Kingsbury House Limited

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Inspection report

103-105 Mansfield Street
Sherwood
Nottingham
Notts
NG5 4BH

Tel: 01623798656

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 10 April 2017.

Kingsbury House provides accommodation and personal care for up to 19 people living with mental health needs. On the day of our inspection there were 19 people living at the service.

Kingsbury House is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

Staff were aware of the safeguarding adult procedures to protect people from abuse and avoidable harm. Risks associated to people's needs had been assessed and planned for. However, there was no risk assessment completed for contractors that were on site during our inspection visit. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. Some concerns were identified with the arrangements of night time staffing that meant people were not always fully protected from avoidable harm. Safe staff recruitment processes were in place and followed. Some health and safety issues regarding the environment were identified. Action was required to improve how medicines were managed.

Staff training requirements had not been monitored appropriately. Staff had received an induction and opportunities to discuss and review their work. People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People's choice of supper time had been restricted.

People's healthcare needs had been assessed and staff offered support to people to maintain their health. Staff worked with healthcare professionals to support people.

Staff were kind and respectful towards the people they supported. Staff had an understanding of people's individual needs, routines and what was important to them. People's diverse needs were known and understood by staff. People received opportunities to discuss their support needs. People had information to inform them of independent advocacy services.

People accessed the community independently and chose how to spend their time. Some group and social activities were provided by staff that people enjoyed. Staff promoted people's independence such as encouraging people to participate in some domestic tasks. A complaints policy and procedure was available and people knew how to make a complaint if required.

The provider enabled people who used the service and their relatives to share their experience about the service provided. The provider had checks in place that monitored the quality and safety of the service.

However, these were not as effective as they should have been; shortfalls identified at this inspection had not been identified.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Night staff arrangements did not fully protect people against avoidable risks. Safe staff recruitment procedures were followed.

The management of medicines required some improvements to ensure people were appropriately supported.

Dining and lounge chairs were found to be unclean and in need of replacing.

People were protected from abuse and avoidable harm because staff understood what action they needed to take to keep people safe.

Risks associated to people's needs had been assessed and planned for.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not competed all required training to provide an effective service. Staff received opportunities to discuss their work and review their performance.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed. Information available to staff about how to meet people's mental health and behavioural needs was limited.

People received choices of what to eat and drink.

People were offered support to maintain their health and staff worked with healthcare professionals to support people.

Is the service caring?

Good

The service was caring.

Staff were kind and respected people's privacy and dignity.

People were involved in discussions about their support.

People had access to independent advocacy information.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Information available to staff to support them to provide a personalised service was limited.

Care needs were not always fully planned for or responded to appropriately.

Some activities and social opportunities for people were provided.

People had information available about how to complain and were confident to raise concerns or complaints if required.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor and improve the quality of the service provided, however, they were not effective.

People and their relatives had opportunities to be involved in the development of the service.

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 inspection took place on 10 April 2017 and was unannounced. The inspection team consisted of one inspector 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.

Before the inspection we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided. We received information from a community mental health team and Nottingham City Council.

On the day of the inspection visit we spoke with six people who used the service and one visiting relative for their feedback about the service provided. We also observed staff interacting with people to help us understand people's experience of the care and support they received. We spoke with the registered manager and two 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. These included policies and procedures, records of staff training, the management of medicines and records of associated quality assurance processes.

After the inspection visit we spoke with two relatives and a senior care worker for their feedback about the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service did not raise any concerns about the availability of staff. One person said, "Usually someone (staff) is around." Another person told us, "There's an intercom system available day or night, if I want to know what is for lunch then I can ring, there are always staff on the end of the phone." Some people chose to spend a large amount of time in their bedroom and an intercom system was in place to enable people to contact staff in other areas of the building.

Relatives told us that whilst there were staff on duty they felt they had limited time available to spend with people due to being busy completing domestic tasks.

