

Greensleeves Homes Trust

Kingston House

Inspection report

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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

Kingston House is registered to provide accommodation and personal care for up to 46 people. At the time of our inspection there were 42 people living at the service. Kingston House is divided into three sections, Primrose, Tulip, and Lavender Lodge. Primrose and Tulip are residential areas of the home, with shared lounges and a dining room. People living in Lavender Lodge have a diagnosis of dementia. Lavender Lodge was accessible through key coded secure doors. Lavender Lodge had a separate lounge and dining room, although the whole home came together for some activities.

This inspection was unannounced and took place over two days. The inspection commenced on 19 September 2018 and we returned 20 September 2018. We previously inspected the service in April 2017 and found three breaches of The Health and Social Care Act 2008. At this inspection we found two breaches in regulation, one of these was a repeated breach from the previous inspection.

At the previous inspection, in March 2017, we found the service to be in breach of three regulations. We found that there were not sufficient staff to meet people's needs. Where people lacked the mental capacity to consent to care and treatment, decisions were not always made by someone with the appropriate legal authority. The quality and consistency of records meant that there was no overview of the support people received. People's care plans did not reflect their care needs. Also, the systems in place to monitor the quality of the service failed to identify the shortfalls found during the inspection.

During this inspection, we found improvements had been made so that the service was no longer in breach of two regulations. There was appropriate mental capacity assessment documentation in place. Where people had representatives with Lasting Power of Attorney (LPOA), this was documented, with a copy kept on file. This meant the service knew who to contact in relation to decisions and the LPOA had the legal authority to act on the person's behalf. There were also improvements in staffing and the service was fully staffed.

We found a continued breach of Regulation 17 of the Health and Social Care Act 2008, regarding good governance. This was because appropriate action had not been taken to address shortfalls in quality monitoring systems. There were areas of concern identified at the inspection that had not been recognised as part of the audit and monitoring checks completed by the management team. We also found breaches in Regulations 9 regarding person-centred care and 12 for safe management of risk.

Risks were identified where people could not use their call bell. However, there were no directions for staff around how they should reduce these risks.

Where people were prescribed creams and lotions, the protocols did not explain where and when staff should administer these. Record keeping for cream and lotion administration was not always completed, and did not evidence that people received their prescribed cream as directed.

Where accidents happened, these were recorded and monitored; however, body maps for injuries were not followed up. Where injuries had occurred, these were recorded, but there were no progress notes. We saw reference to a carer finding bruising on a person in the daily notes. There was no body map or accident form completed regarding this. Where one person had experienced frequent falls, the accident form stated in the management notes that a risk plan would be implemented. We saw that this had not been implemented following the accident.

Food and fluid intake monitoring for people who were at high risk of malnutrition and weight loss was not documented in a consistent manner. The recording system was not being used appropriately. This meant that there was no overview of how the service was meeting people's identified needs with regards to their nutrition.

Record keeping around activities and social interactions varied in quality and consistency. There were large gaps in the record entries for some people and for others the quality of records did not demonstrate that interactions of value had taken place. It was not possible during the inspection to fully identify if this meant that people did not receive interactions, or if there was a recording issue. This meant there was no true picture to gauge if a person was at risk of social isolation.

People living in different parts of the home received different dining experiences. The experience of those living in Primrose was more positive and promoted choice and independence greater than those living in Lavender Lodge. We saw a limited choice of drinks made available during meal times. Tables were not laid with place settings. Staff did not show people a visual choice of meals. There were no menus or menu boards available to show what was available through words or pictures. Staff did not explain to people what was on their plate before they ate it. Some people due to their dementia or visual impairments would not be able to easily identify the food types.

Staff training was not always up to date. However, training was planned to address the shortfalls.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and their relatives told us staff were kind and caring. People shared positive feedback with us about staff recognising when they were feeling unwell, or 'out of sorts'. The GP told us they felt staff knew people well.

Complaints were investigated. We saw records showing that complaints were explored and responded to appropriately.

The service received compliments and thank you cards from relatives where their family member had received end of life care. People and relatives thanked staff for feeling like a family to the person, and for their kind approach.

