Kingsway Care Home Limited

Kingsway Nursing Home

Inspection report

Kingsway
Langley Park
Durham
County Durham
DH7 9TB
Tel: 0191 373 6167
Website: www.example.com

Date of inspection visit: 19 February 2015
Date of publication: 12/05/2015

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

Overall summary

We inspected this service on 19 February 2015 and it was unannounced.

Kingsway Nursing Home is registered to provide nursing and residential care to people with mental health needs. The home is can accommodate up to 42 people and is built over two floors. Kingsway Nursing Home is located in the village of Langley Park, close to local shops and a short distance from the city of Durham.

At the time of the inspection there was 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.

Summary of findings

Care plans were written in a person centred way taking account of people's preferences and associated risk assessments were carried out and written in a way that kept people who used the service safe and helped them maintain their independence.

Robust recruitment and selection processes were in place and appropriate pre-employment checks had been carried out to ensure people who worked in the service were not prohibited from working with vulnerable adults.

Policies were in place for prescribed medicines, when required medicines and homely remedies. Staff that dispensed medicines were properly trained and regular checks were carried out to ensure medicines were dispensed, stored and administered correctly.

Regular supervisions and appraisals were carried out and comprehensive records were kept to show what was discussed. Additional supervisions were carried out if required.

People who used the service were cared for and supported in a way that was person centred and individual to their needs. Care plans and risk assessments were regularly reviewed to ensure people's care needs were appropriately managed.

Regular reviews were carried out to ensure people's medicines were appropriate to their needs. Changes to people's medicines and individual care needs were accurately recorded to ensure staff were aware of these.

There was a formal complaints procedure in place and people who used the service were given

information on how to raise a complaint if they wished.

Information about advocacy services was available to people who used the service. People who used the service were supported to access advocacy services.

The provider had a quality assurance system in place which was used to ensure people who used the service were cared for in a clean and safe environment.

Complaints were recorded and where appropriate investigations carried out.

Accidents and incidents were recorded and reported to CQC in line with regulations. The registered manager carried out regular reviews of accidents and incidents to establish if there were any trends.

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?

Good

The service was safe.

Staff we spoke with had been trained to recognise the signs of abuse and were confident about how to report concerns.

People who used the service were given their medicines by staff that had been trained to administer the medication correctly. All medicines in the service were stored, administered and disposed of safely with regular checks being made to ensure stock was accurate.

Staff had received training in infection prevention and control. The service had a good supply of personal protective equipment and staff were seen using this correctly.

Is the service effective?

Good

The service was effective.

People who used the service received care and support which met their needs.

Staff working in the service received training which enabled them to care for and support people who used the service.

Arrangements were in place for healthcare professionals like dentists and chiropodists to visit the service. Referrals were made to outside health services where concerns were identified.

Information about advocacy services was available to people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service were supported by staff that respected their privacy and dignity.

Staff supported people who used the service in a way which promoted their independence.

People who used the service were involved in decisions about their care needs. People's religious and cultural differences were respected.

Regular meetings were held with staff and people who used the service to discuss concerns or suggestions.

Is the service responsive?

Good

The service was responsive.

The service valued people's individuality and people who used the service were supported to maintain this.

The registered manager and staff worked with other healthcare professionals to change care provided in line with advice.

People who used the service were supported to make a complaint and information was available on how they could do this.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was an open door policy in the service and people who used the service, staff and visitors were able to speak with the registered manager or other member of staff when they wished.

Regular checks were carried out to ensure the service, its surroundings and the care provided were kept to a good standard.

Maintenance contracts were in place and testing of emergency equipment was regularly carried out.

Kingsway Nursing 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 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 19 February 2015 and was unannounced.

The inspection was carried out by an Adult Social Care inspector. This meant the provider and staff did not know we would be coming.

Before the inspection we reviewed information we held about the service and the service provider. This included reviewing statutory notifications submitted by the service, information from staff, members of the public and other professionals who visited the home.

During our inspection we spoke with four members of staff, three of the people who used the service and one relative of someone who used the service. We also spent time reviewing the personal files of three members of staff and the care plans of six people who used the service.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that askes the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager was not available on the day of our inspection and therefore we did not speak with her about planned improvements to the service.

