Kingsway (Clayton House)

Kingsway Clayton House Residential Care Home

Inspection report

Clayton House
9-11 Lea Road
Gainsborough
Lincolnshire
DN21 1LW

Tel: 01427613730

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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

About the service
Kingsway Clayton House 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. It provides accommodation for people living with a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people. Eleven people were using the service. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
There was a process in place to carry out quality checks. These were carried out on a regular basis. The home was clean, and staff understood how to prevent and manage infections.

There was enough staff to support people. Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Arrangements were in place to safeguard people against harm. People said they felt safe.

People enjoyed the meals and their dietary needs were catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care. People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

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.

People had good health care support from external professionals. When people were unwell, staff had

raised the concern and acted with health professionals to address their health care needs. People did had access to a range of activities and leisure pursuits.

We saw evidence of caring relationships between staff and people who lived at the home. Staff were aware of people's life history and preferences and used this information to develop relationships. People felt well cared for by staff. Care records were personalised and were regularly reviewed.

The provider had displayed the latest CQC rating at the home and on their website. When required notifications had been completed to inform us of events and incidents.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. More information is in the detailed findings below.

Rating at last inspection
The last rating for this service was Good (published 19 May 2017). At this inspection the service remains rated Good.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will 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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our caring findings below.

Is the service well-led?

Good

The service was well led

Details are in our caring findings below.

Kingsway Clayton House Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Kingsway Clayton is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We inspected the service on 20 November 2019.

What we did before the inspection
Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection
During the inspection we spoke with three people who lived at the service, one care staff, the registered manager and the administrator. We looked at two people's care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

After the inspection
We spoke with two relatives by telephone after our inspection. We continued to seek clarification from the provider to validate evidence found.

Good

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 Good. At this inspection this key question had remained same. This meant people were safe and protected from avoidable harm.

Using Medicines Safely
•Medicine administration records (MARS) did not consistently record when medicines which needed to be given at specific times had been given. This meant it was difficult to monitor dosages.
•Guidance was in place for medicines which can be bought over the counter to ensure people were given these when required. However, one person required'(PRN) 'as required' medicine and a protocol were not in place. We checked the medicine policy and found it did not reflect current best practise for PRN medicines. We spoke with the registered manager who said they would revise the medicines policy.
•Arrangements were available for medicines which require specialist arrangements for storage.
•Medicine records contained photographs of people to reduce the risk of medicines being given to the wrong person.
•Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Preventing and controlling infection
•Infection control systems were effective. The home was clean.
•Staff had access to personal protective equipment (PPE) and used it according to the provider's policy. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak.

Assessing risk, safety monitoring and management
•We found that risks to people's individual safety had been assessed. Risk assessments were in place and these told the staff about the risks for each person and how to manage and minimise these risks. Staff used nationally recognised tools to assess the needs of people who lived at the service.
•People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
•Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Staffing and recruitment
•At this inspection we found there were enough staff available to meet the needs of people.
•People received care in a timely manner and according to their care plans. During the inspection we observed staff responding to people in a timely manner.
•The registered persons had undertaken the necessary employment checks for new staff. These measures were important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Systems and processes to safeguard people from the risk of abuse
•Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
•We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow internally and to external agencies such as the local authority. Records showed that care staff had completed training.
•Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us and the local authority of the action they had taken.

Learning lessons when things go wrong
•Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question had remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•We found the service was acting consistently within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions a decision in people's best interests had been put in place.
•Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
•At the time of inspection there was no one subject to a DOLS.

Adapting service, design, decoration to meet people's needs
•People's bedrooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was in working order.

Staff support: induction, training, skills and experience
•Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
•Where people had specific medical conditions, we observed training had been provided to ensure staff had the skills to support people.
•Supervisions had taken place. These were important because they provided staff with the opportunity to

review their performance and training needs.
•An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Care plans were regularly reviewed and reflected people's changing needs and wishes.
•Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.

Supporting people to eat and drink enough to maintain a balanced diet
•People were given a choice at mealtimes.
•Staff were familiar with people's needs and likes and dislikes.
•Where people had specific dietary requirements, arrangements were in place to ensure people received this.