There were end of life care plans in place. These documented people's future wishes, including funeral plans and who they would like to have present, as well as their preference to be at the home or in hospital.

Staff told us they enjoyed working at the service. They said they felt supported by the management team and had been encouraged to develop.

A 'champion' system had been implemented. Staff were responsible for leading on certain aspects of the service. For example, there were champions for continence, dignity, and infection control.

There were strong community connections and an activity schedule including activities and events inside and out of the home. The service fundraised money for the local memory club; and for updating equipment and fittings in the home.

Relatives were welcome to visit when they wished. We saw that events took place where relatives could join their family members. For example, fundraising bingo nights. The registered manager told us this was a free, but ticketed event to ensure they knew who was expected and visiting.

People's religious and spiritual beliefs were supported. There was a quiet room where people were receiving a religious reading. There was also a church a short walking distance from the home, where people regularly attended services and events.

Staff were respectful of people's needs and privacy. We saw altercations being diffused in a dignified manner, with staff respectful of both people's perspectives and opinions. Staff spent one to one time with people to help de-escalate challenging behaviours.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is the second time the service has been rated as Requires Improvement. In line with our published guidance for repeated Requires Improvement, CQC will be considering what enforcement action to take. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Medicine processes, protocols and records were not always managed in accordance with best practice guidance.

Administration, audits and stock checks did not identify areas of concern for medicines. Staff did not raise concerns regarding the lack of PRN protocols for five people.

Treatment and Escalation Plans were in place.

People had Personal Emergency Evacuation Plans detailing the support they would require to evacuate in the event of an emergency.

There were appropriate numbers of staff to support people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The training matrix showed gaps in essential training. Two members of staff responsible for administering medicines were out of date in their medicine training.

People living in Lavender Lodge did not receive as positive a dining experience as those living in Primrose and Tulip.

There were mental capacity assessments and best interest decisions in place for people who lacked capacity to consent to receive care and treatment.

Staff sought consent from people before providing care interventions.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives told us staff were kind and caring.

Good ●

We saw positive interactions between people and staff.

Staff clearly knew people and their needs well.

Is the service responsive?

The service was not always responsive.

Action had not been taken to address concerns identified at the previous inspection.

Record keeping was inconsistent and prevented an overview of the support a person received from being produced.

There were strong community relationships and a varied activities programme.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Action had not been taken to address shortfalls in the quality monitoring processes. There was not a clear management oversight of how some people's needs were being met.

There was a registered manager in post, supported by a deputy manager and care lead.

Staff spoke positively about the support they received from the registered manager.

Meetings took place with people, their relatives, and the staff, to discuss feedback and any concerns.

Requires Improvement ●

Kingston House

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.

Before the inspection we reviewed information from notifications received from the service, regarding accidents and incidents. We also looked at information provided by the service in their Provider Information Return (PIR). The PIR tells us what the registered manager feels is working well and any areas they have identified as requiring improvements.

This inspection took place 19 and 20 September 2018 and was unannounced. However, we had tried to inspect on 6 September 2018, but the service was closed due to an infection outbreak. The inspection was conducted by one inspector and one 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.

During the inspection we spoke with 20 people who used the service and three relatives or visitors. We spoke with nine members of staff, either by formal interview, or an informal conversation throughout the inspection. These included care staff, kitchen staff, the care lead, deputy manager, and registered manager. We also spoke with one visiting healthcare professional and contacted two social care professionals for their feedback after the inspection. We did not receive a response to our request.

To gather evidence relating to people's care, we reviewed care plans for nine people and daily records for four people. We also looked at the medicine administration records for each person and the activity recordings for four people. We spent time observing the way staff interacted with people who use the service.

We reviewed records relating to the management of the service. This included looking at audits, policies, and action plans. We also looked at the training matrix, and recruitment records for five members of staff.

Is the service safe?