Good

Is the service safe?

Our findings

People who used the service told us they were happy living there. One person told us, "It's a nice place" and another told us, "It's a really good place to live".

We looked at the policies and procedures the provider had in place in relation to abuse and safeguarding of vulnerable adults. We saw the policies and procedures were written in a clear and concise way which gave staff guidance on how to raise concerns if they thought someone may be at risk. We looked at the training files of three members of staff and found they had all received appropriate training in safeguarding vulnerable adults. We spoke with four of the staff who were on duty at the time of our inspection. We asked the staff we spoke with to give us examples of different types of abuse and tell us what they would do if they witnessed something they thought could be abuse. All the staff we spoke with were able to identify the different types of abuse and were confident they knew how to report concerns. This meant people were protected from the risks of abuse because staff had been trained to recognise the signs of potential abuse.

We looked at the service's recruitment and selection policy. We found people who wanted to work in the service were required to complete an application form which included a full employment history and details of any qualifications achieved. Potential employees were also required to provide the names of two people who would be able to provide references and to attend an interview. The staff files we looked at contained application forms and the references that had been received from previous employers.

All staff working in the home were subject to checks by the Disclosure and Barring Service (DBS) before starting work. DBS checks are carried out to help employers ensure the people they want to employ are not prohibited from working with vulnerable people.

We looked at the staffing levels in the service. We found the registered manager used a dependency tool to work out the number of staff needed to ensure they could meet the needs of people who used the service.

We looked at the care plans of six people who used the service. We saw care plans included risk assessments which directly related to people's individual needs and the risks associated with them. Risk assessments clearly showed the potential hazard that had been identified and actions that had or should be taken to enable people to remain independent whilst ensuring they were kept safe. For example one person was at risk of falling from bed at night. We saw the registered manager had looked at options available to protect the person and following best interest discussions it was decided bed rails were the best option. Bed rails were installed and a risk assessment was completed. This meant people who used the service were protected from the risks of accidental injury because appropriate risk assessments had been carried out.

We looked at the arrangements the provider had in place for the safe storage and administration of medicines. We saw there were policies and procedures in place for prescription, 'when required' and homely medicines. We found all medicines were stored in a locked treatment room. Medicine trolleys were chained to the wall in the treatment room and controlled drugs were kept in a locked cupboard inside the treatment room. We looked at some of the medicines the service had in stock and found the stock levels matched the amounts shown on documentation like the controlled drugs book and the medications audit sheets.

Some of the medicines people were prescribed needed to be given in a very specific way to avoid potential harm. We spoke with two of the nursing staff about this medicine and how it should be administered. Both staff were able to tell us how the medicine should be given and what the specific rules regarding administration were.

We looked at the Medication Administration Records (MAR) the service used. We found these were completed correctly using appropriate codes. For example when people who used the service refused to take medicines or if when required medicines were not needed. We also looked at the controlled drugs book and found it had been completed correctly with two people signing the book to say the medicines had been administered.

The provider had a whistleblowing policy in place which meant staff were able to raise concerns about other members of staff employed in the service. We spoke with four people staff members and asked them if they were aware of the whistleblowing policy. All the staff told us they were aware of the policy and knew how to raise a concern. Three members of staff told us they felt they could speak with the registered manager about any concerns and were confident these would be properly dealt with; however, one

Good

Is the service safe?

person disagreed with this and said they would raise concerns with the regional manager instead. We saw evidence of staff members following this process and saw appropriate investigations had been carried out.

We looked at staff training files and found all staff who worked at the service had received training in Infection Prevention and Control. Certificates of completion were kept in staff files and training was regularly reviewed to ensure staff were up to date with best practice. We spent time looking around the service and found it was clean and tidy with no bad odours. We saw communal bathrooms and toilets had a good supply of liquid soap and paper towels. Staff were provided with personal protective equipment (PPE) including disposable gloves and aprons.

Throughout the inspection we saw staff used PPE at appropriate times and removed and disposed of PPE when they finished each task. These things meant people were protected from the spread of infection because the provider had taken steps to minimise the risk.