We observed staff were busy completing domestic tasks which impacted on their availability to spend time with people. We spoke with the registered manager and staff about staffing levels. We were told that there were two staff on duty during the day, with the registered manager present at least three days a week. Staff told us that two staff were present at night but both were asleep. A notice on the front door advised people of when the door was locked and unlocked. Staff told us that if people wished to leave the building or return after these times, they were given a key to the door so they could come and go as they pleased. People confirmed this to be correct. One person told us, "Definitely able to do what you want, going out for the night they [staff] give you a key."

The registered manager told us that they reviewed people's dependency needs and would increase staffing levels if this was required. We identified one person that had been assessed as requiring close observation at all times, due to the risk of them leaving the building and the potential harm this could cause them. We were concerned that this person was at potential risk at night due to no awake staff on duty overnight, and therefore could not assure the person was safe when other people entered or left the building. We discussed this with the registered manager and the local authority responsible for commissioning people's placements at the service. The local authority agreed with the provider a short term solution to this concern with a long term review and plan to be completed.

There were safe staff recruitment and selection processes in place. Staff told us they had supplied references and undergone checks including criminal records before they started work at the service. We saw records that confirmed this. The registered manager said they completed a further criminal record check every three years to ensure staff remained safe to work with people. However, we did not see examples that these additional checks had been carried out as explained to us.

People living at the service told us that they received appropriate support with their medicines. People knew what medicines they were taking and why. One person told us, "I take sleeping medication."

We identified some concerns with the management of medicines. Medicines Administration Records (MARs) were completed for each person. However, not all records included a photograph that identified the person. Information about people's preferences of how they wished to take their medicines were not completed for all people. The registered manager said they were in the process of updating this information.

Records confirmed staff had received training in the administration and management of medicines. However, staff were also required to complete regular competency assessments. The registered manager showed us two assessment records but one was dated 2015 and the second had no date. This meant the registered manager had not assured themselves that people continued to receive their medicines safely. Staff signature examples were found to need updating; this is used to identify which staff had completed MARs.

Some people were administered medicines to be taken as and when required for pain relief or anxiety. However, staff did not have protocols in place to advise them of how to administer these medicines safely, such as what the maximum dosage that could be taken in 24 hours. This is important information that protects people from receiving medicines inappropriately. The room in which medicines were stored was required to have the temperature taken daily to ensure this was appropriate for the safe storage of medicines. Records showed the temperature had not been recorded since 17 March 2017. Whilst the registered manager said that they completed weekly audits of the administration and management of records these concerns had not been identified.

Some concerns were identified with regard to the cleanliness of chairs in the dining room and lounge. Lounge chairs showed heavy signs of wear, including tearing, which made effective cleaning difficult. Dining chairs were found to be dirty. Some areas within the service required maintenance, this included tiles that needed to be replaced in some bathrooms and redecoration in some communal areas. Cleaning schedules completed by staff had not identified the issues we had found. We discussed this with the registered manager and after our inspection; they sent us a refurbishment plan with timescales for the required work, including the replacement of chairs.

People told that they felt safe living at Kingsbury House. One person said, "I feel safe here." Relatives were confident that their family members were supported appropriately by staff to remain safe.

Staff we spoke with showed a good understanding of their role in regard to safeguarding people in their care. They were able to describe the different types of abuse people could be exposed to and the action they would take if a concern was identified. One staff member said, "I would report any concerns to the senior or manager and take it further if I needed to." Staff told us they would use the provider's whistleblowing policy if concerns were not acted upon. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff were also aware they could raise concerns with the local authority. However, they said they had confidence the registered manager would deal with any safeguarding issues raised to them.

The registered manager told us about the action they had taken as a response to safeguarding incidents. Records confirmed that they had reported incidents appropriately to external agencies as required and had taken action to reduce further risks. People told us that there were no restrictions placed upon them and that they had freedom and choice about how they spent their time.

Staff had information available of the action to take should there be an event that affected the safe running of the service. This included a business continuity plan and personal evacuations plans for people had been completed. When accidents or incidents occurred staff recorded what had taken place and what action they had taken in response. The registered manager told us how they reviewed these documents to check appropriate action had been taken and if there were any themes or patterns that required further review or action. Records showed that the fire and rescue service had completed a follow up visit in January 2017, to ensure required action had been completed following a previous visit to the service. Records confirmed all appropriate action had been taken.