Our findings

Risks were identified, but plans were not always put in place to guide staff on how they could reduce the likelihood of risks occurring. For example, where a person had been assessed as not being able to use the call bell, there was a 'risk plan' in place. The risk plan for one person stated, "Due to [person's] diagnosis of dementia, which has impacted upon her short-term memory and cognition, she does not recognise the call bell, or how to use this." There were no directions for staff such as whether they should check on the person if they were in their bedroom, or how often. This meant people were at risk of not receiving consistent care or response times from staff when required.

Medicines were stored securely. Temperature checks were completed to ensure that medicines requiring refrigeration were stored appropriately. Medicine stock control checks were completed, and there were also daily checks on the medicine administration record (MAR) to look for any gaps in administration. We checked the MAR for each person and found no gaps in administration.

Medicines were not always managed safely. Some medicine bottles did not have the opened or expiry dates recorded. Once opened, the expiry dates on liquid medicines changes. The consequences of using expired prescriptions include changes to the effectiveness and an increased risk of bacterial contamination. The liquid medicines for pain relief had stickers on them to specifically record the date they were opened and how long before they expired, but these were not always being used.

The protocols for administration of topical prescriptions such as creams and lotions did not contain enough information to know when and where the prescription should be applied. For one person their protocol stated that their skin protectant prescription should be applied to "sore areas", but did not state or show on a body map, where the sore areas were. The protocol for another person stated that staff should "Apply to affected areas", but there was no information to indicate where on the person's body these may be. The administration records for one person whose prescription should be applied "2-3 times daily" contained a lot of gaps. This included between 24-30 August 2018 where there were no signatures to show administration. This meant it was not clear if people had their prescriptions applied in accordance with the GP guidance, or if staff were meeting people's skin protection needs.

Protocols were not in place for five people who required medicines on a PRN 'as and when required' basis. Protocols should explain how staff can recognise when the person requires the medicine. This includes signs and behaviours; what support staff can offer before medicine administration; as well as the dosage and frequency. This meant that staff were not following clear guidance specific to that person. For example, medicines including those for heart function, pain relief, and to alter a person's mood. People were at risk of not receiving their medicines when required. When the shortfall was raised with the registered manager during the inspection, they produced and implemented the protocols the same day.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for Safe Care and Treatment.

Audits and medicine checks were completed, but these processes did not identify the shortfalls we found during the inspection. Staff did not query the lack of PRN protocols for five people while administering their medicines. We also saw that five people did not have photographs on the MAR. Photographs support staff to ensure they are administering the right medicine to the right person. Action was taken to address concerns regarding PRN protocols, when this was raised during the inspection.

Where PRN protocols were in place, these contained person specific guidance around how staff could support the person prior to resorting to medicines. For example, for one person, their PRN medicine was to alter their mood during periods of anxiety. Their protocol stated the types of behaviours the person displays, and how staff could provide support. We observed staff following the guidance when the person displayed the signs of anxiety and the person responded well. This evidenced that staff knew people well, and there were sufficient staff in place to provide one to one support during the person's periods of heightened anxiety.

People were not always protected from the risks associated with infection control. We saw care staff wearing nail polish and nail extensions. These can present infection control risks due to impacting upon proper hand hygiene practices. Nail extensions can also present a risk when providing care for people with fragile skin. We checked the infection control and uniform policies and saw that fingernails were not mentioned. This meant that policies did not guide staff around the potential harm they could cause.

Concerns relating to the lack of five PRN protocols not being identified in audits, as well as the infection control policy meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

At the previous inspection, in March 2017, the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing. This was because there were not enough staff to meet the needs of people living in Lavender Lodge.

At this inspection we felt that the service was no longer in breach of Regulation 18 as there were suitable numbers of staff available to meet people's needs throughout the day. The registered manager told us they were fully staffed and we saw that staffing levels were decided using a dependency calculation. The registered manager had identified that the staff could be deployed more effectively at times. For example, during lunchtime to provide greater support to Lavender Lodge where people had more complex needs. They discussed plans with us to have two lunchtime services, with Primrose having their lunch at 12.30pm and Lavender Lodge having theirs at 1pm. The thoughts around this were that less staff are required in Primrose after lunch, whereas people residing in Lavender Lodge would benefit from the support of more staff during lunch.