The provider had an Equality and Diversity policy in place and staff received regular training to ensure they were aware of this. We saw the service accommodated people of different ethnicities and beliefs and throughout the day we saw staff treated people equally and did not discriminate.

The registered manager carried out regular reviews of accidents and incidents to establish if there were any trends.

Good

Is the service effective?

Our findings

Staff working at Kingsway Nursing Home told us they were happy in their roles. One person told us, "We all respect each other", another told us, "It's a great team".

Staff working in the service received mandatory training in areas like moving and handling, fire safety, and first aid. Staff we spoke with told us they received regular training updates and were encouraged to enrol for National Vocational Qualifications (NVQ) in Health and Social Care. We also found nursing staff completed Continuous Professional Development in order to retain their nursing classification. Staff files contained certificates which showed training completed and the date it was carried out. This meant people who used the service were cared for by staff that were properly trained to carry out their roles effectively.

We looked at the staff files of three people who were employed to work in the service. We saw files contained evidence of staff supervisions and appraisals being carried out. Supervisions were used to support staff with their training and to review knowledge and skills. If there were any concerns relating to staff practice we saw additional supervisions were carried out in order to address the issues. Appraisals were meetings between the registered manager and staff member and were carried out to discuss staff performance, areas for improvement and aspirations.

We looked at the care records of six people who used the service. We saw care plans were written in a way which ensure care staff would have a good knowledge of the people they were caring for. Where possible care plans were written with input from people who used the service. If this was not possible someone who knew the person well was asked to help. We saw care plans were signed and dated by the person who completed them and by people who used the service.

Some of the people who used the service had made the decision to refuse resuscitation if they stopped breathing. Where this was the case people's care plans were noted to show their decision and a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form was completed. The DNACPR form was held in the front of the care plan to ensure it was easily accessible if needed.

Care plans contained personal emergency evacuation plans (PEEPs) in place. PEEPs were to give care staff and emergency services information about people who used the service and the level of support they would require if they needed to be evacuated. For example one person was identified as being able to mobilise without assistance however due to a history of behaviour that challenges the service the PEEP showed assistance from one person would be needed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Staff files showed the staff had received training in MCA and DoLS and this was confirmed by the staff we spoke with. We saw capacity assessments had been completed for some people and some of them were also subject to DoLS applications.

We looked at the meals offered to people who used the service. We found the service had a four week menu plan in place which provided healthy and nutritious meals. We saw people were offered choices for all meals and if they did not want any of the meals on the menu we were told by staff they would always attempt to find something else. Some of the people who used the service required special diets and we found appropriate alternatives were offered or recipes were changed to take account of these needs. We also saw evidence that people were provided with fortified or pureed diets where this had been recommended.

People who used the service were helped to access care from other healthcare professionals like podiatrists, dentists and opticians because arrangements had been made for them to visit the service. If there were concerns about people's health and wellbeing we saw advice and support was sought from relevant sources. For example one person who had been diagnosed with alcohol related mental health problems received regular visits from a community psychiatric nurse.

Where people had been diagnosed with conditions that were new to the service we saw information sheets were put into care files to give staff details on the medical condition. For example one person had been diagnosed with bi-polar disorder and obsessive compulsive disorder

Good

Is the service effective?

(OCD). The person's care file had a sheet which gave staff details on different ways (OCD) could manifest itself and what staff could do to help the person deal with the condition.

We were told by the nurse in charge that there was a staff handover at the end of every shift. We sat in on one of the handovers and found staff were given a complete report on each of the people who used the service. This report included any concerns or health problems, accidents and injuries. In addition the handover included staffing, any problems with the service, for example faulty equipment, and any other information that may have an impact on people's care.

We looked at the décor and facilities of the service and found it had been recently decorated. Handrails were positioned around the walls and were coloured green so they were easy to see against the walls. The walls in the service had a selection of prints which included words to well-known songs like 'The White Cliffs of Dover'. We saw people who used the service recognised the words and started singing the songs shown on them. In one part of the service we saw there was a bench and a bus stop sign and pictures of buses were around the walls. Stable type doors had been used for people's bedrooms and the offices and we saw when people were in their bedrooms they were able to leave the top half of the door open. Staff also used the doors in this way when people were asleep and we saw this enabled staff to observe people whilst maintaining their privacy.

