

Kingston Farmhouse Carehome Limited

# Kingston Farmhouse Care Home

## Inspection report

Beatrice Avenue  
Whippington  
East Cowes  
Hampshire  
PO32 6LL

Tel: 01983295145

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kingston Farmhouse Care Home is a care home and is registered to provide accommodation and personal care for up to nine people and predominantly supports people living with a learning disability. At the time of the inspection there were nine people living at the service.

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

People told us they enjoyed living at Kingston Farmhouse and they felt supported by staff who knew them well.

Staff had received training in safeguarding and understood their responsibilities. People were protected from abuse and there was an open culture, where staff supported people to express any concerns. People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Staff had received appropriate training and support to enable them to carry out their role safely. There were enough staff available to provide person centred care to people. Safe recruitment processes were followed, and people were involved in the process, to ensure they had a say in who worked in their home.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The outcomes for people using the service promoted choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to be involved in decisions about their own lives and gain new skills.

The provider had systems and processes to monitor quality within the home. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

There was a complaints procedure and people and their relatives knew how to complain and were confident that if they raised concerns, these would be acted on.

People, their families, staff and external professionals all told us that the registered manager was very supportive, and the home was well led.

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 and update

The last rating for this service was requires improvement (published 30 April 2019) and there were three 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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Farmhouse Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Kingston Farmhouse Care 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 conducted over two days by one inspector. Following the inspection, an assistant inspector made phone calls to people's relatives.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 18 hours' notice of the inspection. This was because we needed to be sure that the people living in the service were prepared for our visit, to reduce the impact on their wellbeing.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care staff and care staff.

We reviewed a range of records. This included five people's care records and four people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, audits and policies and procedures were reviewed.

#### After the inspection

We spoke with four relatives. We sought feedback from the local authority and professionals who work with the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from abuse and improper treatment, which was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff knew people living at the home well and understood how to protect them from abuse. They were able to recognise any changes in people's behaviour quickly and provided the right support at the right time for each person.
- Staff had received training in safeguarding, understood their responsibilities and told us they would report safeguarding concerns in line with the provider's safeguarding and whistle-blower procedures. One staff member told us, "I would report any concerns to the senior staff or [registered] manager, but if nothing happened, I would report to the [local authority] safeguarding team or CQC."
- People told us they felt safe and we observed positive relationships between staff and people, which demonstrated people trusted the staff. One person told us, "I can talk to staff when I am feeling worried and they have really helped me." Another said, "I feel safe and staff help me."
- Relatives told us, "Yes definitely [feel my relative is safe]. I felt safe both with covid and I know they're [relative] safe" and "Oh yes [they are] absolutely [safe]."
- The provider had policies and procedures in place for investigating and reporting safeguarding incidents. We reviewed records of incidents and saw action had been taken where required and was reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, managed and were regularly reviewed. Staff supported people in line with the risk assessments in their care plans. For example, where people had nutritional needs, actions had been taken to minimise risks, whilst promoting independence.
- The registered manager and staff team supported people to engage in positive risk taking and helped them to understand and recognise potential risks to themselves. For example, one person had been supported to increase their independence and develop life skills for more independent living. This meant they were able to plan the next stage of their life using their new skills and independence, whilst having an improved understanding of any potential risks.
- The home environment and equipment were safely managed and maintained to a safe standard. Health and safety audits identified when maintenance work was required, and the provider ensured that work was completed in a timely way.

- The registered manager had worked well with external professionals to ensure staff had up to date training and information about the COVID-19 pandemic. An external professionals told us, "The [registered] manager and her team were very responsive to some infection control training we offered via the clinical commissioning group [CCG], last May and we have always found the manager to be engaging and will contact us if she needs any support."
- Fire safety risks had been assessed. People were supported to participate in fire drills and staff had received fire training. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

#### Staffing and recruitment

- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People living at the service were supported to be involved in the recruitment of new staff. For example, they had recently spoken to a potential new member of staff using a video call and were asked their views on the suitability of staff prior to any job offers. This meant people had an active role in deciding who supported them in their own home.
- Staffing levels were based on the needs of the people living at the service and there were enough staff to safely meet people's needs. We observed staff had time to support people with individual and group activities and to provide emotional support when needed. A relative told us, "I feel there are plenty of staff."

#### Using medicines safely

- People received their medicines safely.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Person centred information was available to staff describing how people preferred to receive their medicines; what the medicines were for, any potential side effects and what action staff should take if a person experienced any adverse conditions. Medicines protocols were in place for 'as required' (PRN) medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



#### Learning lessons when things go wrong

- Accidents and incidents were accurately recorded, and prompt action taken, where needed. The registered manager reviewed all accidents and incidents to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to operate effective governance systems which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems and processes had been improved to ensure good governance. The registered manager reviewed audits to ensure they were consistently completed. If any areas for development and improvement were identified, prompt action was taken.
- The service had clear and effective systems in place to identify and manage risks to the service and drive improvement. These included an increase to weekly staff meetings, which enabled them to share any updates throughout the coronavirus pandemic and discuss any changes to people's needs. A staff member said, "I can't fault the manager, she has gone above and beyond in this pandemic and made sure we have all the information we need to keep people safe. We have had really good communication and information."
- Staff had been supported to understand their responsibilities to meet regulatory requirements, through recognising best practice guidance and regular training. A staff member told us, "We always talk about any ideas we [staff] have or if we have concerns." Another said, "[Name of registered manager] is always supportive and has made sure we have all the equipment and information we needed throughout this last year."
- The provider had policies and procedures in place to ensure a good standard of care was delivered. For example, there were policies on safeguarding, whistleblowing, complaints and infection control.
- There was a clear structure consisting of the providers, the registered manager, a senior team leader, other staff with lead roles such as infection control, and the staff team. Everyone was clear about their role and those of others.