Some people told us they felt the service needed more staff. One person said, "They don't come very quickly when I need them, it is 15 minutes or more usually." Another person explained, "They need more workers to answer the call bells more quickly. It's hard waiting for the toilet." And a third person told us, "The staff are a bit pushed, they do their best, they are very good but things end up being late and you wait longer for the toilet. They get to me as soon as they can and they do apologise. Night time is the same."

Relatives told us they felt there were enough staff to meet the needs of their family members. The feedback from one relative included, "I would say staffing is fine. There is a high consistency. If somebody is off sick, there's always a back-up and others come in to cover. There has been more continuity since using less agency staff." Another relative said, "I think there are enough staff, they are all trained and efficient."

Recruitment drives had been successful and recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references, and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people. This helps employers make safer recruiting decisions and reduces the risk of unsuitable people working with vulnerable adults and children.

People told us they felt safe. Positive comments included, "Yes very safe, it's the attention you get. There are also things to press in an emergency." As well as, "There is always somebody around." And, "There is security on doors. Nobody can get in."

Staff knew the different types of abuse and told us what they would do if they felt people were being abused. They told us who they would report concerns to within the organisation and that they could also raise concerns or whistleblow to agencies external to the organisation if needed.

There were a Personal Emergency Evacuation Plan (PEEP) in place for each person. The PEEP contained information about the support the person would require in the event of an emergency evacuation.

The service was clean and free from odours, apart from in one area upon entering Lavender Lodge. We discussed this with the registered manager who explained that they would look into ways this could be reduced. The registered manager told us that they had previously replaced carpets in areas and bedrooms, replacing them with alternative flooring to reduce incontinence related odours.

Is the service effective?

Our findings

Staff training was not always up to date. We reviewed the staff training matrix and saw that training in areas of safeguarding, medication, mental capacity, health and safety, and fire safety were out of date for some care staff. We spoke with the management team who advised us that training was scheduled to address the shortfalls in September and November 2018. Staff told us they received training, including safeguarding and first aid. Senior care staff explained that they had attended leadership training.

People living in Primrose received a more positive dining experience than those living in Lavender Lodge. In Lavender Lodge, the tables were laid with a table cloth, salt and pepper. When people had their meal placed in front of them, they were given a bundle of cutlery, wrapped in a paper napkin. For some people with dementia this was confusing. We saw one person attempt to use the bundle as a whole to eat their meal, whereas a more appropriate support option for this person may have been a table laid with cutlery and a placemat.

People dining in Primrose had tables laid with cutlery, glassware, and place settings. We asked a member of care staff about the reasons for the difference in dining experience. The staff member told us, "Cutlery used to go in people's pockets or people took it down to their bedrooms. Drinks were being poured on people. It is less stressful for people if they have the tables set as they sit down and have their drinks brought to them." This feedback and what we observed, did not account for people's preferences or their dementia care needs. In Lavender Lodge there was a culture averse to positive risk taking, and a lack of creative thought in providing a stimulating and enjoyable environment.

People in Lavender Lodge were not supported to make choices during the meal service. On the first day of the inspection people were not shown a choice of meals pre-plated. They were asked, "Are you happy with a lamb roast?" and, "Are you going to try a lamb roast?" When people accepted the only choice they were offered, the meal was put in front of them. There was no explanation as to what was on the plate in terms of vegetable accompaniments, to ensure they were to people's preferences. Some people living in Primrose would also benefit from a visual choice of meals being offered, however they were verbally asked for their meal choice. One person became distressed when they were given the lamb roast, despite saying they did not want it. They were instructed by a member of staff who said, "Try a little bit and I will make you a sandwich." The person left the room shortly after without eating their meal. It is good practice to offer a visual choice of meals, to support people in their decision-making process.

The lunchtime drinks were orange squash, or water, served in a plastic beaker, with no option to pour their own drink. One person enjoyed a beer with their lunch, but this was at their request. People who may prefer, but were not able to request alternative options were not offered anything different. There were drinks on the table for people to help themselves in Primrose, promoting independence.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Person-Centred Care.

