awarded.

People spoke positively about the registered manager, they told us they felt able to speak with them, and that they were approachable and responsive. People also told us there were resident meetings arranged where they could give feedback and make suggestions. One person said, "I've attended residents meetings, it can make a difference." Another person said, "Have attended in the past, there is a response to what we say, we can discuss and change the menu's in the meetings."

We looked at the last resident meeting records dated March 2018. We noted the purpose of the meeting was to share changes happening within the service such as staffing, menus and activities. The registered manager also encouraged people to share any concerns or complaints and invited people to speak with them in private if they preferred. In addition, annual surveys were sent to people who used the service as an additional method to gain people's feedback. The last survey was completed in December 2017. This meant people were actively encouraged to participate in the development of the service; demonstrating people were respected and involved.

Staff were positive about working at the service, they said there had been some recent staff changes but this had been positive. One staff member said, "We get on well as a staff team, we support each other and the manager is very supportive." Another staff member said, "I enjoy working here, all the staff are good, it's uplifting supporting people." They added, "The manager is very fair, firm and supportive, they are very knowledgeable and are always in touch even when they are not here." A third staff member said, "I have no concerns about working here, people get treated really nicely and staff go out their way to provide the best." Staff meetings were arranged to exchange information, discuss people's ongoing needs and actions required to maintain standards and make improvements.

The provider was meeting their registration requirements; they had an experienced registered manager and they informed us of significant events that affected the service as required. The last inspection ratings were

displayed as required.

The registered manager worked with external organisations seeking out support and guidance when required, to achieve good outcomes for people. The registered manager supported staff to develop and reviewed their practice to ensure they were competent, and followed best practice guidance. The registered manager told us they kept their practice and knowledge up to date in good practice guidance by subscribing to publications in social care, reading the National Institute for Health and Care Excellence guidelines, Skills for Care, CQC updates and received medicine alerts from the local clinical commissioning group.