Staff working with other agencies to provide consistent, effective, timely care
•People's care records showed people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

Supporting people to live healthier lives, access healthcare services and support
•Records confirmed that people received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
•Where people had specific health needs for example gluten intolerant, care plans reflected this and detailed how to meet these needs.
•Care records included oral health assessments and we observed people had access to a dental service if required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question had remained same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
•We found people's dignity was respected. For example, staff asked people if they could enter their bedrooms and spoke discreetly with people.
•Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept securely, and computer records were password protected so that they could only be accessed by authorised members of staff.
•We observed people were supported to maintain their independence. For example, they were supported to carry out and assist with household tasks. We observed staff chatted with a person when they were setting the table and explained who was in for lunch, so they could set the table correctly.

Ensuring people are well treated and supported; equality and diversity
•People were involved in their care planning and expressing their wishes about their care. Staff interacted positively with people who used the service. A person whom we had met at the previous inspection told us they were, "Still happy here." A relative said, "Staff have empathy and look out for people."
•We observed staff knew how to care for people who needed support to prevent any distress. For example, a person became anxious about what they were doing in the evening and we observed staff reassured them and explained calmly. Care records also included information about how to support people when they became distressed.
•Staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided and respected by staff. For example, two people had become engaged whilst staying at the home and staff supported them to maintain their relationship.
•The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. A policy to guide staff was in place and staff were aware of this.

Supporting people to express their views and be involved in making decisions about their care
•People were supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, staff asked people if they needed assistance before providing it.
•Staff gave each person appropriate care and respect while considering what they wanted.
•Most people had family, friends or representatives who could support them to express their preferences. People also had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People's care needs had been assessed and care plans had been regularly reviewed and updated to reflect people's changing needs.
•People were involved in developing their care plans and care plans reflected people's choices. For example, care records explained how people preferred their care to be provided.
•Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
•People had access to hobbies and activities on a regular basis. On the day of inspection people had been out to a local garden centre and were involved with crafts in the afternoon. Arrangements were in place for external people such as PAT dogs and a choir whom people joined in with and sang in public.
•People were involved with organisations in the community for example, assisting with cleaning at the local church and collecting for local charities.
•People told us about recent events which had taken place, one person told us, about their visit to a concert and another about their holiday. Holidays had been organised on an individual basis to ensure people were able to visit where they wanted to.
•We saw people had been supported to make individual photo albums depicting the activities they had taken part in during the year. This helped people to keep their memories and use the books as a prompt for future activities.
•Staff were aware of people's likes and dislikes and used their knowledge to make a more comfortable environment for people.
•People were encouraged to maintain relationships. For example, staff supported one person to attend their relative's wedding. A relative said, "Staff always have time for you."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
•Care plans included information about how to communicate with people. For example, a care record explained how staff should always ask a person if they wanted their hearing aid. Care records also included communication plans for people to use when they visited other professionals.
•Surveys for people who used the service were written in words and pictures to assist people to understand

them.

Improving care quality in response to complaints or concerns
•There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints.
•A policy for dealing with complaints was in place and available to people and their relatives. A relative told us if they had any concerns they would feel happy to raise these with the registered manager.

End of life care and support
•There was no one who required end of life care however the registered manger said that if anyone required this care they would endeavour to provide training and support to staff and liaise with other professionals.

Good

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The provider had systems in place to ensure that action was taken when issues were identified.
•A process for managing quality checks was in place.
•The provider had followed best practice guidance in relation to management of risk, provision of care and infection control.
•The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues.
•The provider had notified CQC of accidents and incidents as required.
•The service had a manager registered with the Care Quality Commission in post.
•The previous inspection rating was displayed in the home and on the registered providers website.
•A system was in place to monitor and analyse accidents and incidents. The information allowed the manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.
•The provider linked with a number of local and national organisation to assist them to provide good quality. For example, they had participated in a local authority scheme to manage risks proactively. We noted that even though the project had ended the provider had continued to use the tools and methods.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•Arrangements were in place to involve people in the day to day running of the home. For example, when decoration took place in both communal and bedroom areas people were asked about their preferences. • Staff were engaged in discussions and the manager had put arrangements in place to facilitate this. Including regular staff meetings.
•Staff told us they thought the registered manager was approachable. They said the registered manager was open and visible and they felt involved in the running of the home.
•Regular house meetings were held, and people were encouraged to be involved in decisions. For example, we saw when the transport required replacement people were involved in discussions and issues such as having to use taxis short term were explained to people.
•Surveys had been carried out with relatives and people who used the service. We observed responses were positive. However, these had not been collated and fed back to people and their relatives.

Working in partnership with others

•The manager worked with other organisations and health and community professionals to plan and discuss people's on-going support within the service and looked at ways how to improve people's quality of life.

•Working relationships had been developed with other professionals, to access advice and support.