We saw people being offered drinks throughout the day. Staff used a drinks trolley to visit people mid-morning and in the afternoon. The lounge in Lavender Lodge had jugs of orange squash and water available. There were also orange squash and water dispensers, as well as a hot drinks machine in the Primrose dining room. The dining rooms and lounges had snack baskets, with a selection of crisps, sweets, chocolate bars, biscuits, and juice boxes. We read in staff meeting minutes that the introduction of the snack baskets had proven popular with people.

People in Primrose were complimentary about the food and drink. One person told us, "The food is out of this world." Another person said, "The food is good quality, you get a choice and there is plenty." A different person explained, "I enjoy a sherry with my Sunday lunch. There's lots of drinks."

The chef explained that people's feedback was incorporated into the menu the choices. They told us that when planning the menu, they distributed a selection of cookery books around the dining rooms for people to find inspiration. The chef then asked people if there was anything they would like to see on the menu in the future.

At the previous inspection, in March 2017, the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where people lacked the mental capacity to consent to receive care or treatment, decisions had sometimes been made by relatives without the appropriate legal authority to act on the person's behalf. At this inspection we found improvements in the mental capacity assessment documentation and the service was no longer in breach of Regulation 11.

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.

Mental capacity assessments had been completed where people lacked capacity to consent to receiving care and treatment at Kingston House. Care plans documented whether the person had a Lasting Power of Attorney (LPOA) in place. LPOA's have the legal authority to make decisions on behalf of the person when they lack the capacity to do so themselves. The registered manager held a copy of each LPOA for reference and consultation when assessing a person's mental capacity to consent to a decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. There were best interests decisions in place and the management team had applied for Deprivation of Liberty Safeguards (DoLS) approval from the local authority.

People had a Treatment Escalation Plan (TEP) in place. The TEP documented their advance wishes regarding resuscitation. Where people lacked the mental capacity regarding this decision, the GP was consulted with.

People told us staff respected their choices and sought their consent. One person told us, "They always ask permission and offer help. They always give choices. My [family member] has Power of Attorney for finance." Another person explained, "I have choices around bath time, bed time etc." The registered manager explained that prior to when they started at the service, there had been set days for people to have their baths. They told us that this had been one of the changes they had made, encouraging staff to support

people to get up, or receive personal care at the time the person chooses.

We received mixed feedback about whether people were given the opportunity to explain their needs and what support they required. The positive feedback included, "Yes, I have my say. The way I'm looked after works well for me." Also, "My choice is respected. I go to bed when I choose." The negative comments included, "I don't get a chance to explain things and how I want to be looked after." And, "When they've time, they know how to look after me."

The staff team worked well together and there was an appropriate skills mix of staff available. One staff member said, "We work well together as a team." Another told us, "The newer staff have gelled really well with the staff team who have been here for longer. There is a good mix of experience and personalities." We saw that staff were supportive of one another, they spoke politely with each other and to the people they were supporting.

We saw that health and social care referrals were made in a timely manner. We reviewed care plans for people who had received input from the Speech and Language Therapist (SALT). The chef told us that information from the SALT assessment was then communicated to the kitchen staff so that they were aware of any changes to the person's dietary requirements. For example, two people had been assessed as needing a soft diet.

The service contacted the mental health service and care home liaison for specific support where people experienced behavioural or mood changes. We saw evidence of their involvement in people's assessments, where guidance was then provided to staff.

The GP spoke positively about the service and how well staff know the people they care for. They told us, "Staff are quick to identify when there are health concerns." They said, "Staff are prompt in contacting the surgery to discuss any degrees of worry. They would rather get the feedback and opinion of the GP rather than try to diagnose someone themselves." The GP explained that they felt staff responded well to guidance and feedback around how to support people.

Bedrooms were spacious and people brought items from home to personalise their space. We saw that reminiscence boxes were used outside of people's bedrooms. These contained items such as photographs or ornaments of importance and relevance to that individual. The items can be used as a way of the person recognising their bedroom, and for reminiscence.