At our last inspection the provider had failed to notify CQC of incidents which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required. The previous rating was displayed prominently within

the home.

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

- There was an open and transparent culture in the home and people had been supported during the coronavirus pandemic, to understand what was happening. People were able to have regular open conversations with staff they knew well. We observed positive relationships where emotional support and guidance was always available.
- People received person centred care and support to increase their independence and were supported to access their local community, although this had been impacted by restrictions through the coronavirus pandemic.
- All relatives we spoke with were positive about the service their loved one received. One relative said, "It's [home] absolutely excellent in every way. I've never come across a place where they're all so well looked after."
- People's views were regular sought by the registered manager and staff team. There were regular resident's meetings and one to one discussions, where people could express the goals they wanted to achieve, raise concerns or make suggestions for things they wanted to do.
- Staff told us they enjoyed working at the home and felt involved and supported to do their jobs safely and well. A staff member told us, "I love working here, it is so rewarding. I really enjoy working with all the people." Another said, "I love it so much here, I have no concerns and feel really supported."
- During this coronavirus pandemic people had been supported to maintain regular contact with their relatives through video and telephone calls. In addition, the provider had installed visiting pods in the garden, so that safe visiting had been facilitated throughout the last year. Visiting had now changed and was in line with the current government guidance and people could choose where to spend time with their relatives. Visits were required to be booked in advance and PPE to be worn, alongside social distancing. A person told us, "My [relative] is able to visit and we used the visiting pods in the garden, which were good. It has been ok through lockdown, as I felt the staff were really good at helping me understand the covid rules and how to keep safe."
- Relatives were supported to understand the latest government guidance on visiting in the care home and to have regular contact with their loved ones. Relatives comments included, "I speak to them [person] a couple of times a week and if anything crops up other times, they [staff] let me know", "[I've visited] every single week, when I could and I've been able, I've visited when they've allowed outside visiting with masks and the pod and everything is very well organised" and "The [registered manager] is very easy to talk to, if there was anything at all you didn't feel happy about, she's very open, no hesitation."

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

- People had been provided with information in a way that enabled them to understand the risks around coronavirus and other decisions they may make. For example, we saw evidence of information shared in pictures and using clear accessible language which enabled people to develop their ability to make better informed decisions.
- People told us they felt listened to and were active participants in their own lives. One person said, "I really like the staff, they are kind and help me. I love it here. [registered manager's name] is nice, I can talk to her." Another said, "I can talk to [registered manager's name] when I need to, we have chats and she helps keep me on track."
- The service had a private social media group for people and their families to use. People told us they enjoyed making sure they took photographs of things they had been doing during each week, so they could share them with their families. They were supported to access the social media page and read the

comments their relatives had made. During the inspection we observed one person supporting other people to look at the weekly update that had been posted on the social media page, which they were all clearly enjoying. This meant people were all involved and could see what their relatives had said.

- The provider sent quality assurance questionnaires to relatives annually. We observed responses from relatives from the last questionnaire in 2020, which were all positive. Comments included, 'The [coronavirus] crisis has been explained to clients in such a way that they all understood without being afraid, thus showing confidence and trust in the staff, beyond my personal expectation', 'The quality of support at Kingstone Farmhouse during these dark days has been outstanding' and '[Person] is so happy there, I can't remember them ever being this happy, thank you.'
- Staff told us they felt supported and had their ideas and any concerns listened to. A staff member said, "We have supervision really regularly and can always talk about any ideas we have or if we have concerns." Another said, "It is such a supportive team here."
- People were supported with regular reviews of their care and support needs and had open discussions about how they were feeling, which had been particularly important during the last year, through the coronavirus pandemic.

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 provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. We reviewed records and saw that there was an open and transparent approach when things went wrong, which demonstrated that the duty of candour policy was understood and followed when required.
- Relative's told us they felt informed and were told when incidents happened so they could support any changes that may be needed. One relative said, "If there's been any problems at all with my [relative] they've phoned me up and we've discussed it and discussed what and how they were going to deal with it. I've supported them as well. They're [staff team] always responsive straight away."

Continuous learning and improving care

- The registered manager used their quality assurance processes to review safeguarding concerns, accidents and incidents. Information was analysed and action taken where needed.
- Where incidents or accidents had occurred, information was shared with staff during handovers, staff meetings and supervision.

Working in partnership with others

- Staff worked with external agencies to improve outcomes for people such as GP services, social workers and community learning disability services.
- The registered manager told us they had found the local authority and the NHS clinical commissioning group very supportive and helpful throughout the coronavirus pandemic, providing up to date information and support to ensure government guidelines were met.