Risks associated to people's needs had been assessed and planned for. For example, some people smoked and a risk assessment had been completed to describe how they could do so safely. Some people had diabetes and a risk assessment advised staff of how to support anyone with this health condition. This included the signs and symptoms indicating a person was unwell and the action required of staff. However, risks to the environment had not always been assessed appropriately. For example, during the day of our inspection visit we observed external contractors were present and a person who was at risk of leaving the building left the building through an open door. Staff were alerted by the contractor that the person was near the main road and staff supported the person to return. We asked staff if a risk assessment for the presence of the contractors had been completed, staff told us and the registered manager confirmed, a risk assessment had not been completed.

Requires Improvement

Is the service effective?

Our findings

The staff training plan showed gaps in refresher training completed by staff. Refresher training is important to keep staff skills, knowledge and best practice up to date. Some staff had not received training in key areas that may have affected their ability to provide effective care and support. For example, the training plan showed three out of six staff had not received training in emergency first aid and infection control. Four staff had not completed mental health awareness training. We also noted that the provider had identified staff required training in dignity and respect however, no staff had received this training. Equality and diversity was also identified as a training requirement but half of the staff team had not received this training. We discussed this with the registered manager who agreed to take immediate action to provide staff with the required training.

People we spoke with were positive about the staff that supported them and said they felt staff knew them well and how to support them. Relatives were also confident that staff knew their family members' needs. One relative said, "The seniors are a lot more experienced than other staff. [Name of family member] can speak up and will do if they are concerned about their support." Feedback from external healthcare professionals included, "Generally staff seem to have an understanding of the client's mental health needs and symptoms."

Three staff were working towards gaining a level two diploma in health and social care and new staff told us they had received an induction when they commenced their role. One staff member said, "The induction was good, everything was explained to me."

The registered manager told us that they met with staff to discuss their work and review their performance, when asked about the frequency they said, "As often as I can." Staff confirmed they had meetings with the registered manager. One staff member told us, "We have meetings every three to four months and a yearly appraisal. The meetings are helpful; we can ask any questions and raise any concerns." We saw records of staff supervision meetings held in January and April 2017 as described to us.

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. We checked whether the service was working within the principles of the MCA.

We found an example of where a person lacked mental capacity to consent to a specific decision and appropriate action had been taken. This included making a best interest decision on behalf of the person. However, the records of decisions made did not always record who external to the service had been included in these discussions. We discussed with the registered manager the importance of clearly documenting how decisions were made. We were aware that some people's mental capacity could fluctuate due to their mental health needs but this was not reflected in their care records.

We found people had signed their care plans as a method to show that they had given consent to the care and support they received. People confirmed that they were asked for their consent before support was provided. Through our observations we saw staff gave people choices and respected and acted upon decisions made.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had made a DoLS applications to the Local Authority due to some restrictions that were required for a person in order to keep them safe. Records confirmed what we were told.

People may not receive the support they need to manage behaviours that some people may find challenging. The staff training plan showed five out of six staff had not completed training in managing challenging behaviour. Feedback from external healthcare professionals told us that staff struggled to cope with certain behaviours from some people who used the service.

People's care records showed that some people had particular mental health needs that could affect their mood and behaviour. For example, it was stated in the care records for a person who had a diagnosis of schizophrenia that they needed support when not feeling well. Another person was described as having agitated depression. Staff showed a level of awareness of what this meant and the support required. However, there was no written explanation and guidance to support staff in order to effectively support either person when they were unwell. Written information is especially important for new staff unfamiliar with people's needs. It also informs staff on how to provide people with consistency and continuity in their support.

People told us that they were happy with the meals provided. One person said, "The food is very good." Another person told us, "The food okay, good. (We have an) option to buy your own, staff will cook it for you." This person added, "They (staff) have let me cook when supervised, toast or omelettes but I am not very good with the microwave." A third person said, "We have coffees, ham sandwiches and jam, I enjoy meal times."