People were involved in choosing the colour of the dining room. Tester pots of paint were used on the wall and people pencilled a mark against the colour of their preference. The majority vote was used to decide the colour. The registered manager told us they had painted Lavender Lodge with bright coloured corridors in different parts of the unit. The aim of this was to help orientate people to different areas. The registered manager and deputy manager said they hadn't noticed this making much difference to people living in Lavender Lodge.

Is the service caring?

Our findings

People spoke positively about the caring nature of the staff team. One person said, "They are very kind, very sweet, all of the staff, I have no problems at all." Another said, "They call me by my preferred name. They recognise when I'm down. They try to cheer me up. They're very good." And a different person told us, "They are lovely and kind people, I like them all. They would help me if I was a bit down. They'd come and have a chat and listen."

Relatives told us the staff were kind and empathetic towards their family member. One relative said, "[Relative] is treated with kindness. I think the staff notice when they're unwell. They asked the doctor to see them recently." Another relative explained, "They are empathetic and so lovely. When [relative] came back from hospital the staff welcomed them when the ambulance pulled up. They made a fuss of them."

One staff member explained that they felt "at home" when coming to work. They said this was "because of the environment and relationships with other staff and the residents." They said they enjoyed working at Kingston House because of the "homely feel". Another staff member said, "There is a good, friendly atmosphere here."

People in Primrose told us they were involved in their care planning. One person said, "They update my care plan and I have my say." Another person told us, "Oh yes, I can express my views."

We saw that most care plans included people's preferences, with elements of person-centred and detailed information. For example, in the care plan for one person it stated, "She likes cakes, plain ones, not ones with cream in." Another person's care plan stated the precise way they like their cup of tea, "dip the bag in and take it straight back out again." One person's care plan had steps for staff to follow, based on their preferred routine. For example, "[Person] does not like her tray to be removed from her room until she has finished everything. [Person] likes to save her pudding for later in the afternoon, so will usually ask for this to be left in her room."

The registered manager told us they had worked hard to form relationships with people and their relatives. This included holding meetings for people and their family members. One person told us, "I make my own decisions. They have a resident's meeting. You can voice your opinions and they take notice." The registered manager explained that they had strengthened their connection with relatives by taking action around suggestions, such as replacing carpets where there were odours.

Staff spoke to people in a kind and friendly tone. People responded well when in the company of staff and engaged in conversation when this was offered. One person was feeling unwell and was gently encouraged by staff who showed empathy in their communication, to receive pain relief and to try some lunch.

When recruiting new staff, the registered manager explained they looked for people with bubbly personalities. They told us, "They have to engage with me as I want them to be able to engage with the residents." Also, "I want to get from [the interviewee] what they would do if their loved one was in care. I ask

them to put themselves in the situation where they imagine it was their relative." The staff we spoke with told us they would be happy to have their family member receive care at Kingston House.

People chose where they sat, and where they wished to spend their time. People in Primrose had requested to have the library area moved to the lounge, this request had been accommodated. We saw people relaxing in comfort in the lounge in Primrose. One person in Lavender Lodge was supported to visit the garden. It was a blustery day, but the care staff said the person enjoyed feeling the fresh wind in their face because they responded with a smile and sounds of joy. People had visitors join them throughout the day. They spent time together in the communal rooms, or visited people in their bedrooms.

There was an equality and diversity policy in place and staff received equality and diversity training. Staff spoke to people respectfully and the service supported people's religious beliefs. We saw that two people attended a religious reading at the home, in a private area. The service had links with the local church and people attended services and church community events.

Staff told us they respected people's dignity when completing personal care. One staff member said, "I make sure the door is shut and I use a towel so they are not exposed." We observed staff speaking to people in a dignified manner and staff respected people's privacy when supporting them. We saw staff support people from the dining room to the bathroom during lunch, the conversations were discrete and staff walked with people to show them the way.

