CareQuality Commission

HC-One Limited

Kingsthorpe View Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

Kingsthorpe View Care Home is registered to provide accommodation, nursing care and personal care for up to 50 older people. The home is on two floors with various communal areas for people to sit and meet with relatives. There were 39 people living at the home at the time of our inspection.

This unannounced inspection took place on 28 April 2015. At our previous inspection on 10 & 11 July 2014 we found the provider was not meeting all the regulations that we looked at. We found concerns in relation to infection control, care and welfare of people, quality assurance and safeguarding. A warning notice was served regarding quality assurance. The provider sent us an action plan detailing when the improvements would be made by. During this inspection we found that the necessary improvements had been made.

At the time of this inspection the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers,

Summary of findings

they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff treated people in a way that people preferred and there were sufficient numbers of staff to safely meet people’s needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided

Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine administration and management.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

Staff respected people’s privacy and dignity. The majority of staff knocked on people’s bedroom doors and waited for a response before entering. People told us that staff ensured doors were shut when they were assisting them with their personal care.

People’s needs were not always clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way.

People confirmed they were offered a variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these

Effective quality assurance systems were in place to monitor the service and people’s views were sought and used to improve it.>

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Medicines were safely managed and people could be assured that they would receive their prescribed medicines by appropriately trained staff.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good

Is the service effective?
The service was effective.

Staff provided care and support to people in their preferred way. People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good

Is the service caring?
The service was caring.

People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good

Is the service responsive?
The service was not always responsive.

Care records did not always provide sufficient information to ensure that people's needs were consistently met.

Relatives were kept very well informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in line with the provider's policy.

Requires Improvement

Summary of findings

Is the service well-led?
The service was well led

Good

There were opportunities for people and staff to express their views about the service via meetings, discussions with the management and through surveys.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care. question and what it means for people who use the service>.

CareQuality Commission

Kingsthorpe View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 28 April 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and any improvements that they plan to make. We also made contact with NHS continuing health care commissioners and a local authority contract monitoring officer.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 10 people who used the service and four visiting family members. We also spoke with the Operations Director, Assistant Operations Director, the lead nurse, nine care staff, the activity co-ordinator and three housekeeping staff.

We also looked at six people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Good

Is the service safe?

Our findings

People told us that they felt safe because they liked the staff and said that they were treated well. One person said: “The girls [staff] are lovely and yes I feel very safe”. Another person said: “Absolutely I feel safe here”. Relatives we spoke with had no concerns about the safety of their family members.

At our last inspection in July 2014 we found that people were not protected against the risks associated with poor moving and handling and sluice rooms not being locked, which both put people at risk of their health and safety. During this inspection we found that improvements had been made.

All areas of the home were clean and free from malodours. We spoke with two house keepers who explained their cleaning schedules and what they recorded when they had cleaned each area. We found the sluices and cleaning cupboards were tidy and had good stock levels of cleaning equipment and products. All sluice rooms and storage areas were locked securely to protect people from unauthorised access to potentially dangerous chemicals. The house keepers said that they always had the required equipment and supplies available to do their job

Medicines were stored safely and within the recommended safe temperature levels. We saw that medicine administration records were in place and the recording of medication was accurate. There was a system in place for the management of medicines and spot checks were undertaken by a member of the management team, one record showed that the amount in stock was incorrect for one person. We spoke with the person responsible who agreed to conduct a full audit as they had only just returned from leave.

Staff told us they had received training in medicines. Records showed that staff had had their competency checked to ensure they were safely able to administer medicines. Where medicines were administered covertly, (without the person knowing) we saw evidence that it had been discussed with the GP and the family to ensure that this was in the persons best interest. Although a protocol detailing how it was to be administered was not in place. A person said: “I am asked if I would like any pain relief”. Another person said “I get all the medicines the doctor prescribes”. The assistant operations director assured us that detailed protocols would be written to ensure clear instructions were in place for all staff that carry out the administration of medicines and to minimise any errors.