We saw people had access to a four week menu. Staff said that people were consulted about the menu in residents meetings. Records dated April 2017 confirmed this to be correct. Some people had diabetes and staff told us what this meant, and what support people required with their dietary needs. We found care plans also provided staff with information about people's dietary and nutritional needs.

We observed people were offered a choice of drinks and biscuits throughout the day, however one person said they did not like the choice of biscuit offered. We asked if fresh fruit was available as we saw none on display for people. The registered manager said there usually was but that a fresh supply was required. We observed the interaction of staff at lunchtime with people and saw staff offered people two options on the menu. Staff ensured that people made the most of the options and alternatives available.

We noted that no person entered the kitchen to make themselves snacks or drinks and it was not clear from talking with staff if people were supported and encouraged to do so. Some staff said people did not use the kitchen due to safety reasons; whilst the registered manager said some people did use the kitchen under supervision.

We checked food stocks and storage to ensure these were being managed appropriately. Whilst staff said that food was dated when unopened to check it was still fit to eat, we found food was not dated as

explained to us.

People told us that they had access to healthcare services to monitor their health. One person said, "I manage to see the doctor once a month okay." Another person told us, "I am going to the doctor this afternoon, I can walk there." A third person added, "Opticians come in every three months, chiropodists come in but we pay for that." Relatives were satisfied that staff supported their family member to maintain their health.

Staff told us about external healthcare professionals that supported people and themselves, in the care and support of people living at Kingsbury House. External healthcare professionals told us that communication with the service was good.

Good

Is the service caring?

Our findings

People who used the service were positive about the approach of staff. who they described as caring. One person told us, "Yes very caring." Another person said, "I think they are very caring." This person added, "They will ring your intercom if they have not seen you all day."

Relatives were positive about the approach of staff. One relative said, "The staff are very friendly and welcoming." Another relative told us, "My relative is very happy and contented; they are relaxed living at Kingsbury House." All relatives talked about the importance of familiarity and routine for their family members and said that staff were aware of their preferences and what was important to them.

A comment made by several relatives was that they would like staff to have more time to spend with people. One relative said, "The staff do exceptionally well with caring for people, this is not a criticism, but my ideal would be for staff to spend more time with [name of family member]."

People were not always provided with opportunities for positive and meaningful interaction. We observed numerous shouts from staff from the kitchen to people in the lounge asking about choices of meals and drinks. Whilst this was not a deliberate and unkind action, it showed a degree of lack of thought and respect towards people. We noted a staff member asked people what activity they would like to do at the weekend. Two people were vocal in expressing their opinion which the staff member immediately responded to and confirmed their choice of activity would be provided. However, another person sat very quietly and was not consulted or encouraged to express their opinion. This person was observed to sit all morning in the same position with very limited interaction from others.

Whilst we observed there was limited interaction between staff with people, interaction we did see showed that people were relaxed within the company of staff. Friendly and jovial exchanges were seen that showed positive relationships had been developed.

Staff demonstrated they knew and understood people's preferences and spoke positively and complimentary about the people in their care. We observed a member of staff sit and talk with four people present in the lounge for approximately five minutes. Knowing that someone liked a particular program on the television they ensured the correct programme was on for the person.

We asked staff how they ensured people's diverse needs were understood and met. This included people who may have identified themselves from the lesbian, gay, bisexual and transgender community. Staff demonstrated that people's uniqueness was known and understood and that discrimination towards the differences of people was not accepted or tolerated. One staff member said, "We respect people's individual needs and preferences and provide care that is personalised to them, including their rituals and behaviours."

People told us that they received opportunities to be involved in discussions and decisions about how they received their support. One person told us, "There is a good care plan in place, staff regularly read it to you, if

you agree you sign." Another person said, "I am asked about my care plan a few times a year."