People's data and important information was stored electronically, as well as in secure storage cabinets or cupboards. The electronic care planning system was accessible by staff using their individual log in details and password. Different staff roles had different permissions for only accessing information relevant to their role. The care offices remained locked when not in use. The registered manager had implemented procedures to ensure the appropriate storage of data. People's data was stored in accordance with the Data Protection Act 2018.

Is the service responsive?

Our findings

At the previous inspection the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the quality and consistency of their record keeping. Records did not evidence that assessed health care needs were being met. At this inspection we found that improvements had not been made to address this issue.

Records did not always evidence that people were supported in accordance with their identified health needs. For example, one person had been assessed as losing weight and the action recorded as taken was to document the person's food and drink intake. The intake was recorded as part of the daily records. Daily record entries relating to the person's nutrition included, "Food and drink brought to [person] at 8pm, but she was very reluctant to both food and drink. [Person] has had no other food or drink all day." This entry does not state if the person consumed any of the food or drink brought to them, and if so, what was offered or consumed, and how much. Another entry stated, "[Person] had very little supper." Again, this did not explain what was offered to the person, or how much they consumed. The information did not give consistent insight into how the person's dietary needs are being met.

The electronic record keeping and care planning system was not being used effectively to build an overview of how a person's needs are being met through the daily records. Staff were required to select a category before adding information relating to that. For example, any records relating to food and drink could be added with the category of 'nutrition'. The categories when used correctly would allow the search function to be narrowed down to entries just relating to nutrition. If used correctly, this would build a picture of how the care need is being met. However, staff frequently recorded information relating to the person's food and fluid, under more generic categories, where information was lost amongst statements relating to the person's personal care. This meant that where people had been assessed as requiring their food and drink intake to be recorded, there was no overarching view to show how the service had met the person's needs over a period of time.

Care plans did not contain enough detail about the person and their healthcare needs. For example, a senior carer discussed a recurrent oral health concern for one person. We checked the person's care plan and saw no reference to their mouth care, or the recurring concern. For another person, their records showed that they had experienced eight falls over a nine-week period. Their care plan referred to them having had three falls. This meant the care plan did not reflect the true likelihood of the accident recurring. In an accident and incident form for another person from May 2018, the management notes state, "Risk plan will be put in place." We checked and there was no risk plan in place following the accident. Therefore, the care plan had not been developed to reflect the person's needs and how staff should support them.

The record keeping around activities were inconsistent and varied in quality. We saw large gaps for some people, with no entries regarding their social interactions for extended periods of time. For example, one person had no records relating to activities between 5 August 2018 and 8 September 2018. Another person only had five entries in July, three in August, and at the time of the inspection had nothing written for September. It was not possible to ascertain if the lack of entries meant that people were not receiving social

interactions, or if it was a recording issue. Because of this, it was not possible for the management to have oversight that would allow them to identify if a person was at risk of social isolation.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

There were strong community relationships, which meant there was a range of activities outside of the home. For example, with a local 'over 55's group', the Memory Club, and at the local football club where there were fortnightly tea dances for people to attend. The activities coordinator explained that they had recently been informed the local bowling alley was closing and said this was a popular activity for people to attend. We saw that this was a popular activity, based on the record entry for one person. The entry stated, "[Person] came bowling today, he had been looking forward to it since I told him last night. He said he got up at 5am to get ready for it, lots of competitive talk and jokes. He had a big smile on his face throughout." The activities team were already in the process of sourcing an alternative venue, using connections to the nearby Royal Air Force base. The service regularly took part in fundraising activities both for new items within the home, as well as to raise money for the clubs and groups they work with and receive support from.

Activities took place in the home, where people from all units could attend together. We observed a 'sing and smile' session in Lavender Lodge. The activity was well attended, the staff members present and leading the session engaged with each person. People were singing and laughing together, enjoying the activity.

There were items of interest, tactile furnishings, and 'rummage drawers' containing things people could wear such as jewellery or scarves. We saw that there were jigsaw puzzles, magazines, and books for people to use as they wished. In Lavender Lodge there was a 'reminiscence pod'. This was in the corridor and had a large screen presented as a train window, showing ongoing footage reminiscent of that which would have been seen on a train journey. The registered manager told us they had looked into the benefits of the pod prior to implementing it.