Good

Is the service caring?

Our findings

We spoke with three people who used the service about the staff who supported them. One person told us, “They’re all nice in here”, another said, “The staff, they’re wonderful”.

We spent time observing staff and how they interacted with people who used the service. We saw staff behaved in a professional manner but showed the people they supported care and compassion. We saw staff engaged in conversations with people and saw they helped to create a calm and reassuring environment. When people became agitated or distressed we saw staff behaved sensitively toward them and spent time reassuring them.

Care plans for people who used the service were written in a way that was individual and person centred. Care plans contained information about people’s religion, allergies and their abilities and needs. Information was recorded in a comprehensive way which gave staff sufficient information to enable staff to care for them in the way they preferred. For example, one person’s bedtime routine included leaving a small light on in their room, have two blankets on the bed and the door closed. This meant people who used the service were supported in the way they wanted.

We saw there were people of different cultures and religions living in the service. Care plans showed details of people’s cultural and religious backgrounds were recorded and discussions had been held to find out if any special arrangement were needed to accommodate their differences. Although discussions had been recorded, none of the people who used the service had requested any changes.

Staff working for the service received training in privacy and dignity and this was confirmed when we looked at the staff training records and certificates. We observed people speaking to people politely and treating them courteously. Care plans showed the names people preferred to be called and when staff spoke to them we saw they addressed them in their preferred way. When people needed assistance with personal care we saw staff did this discreetly. Before entering people’s rooms we saw staff knocked on doors and asked if could go in. In the entrance of the service we saw the registered manager had put up a dignity tree. This was an outline of a tree with a variety of words that people who used the service and staff had chosen, printed on it. The dignity tree was used as to show dignity was an everyday thing.

People who used the service were encouraged to be independent and were supported to carry out activities that helped them to retain their independence. For example we saw some of the people who used the service went to local shops and after a period of time where they were escorted by staff most were able to make the trip alone.

Some of the people who used the service had made future plans in relation to their death. Where this was the case we saw care plans recorded people’s wishes, including, their preferred funeral director, whether they wanted to be buried or cremated and where they would like to be interred. In addition, if people had a funeral plan in place the details were recorded in the care plan so staff were aware of this.

We also found evidence that some of the people who used the service had lasting power of attorney (LPoA) in place or advocates acting on their behalf. Advocates are individuals or groups which are impartial and give advice and support to people who may struggle to make decisions. LPoA is a legal document which the person in question has used to appoint another person to act on their behalf for things like finances or health and wellbeing. For example on person had an LPoA in place which meant someone was acting on their behalf in relation to their financial matters. This meant people who used the service were able to receive additional support if they wanted or needed it.

Good

Is the service responsive?

Our findings

People who used the service received care that was appropriate and responsive to their individual needs.

Where possible, before people started using the service an assessment was carried out to establish the level of care they needed. People's needs were accurately assessed and any specialist equipment needed was provided.

People's care plans were written with the co-operation of people who used the service, their family or someone else who knew them well. Care plans were written in a way that gave staff enough information to have a good understanding of people's needs and abilities and the type of support they required.

Due to the nature of the service the staff needed to be aware of large numbers of medical conditions in order to be able to care for people correctly. Care plans showed how people's individual conditions affected them and how these would be managed. For example, one person had been identified as having suicidal tendencies. We saw this person's care plan identified things that may cause this and what staff could do to support the person and help them to change their mood. This meant staff were aware of people's more complex behaviour and when they may need to offer more assistance.

Staff were properly trained and responded appropriately to emergency situations. We saw care files contained information about any accidents or incidents people were involved in and the actions taken by staff. Staff we spoke with told us they had been trained in first aid and knew how to deal with emergency situations. We looked at the accident and incident book and spent time looking at the care plans of people who had experienced a medical emergency. This meant staff were able to respond to situations that may put people's life at risk.