Relatives were positive that their family member was involved as fully as possible in their care and support. One relative said, "Staff always consult and involve [name of family member], they talk to them at the right level, it's a two way thing and staff are good at involving them."

We found examples from people's care records where they had been involved in discussions and decisions which had been respected and acted upon. For example, some people liked to self-medicate and this had been respected and supported.

People had access to information about independent advocacy services should they have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There was no person who used the service that was currently being supported by an advocate.

People told us that staff treated them with dignity and respect and that their personal space and privacy was also understood and respected by staff. One person told us, "Staff respect our privacy, if we are in our bedrooms they don't disturb you, they may use the intercom to check you are ok."

Staff gave examples of how they respected people's dignity and privacy. This included knocking on people's bedroom doors and waiting for a response before entering. Staff respected when people wanted their personal space. Staff told us there were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Requires Improvement

Is the service responsive?

Our findings

We looked at a person's pre-assessment. This information is important to ensure the service can meet people's individual needs and is a time to consider if additional resources or staff training is required. This information was then used to develop care plans that informed staff of the person's needs and wishes.

We found that one person's care records stated the person required support with personal care due to a risk of self-neglect and the impact this could have on their health and well-being. We checked this person's daily care records where staff recorded the support provided, including assistance with personal care. We found there were no records completed for three days prior to our inspection, and records showed the person had received one shower during a six week period. The registered manager said that this was because the person had refused. However, there was no indication from the records completed if and how staff had offered any support. Additionally, there was no record to show what action had been taken such as seeking support from external healthcare professionals. This meant that there was a risk that the person's identified support need with regard to personal care was not being appropriately managed.

Feedback from an external healthcare professional told us of a similar situation where a person had refused to engage in a daily living task. Staff had not considered this to be a concern and had taken no action to resolve the issue until it was suggested what action they could take to support the person.

A person's care record stated that they had a lack of orientation due to needs associated with confusion and forgetfulness. There was no signage around the building to support the person such as where their bedroom was. Whilst we noted that they were able to identify where their bedroom was located, during periods of high anxiety this may impact on the person's ability to do this. Where people had particular health conditions, information fact sheets were found in people's care records to support staff's awareness and understanding.

People told us that their preferences, routines and choices were respected by staff. We found people's care records had limited personal information about people's history and what was important to them. The registered manager said that they had already identified that this was an area that required developing. They showed us a document called 'Life Story book' they were in the process of completing with people that recorded this information. We saw in one person's care record that their goal was to receive rehabilitation to regain enough independence to return to the community to live independently. However, there were no plans in place to advise staff of the action required to support the person to achieve their goal. This told us that people's hopes and aspirations were not fully planned for and that this could impact on their outcome.

People told us they were involved in discussions about the support they received. One person said, "We have regular meetings to discuss our care." We found people's care records did not show the frequency or outcomes of these discussions. This meant it was not clear how staff had involved people and if they had responded and acted upon people's wishes.

People told us how they spent their time, for some people this was accessing the community independently

to engage in activities they enjoyed. For example one person attended a place of worship on a regular basis as this was important to them. A second person said, "I like reading I have plenty of books, I'm self-taught and I like shopping." Another person told us, "Staff tried to encourage me to have e-cigarettes but I'm not ready yet." A fourth person added, "I like pub quizzes we do at the weekend here." Relatives told us that whilst they would like their family member to engage in activities, they were aware it was difficult for staff to provide the time to support people or that people lacked motivation to get involved in the activities on offer.

Staff told us that they provided a group activity such as bingo or a quiz at the weekend which people enjoyed. During the day of our inspection visit we saw a staff member gave some people a choice of activity for the upcoming weekend. We noted on display was the activity provided the weekend before our visit which was seated exercises. This was then changed to show the following weekend's activity planned which was a pub quiz. Staff told us that whilst they provided some activities and social opportunities for people they often lacked motivation, and sometimes people agreed or requested activities but once they were arranged they declined them.