People were provided with information about protecting people from harm or potential harm. This information was displayed in the home so that it could easily be accessed by everyone. Staff we spoke with had an awareness of how to recognise abuse and who they would report it to. We saw that there was information available which provided staff with contact details of the local safeguarding authority. There had been three recent safeguarding incidents and the senior nurse was clear of her responsibilities in regards to informing CQC and the local authority should any incidents occur. Staff we spoke with confirmed that they had received safeguarding training and were able to demonstrate what constituted abuse and what they would do if they were told, saw or suspected that someone was being abused. This meant that people were protected from harm or potential harm as much as possible.

People’s health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, for instance, risks of falling out of bed. We found that alternatives measures were used, for example, the use of bed rails. In addition, where people had been assessed to be at risk of harm, due to behaviours that challenge others, measures were put in place to minimise this risk. For example when a person’s behaviour challenged others there were various distraction techniques available for staff to use.

One member of staff told us about their recruitment. They explained that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

The atmosphere of the home was calm although staff were busy and people were looked after by members of staff in an unhurried way. One person told us that when they called for staff help, “They come.” Another person said: “whilst I sometimes have to wait a while they [staff] do let me know that they are aware that I need help”. A staff member said: “Whilst I think there is enough staff we could always do with some extra help”. Another said: “There are enough staff on the rota today but it is usually ok”. Overall

Good

Is the service safe?

staff felt that there were usually enough staff to cover the work and they had appropriate training and felt supported. How were staffing levels assessed and monitored to make sure that they were flexible and sufficient to meet people's needs.

Good

Is the service effective?

Our findings

People who we spoke with felt staff were trained to safely and effectively do their job. One person told us that the, "Staff are very good." Another person told us that, "Staff are very good and know what help I need." Staff stated that they had the right level of training and support to do their job. One member of staff said: "I have had lots of training and there is always something I can learn".

At the previous inspection in July 2014, we identified that staff had not received all the training and support they required to carry out their roles effectively. During this inspection we found that improvements had been made to staff receiving the required training for their roles.

People's rights to make decisions about their support and care were valued. Where people had been assessed not to have mental capacity, they had been supported in the decision making process. Staff were trained and were knowledgeable in their roles and responsibilities in relation to consent, as defined in the MCA 2005. They gave examples of how they had effectively managed situations when people had been assessed not to have mental capacity. The examples included when people refused support with their personal care and taking their prescribed medication. The assistant operations director advised us that DoLS applications had been submitted to the authorising agencies, but there was a delay in processing and there was a letter in place to confirm this.

All staff we spoke with told us they had received supervision, felt well trained and were supported to effectively carry out their role. Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. Staff told us that they had received a good induction when they started which included up to two weeks shadowing an experienced member of staff who knew the people in the home well. This helped them get to know people's needs and routines.

Health and social care professionals told us that they had no concerns about how people's health and wellbeing needs were met. Support was provided for people to gain access to a range of services to maintain their health. This included bi-weekly visits made by a GP and daily visits made by a community nurse. In addition, people had health support and advice from opticians, local hospitals and community mental health services. One person said: "I see a doctor when I need one and they [the staff] are very good". Another person told us: "I have seen the optician since I came live here and staff will sort out if I need to see the doctor".

Health care professional advice had been sought and had been followed in relation to people's eating and drinking. This included nutritional and swallowing advice from a dietician and speech and language therapists, respectively. We saw that people were provided with special diets, in line with the recorded advice from a healthcare professional.

People had enough to eat and drink and they told us that the food was good. There was a choice of hot meals and a selection of vegetables. One person said to us: "I have never had so much food. It's excellent". Another person who we spoke with confirmed that they had enough to eat and drink and liked the range and choice of menu options. We spoke with the cook who was very knowledgeable about people's dietary requirements and told us that the care staff kept them updated with any changes in people's dietary needs.