We looked at people's care records and found they were regularly reviewed. We saw changes to care plans were made during these reviews and also saw evidence that people's care plans and associated risk assessments were updated and changes implemented following any accident or incident.

Where people had been transferred to or from other services, like hospitals or other care facilities, we found records were kept in people's care files. For example where people were discharged from hospital a copy of the discharge record which gave details of medical conditions they had received treatment for, the treatment received and results of tests, was kept. We also found evidence that although people's transfer records from other services were held, not all appropriate evidence had been recorded and staff only became aware of people's needs after they were assessed. For example one person expressed a preference for wearing female clothing however the previous care facility had actively discouraged this and it was not documented in the transfer notes.

Staff who had concerns about people who used the service passed on their concerns to the registered manager or nursing staff. Where needed referrals were made to specialists who were able to give information and advice regarding health needs. Where referrals were made we saw people were supported to attend appointments and follow the advice given.

The provider had a formal complaints procedure in place and information on how to make a complaint was available to people who used the service, their friends and family. We saw complaints were recorded and investigated and appropriate action was taken following the investigation. We asked people who used the service if they knew how to make a complaint and if they had ever made a formal complaint. One person said, "What do I have to complain about?" and another said, "Of course I know how to make a complaint, I would go and see [the registered manager]".

There was an activities co-ordinator working in the service that was responsible for organised activities. Group activities were available to everyone in the service and staff spent time carrying out individual activities. We saw a number of activities were available for people who used the service including, cards, dominoes and arts and crafts. We saw there were also chickens and a dog which people enjoyed spending time with and a giant connect four and noughts and crosses board. This meant people were still able to take part in activities when there were no group events.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they were happy with the service and thought it was well led. One person we spoke with told us, "The manager is very nice", and another told us, "She [the manager] is a lovely person".

At the time of our inspection the service had a registered manager in place. 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.

The service had an open door policy, this was evident throughout the inspection as we saw people who used the service going to the registered manager's office and the nurse's office to speak with people.

We looked at the systems that were in place to monitor the quality of the service. We found the provider had a number of audits in place to ensure the service was of good quality and people who used the service received the best care possible.

We found audits were carried out in areas like infection control, care plans, and risk assessments. These were used to ensure the service provided were safe. The manager carried out checks on the décor and furnishings in the service to ensure that the surroundings were kept to a good standard. We saw after audits the manager listed any works that were required and these were actioned quickly to maintain the quality of the surroundings.

Regular checks were carried out on the prescribed medicines held in the service to ensure the stock held was a safe level and MAR sheets had been correctly completed. Additional checks were carried out on the control drugs to ensure they were properly dispensed and the number in stock was the same as that recorded in the controlled drugs book.

We looked at records of servicing and maintenance and found regular safety testing was carried out on fire safety equipment and electrical appliances. We saw medical equipment was regularly checked and serviced and there was a maintenance contract in place to ensure the lift was in good working order. Since our last inspection there had been two occasions where the lift had stopped working. Where this had happened we saw repairs were carried out quickly and processes had been put in place to minimise the effects to people who used the service.

Accidents and incidents were recorded and reported to CQC in line with regulations.

The registered manager held regular meetings with people who used the service, visitors and staff. Minutes of meetings were recorded and were available for people to read. Where actions were identified during meetings, these were recorded and actions carried out, where possible before the next meeting.

The provider had a policy in place which enabled staff to raise concerns about the practices of other members of staff. The whistleblowing policy meant staff were able to speak with the registered manager about their concerns and allowed for an investigation to be carried out without any fear of reprisals. Most of the staff we spoke with told us the registered manager was approachable and felt they would be supported to make a complaint. One of the staff we spoke with did not agree but did say they would report concerns to the registered manager in the first instance.

Policies and procedures were reviewed regularly to ensure they were kept up to date and best practice was used. Where there were changes to legislation staff were advised of the changes and what effect it would have on them. Where needed revised training was carried out to ensure staff were working in accordance with the most up to date legislation. This meant people who used the service were protected from poor care because staff were kept up to date with techniques and best practice.