People told us that they felt able to raise any concerns directly with staff, the registered manager or the provider. One person said, "I'm happy to talk with [name] the manager." Another person told us, "Depends on concern, if I was ill I would talk to regular staff, staff change over regularly, [registered manager] is friendly, [provider's representative] was here yesterday and will help you with anything you want doing."

Relatives told us that they felt confident to make a complaint if they needed to. One relative said, "Staff respond really well if [name of family member] has any concerns. They invite them to the office to discuss and work through things. Staff respond very well."

People had information about how to make a complaint. Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that three complaints had been received in the last 12 months. These had been responded to in a timely manner and all had been resolved.

Requires Improvement

Is the service well-led?

Our findings

We identified people were not being protected from avoidable risk of harm due to risks not being assessed and mitigated against. For example, an extension was being built outside to the rear of the property, where people frequently went to smoke, and footings had been dug out. These were exposed with no barrier in place to protect against the risk of people falling in them. There was no risk assessment in place to assess the risks and how these would be managed. On the day of our inspection visit an external contractor visited the service to lay concrete foundations in the extension footings. Staff on duty including the registered manager, told us that they had no prior notice of when the contractors would arrive. Contractors were observed to freely enter and exit without staff knowing who was in the building. This posed a safety risk to people who used the service.

We found that the audits in place to manage quality and safety had not identified the concerns we identified at this inspection. This included some issues with the staffing arrangements provided at night to ensure people were fully protected from any avoidable risks. The management of medicines required some action to ensure people received their medicines effectively. Staff training had not been appropriately monitored to ensure staff had received the training they required to provide a safe, effective and responsive service to people. Health and safety issues in relation to the environment had not been appropriately assessed and managed; this included the cleanliness and suitability of furnishings such as dining and lounge seating. The registered manager acknowledged that the systems and processes in place required improvements and demonstrated a commitment in wanting to improve the service.

Staff meeting records showed these were held three monthly, the registered manager took this opportunity to discuss standards and expectations of staff, including an opportunity to discuss safeguarding and health and safety issues. However, there was limited discussion about what was required to continually improve the service and no action plan that detailed any actions agreed to be completed by whom with timescales. This told us that it was unclear how improvements required to the service was identified and planned for.

The failure to operate systems to assess, monitor and mitigate against risks relating to the health, safety and welfare of people who used the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Some concerns were identified about how people were treated with dignity and respect and that the culture of the service was not as person centred as it could be. For example, we saw a sign on display in the dining area that informed people, "Please order supper by 7pm or we cannot issue you a sandwich or toast." In addition in the kitchen a further sign stated "Can residents only order food if they want it, can't keep wasting food don't come cheap." We were concerned that people were not given the freedom and choice of when they wanted to eat. This did not demonstrate there was a person centred approach. We discussed this with the registered manager who removed the notices immediately.

People's goals and aspirations had not been fully explored with them and when they had, there were no clear plans in place to support people to realise their hopes and dreams. Independence was encouraged to

a degree but people had limited opportunities to choose from occupational activities and stimulation. The additional domestic duties placed upon staff impacted on the opportunities they had to spend time with people.

All the people told us that they were happy living at Kingsbury House. Relatives were positive that their family member was settled and their needs were met. One relative said, "[Name of family member]'s mental health has been stable whilst living at Kingsbury House, which is a very good thing." Relatives were positive that the communication was good between staff and themselves and that they felt there was an open and transparent culture.

The registered manager told us that they sent annual surveys to people who used the service and their relatives to gain feedback about the service. As a result of feedback received in January 2017, the registered manager told us they were developing an activity planner with people of the activities they wished to do. We saw from the resident meeting records dated April 2017 activities were discussed with people. One person had requested a particular board game which we saw was available. Another person requested to do exercises and we saw an exercise activity had been provided by staff at the weekend.

Staff told us that they felt the leadership was good. Staff named a particular senior care worker who was described as, "Amazing, they are very knowledgeable and one of the best staff that work here." The registered manager said that they were clear with staff about their expectations and standards and they used supervision and the provider's disciplinary procedure where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system to regularly assess and monitor the quality of service that people received. 17 (1) (2) (a) (b)