We observed the lunch time in two dining rooms. We saw that where people needed support to eat their food, they were assisted by staff in a kind and unhurried way. People were offered a choice of what they would like to eat in a way that they could understand. However, people could dine in their bedroom if they preferred. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their dignity was maintained. This included people being assisted by staff to use cutlery and having their food softened so it was easier for them to swallow. Throughout the visit we saw that staff encouraged and supported people to take fluids. It was particularly noticeable that the people who chose to stay in their bedroom had a drink nearby. Where required, drinks had been fortified with dietary supplements appropriately. Soft diets were attractively presented so that each individual component was identifiable. We saw that staff documented the fluid intake of those people at risk of dehydration. People were weighted regularly and we saw any significant loss or gain in weight was correctly acted upon and referred to a dietician/nutritionist.

Good

Is the service caring?

Our findings

People were happy with the care provided and told us that they received a good standard of care. One person said: "Staff are all very kind" and another said: "The girls [staff] are so kind and they are very helpful when I need it". Positive comments were received from visitors and included: "The staff are always so cheerful and helpful". Another visitor said: "The staff are polite, friendly and caring. They make you feel very welcome when you are visiting". We saw that staff showed patience and gave encouragement when supporting people. For example when assisting a person to walk they gave them instructions about how to use their frame correctly and walked alongside them at their pace.

There was a welcoming atmosphere within the home which was reflected in the comments we received from people, their relatives, staff and visiting healthcare professionals. Relatives said that they were able to visit whenever they wanted to. Relatives said: "We are always made to feel welcome and always get a cuppa when we come in. There are no restrictions on when we can visit".

Staff treated people with respect and referred to them by their preferred names, which had been documented in their care records. We observed that the relationships between people who lived at the home and staff were positive. One person said: "I love the girls [staff] and we have a laugh". We saw that staff supported people in a patient and encouraging manner around the home. We observed a member of staff showing patience by encouraging and reminding someone where they were to go. The member of staff walked with the person at their own pace and reminded them where they were going and answered their questions in a reassuring manner

Staff assisted people to eat their lunch at their own pace which allowed them time to enjoy their food. As staff served people their meals they reminded them what they had ordered and asked if they would like anything else. Staff sat with people and chatted whilst they ate their food. People were asked throughout the meal if they had had enough to eat and if they would like anything else.

All but one member of staff, knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe what people liked to eat and music they liked to listen to and we saw that people had their wishes respected. One relative said: "The staff are second to none, nothing is too much trouble for any of them".

The interim manager was aware that local advocacy services were available to support people if they required assistance. However, we were told that by the interim manager there was no one in the home who currently required support from an advocate Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

We found that some people had chosen to make advance decisions about the end of life care they wanted and did not want to receive. We saw that there were correctly authorised instructions for people who did not want or would not benefit from being resuscitated if their heart suddenly stopped.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in July 2014, we found that improvements were required to ensure people were given opportunities to pursue their hobbies and interests. Care records did not provide complete details of people's care. At this inspection we identified that some improvements had been made.

Relatives told us that staff had kept them informed about their relatives' care and that they could be as involved as they wanted to be. One relative said how they were involved in their relative's care and how their relative received person centred care and was consulted on their own wishes regarding their care and welfare. They said: "They [the staff] always ring me up and let me know when [family member] needs any changes to their care".

We looked at four care plans. They contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. We found that the daily records for one person who had been recently admitted did not contain detailed information about the care that staff provided to meet their needs. The care plan stated 'requires help' and 'has periods of anxiousness' but there was no information/guidelines in place about how the person was to be supported and what action the staff needed to take to support them. We spoke with the assistant operational director at the time and they assured us that a full review of the plan would take place. This meant that there was a risk of incomplete personalised care and support records for people especially those who had recently been admitted.

People said that staff understood the support that they needed and this was provided for them. They said that staff responded to their individual needs for assistance. One person said: "The staff know what support I need but always ask me before helping me". People said that they would be happy to tell staff how they would like their care. One person said: "Staff are very helpful and always do what I ask".

Staff that had worked at the home for a period of time were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff explained to us how they always encouraged people to choose the clothes they wished to wear.

Assessments were undertaken to identify people's support needs and care plans were developed stating how these needs were to be met. The assistant operations director told us how people and their families would be encouraged to visit the home before they moved in. This would give them an idea of what it would be like to live at the home and see if their needs could be met This included the assessment of what level of support people required with their personal care, mobilising and eating and drinking.

We observed people having their lunch and noted that the meal time was relaxed and a social event in the day as people who lived in the service were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered an alternative meal if they did not want what they had chosen or what was on the menu for the day. People were offered a choice of a cold drinks or hot drink after their meal.

We observed that people sat listening to music, reading their newspapers and playing a game of skittles. Relatives and visitors were in the home during the morning and afternoon period. Overall, we saw that people were happy with lots of smiles and laughter and were enjoying what they had chosen to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture, which included a favourite chair and that rooms were personalised with pictures, photos and paintings.

Everyone we spoke with told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no problem speaking up if I have any concerns. Another person said, "Oh yes I would talk to anyone of the carers." A relative said, "I would let them know if we were unhappy, but I have no complaints about the care and support [family member] receives."

Requires Improvement

Is the service responsive?

The home had a complaints procedure which was available in the main reception. There had been two complaints received in the last 12 months. We saw that these had been investigated and responded to satisfactorily in line with the provider's policy. This showed us that the service responded to complaints as a way of improving the service it provided.

Good

Is the service well-led?

Our findings

At our inspection in July 2014 we identified concerns that there was not an effective system in place to monitor the quality of the service. At this inspection we found that improvements had been made.

A registered manager was not in post at the time of this inspection. The operations director, assistant operations director and an interim manager supported the inspection and were overseeing the management of the home. People said that they knew who the assistant operations director was as they had been spending time at the home and they found them helpful. One relative was extremely satisfied with the management of the home. They felt that they could not be more grateful for the work that managers had put in to make improvements to the home and make it a lovely place for their relative to be. They said: "The decoration and the atmosphere of the home has much improved and staff are a lot happier in their work. I can't thank them enough. My [family member] is well looked after and their needs are well met".

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The assistant operations director had a good knowledge of people who lived in the service, their relatives and the staff team. The assistant operations director had put together a comprehensive improvement plan. It had been continuously reviewed to show what had been achieved and what further action was needed to make further improvements to the service.

We saw the assistant operations director talking with people who used the service and with staff. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff told us that they felt supported by the assistant operations director. One staff member said: "We have been through a lot of change over the last few months but I do think it is settling down here now. The assistant operations director has been very supportive". Another said, "There has been a lot of change and uncertainty for staff. I feel like the home is on the up and there are so many improvements that have been made".

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said: "I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn't right." Staff were able to tell us which external bodies they would escalate their concerns to if required.

Staff felt they were provided with the leadership they needed to develop good team working practices. One of them said: "We are a good team. We support each other and are not afraid to ask for help". Another staff member told us: "We all work together and work as a team".

People said they observed good relationships between the staff and the management. One person said: "The staff are very friendly and helpful to each other, it's a very friendly atmosphere".

There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any changes or events which had occurred. In addition, there were regular staff meetings so that staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and that systems were in place to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received and residents' meetings were chaired by the assistant operations director to gather people's views and concerns. People told us they were kept informed of important information about the home and had a chance to express their views. People told us they had been kept updated in relation to the decorations being carried out at the home.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, and health and safety. Where action had been identified this was followed up and recorded when completed to ensure that people lived in a clean environment. The assistant operations director submitted quality indicator reports on a monthly basis to the organisation's senior managers who monitored the home's performance and highlighted any areas for further action

Good

Is the service well-led?

Records showed that the registered provider referred to these reports when they visited the service to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the assistant operations director to monitor training to make arrangements to provide refresher training as necessary. We were told by staff that the senior nurse alongside them to ensure they were implementing their training and delivering good quality care to people.