Staff efficiently diffused situations when there was a clash of personalities, or behaviours that upset another person. We observed two examples of this, where the verbal altercation between two people was causing each of their emotions and behaviours to escalate. Staff stepped in to support each person individually, they spoke in a calm and respectful tone, and worked together to ensure both people received appropriate care.

The use of technology contributed to a calm environment. When people used their call bell this alerted carers using portable devices that support was required. There were no intrusive sounds from the system. Care staff communicated to one another using walkie talkies and were conscious to not mention any specific details regarding people's personal information.

We saw that complaints were reviewed, investigated and responded to appropriately. The registered manager kept records of correspondence relating to complaints and the action taken.

The service received compliment and thank you cards from relatives of family members who had received end of life care. We saw that one relative had written, "Thank you seems such an inadequate word for everything you did." Another wrote, "I'm sure mum always thought of you as family."

Where people or their representative had discussed end of life wishes, these were recorded. There wasn't anyone receiving end of life care at the time of the inspection. However, we saw that end of life care plans were in place and these included people's wishes for who they would like present. Some people had also

stated their funeral preferences.

Is the service well-led?

Our findings

At the previous inspection we identified that quality assurance systems did not recognise shortfalls picked up at the inspection, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found a continued breach in Regulation 17, as we found areas of concern regarding record keeping, medicines, and the dining experience that had not been highlighted in audits or monitoring checks.

We saw that food and fluid monitoring was not completed consistently, and there were no checks in place to monitor this. The management team did not maintain an overview of the intake for people at high risk of weight loss. The medicines audits did not recognise the poor quality of the topical medicine administration, or that there were PRN protocols missing for some people. There were no observations of the dining experience for people in Lavender Lodge. Where people had experienced a fall and sustained an injury, body maps were completed. However, there was no ongoing monitoring to document that staff were following up on the progress of these injuries, and they were not closed to show the injury had improved. Also, policies did not state good practice regarding nail extensions and hand hygiene.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

There was a registered manager in post and available throughout the inspection. The registered manager had been in post for 14 months. 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 registered manager monitored people's weights and maintained their own record to identify those at risk. They also collated records of accidents and incidents as the service currently had some submitted online via their care system, and others submitted in paper format. We saw that although this was not the most logical process, the registered manager maintained an up to date overview of the accident and incident reports. The registered manager explained that they were in the process of addressing this through looking at the permissions for some care staff. The care system at the time of the inspection prevented some staff from submitting forms electronically.

The operations manager visited and completed quality monitoring checks on a monthly basis. They then produced a report of their findings, which was used in creating action plans for the management team. We reviewed the action plans and saw that the quality of care planning was included in these. The registered manager had broken the action plans down into Primrose and Lavender, as there were different actions required for different parts of the service. We saw that actions were being acted upon.

The registered manager was present throughout the inspection. The management team consisted of the registered manager, a deputy manager and care lead. The deputy manager was responsible for overseeing

Primrose and Tulip. The care lead was responsible for Lavender Lodge. The registered manager had been in post for 14 months, so there had been a change in management following the previous inspection. The registered manager said they felt supported by their deputy manager and care lead and felt that they were on board with their vision around the future developments at the service. Their vision included, "To keep the home moving in the way it is going. To push the more person-centred approaches."

There were plans for the future developments in Lavender Lodge. The registered manager explained that they would like to introduce brightly coloured crockery, new tablecloths, and they would like to fundraise for a glass fronted fridge. They said they would like to have sandwiches and chilled snacks available for people to see and access. The registered manager had been liaising with the local authority quality assurance team for ideas around improving the dining experience.

We discussed what the registered manager felt had been their biggest achievement since starting at the service. They explained, "Little touches, like feature walls in bedrooms in people's preferred colours, replacing carpets, making the building look less tired. The way the team are gelling now has been an achievement. They are on board with what I want and are putting people first."

Developing the staff team had been a challenge for the registered manager. They told us that there had been a long-standing staff team working at the home and there were a lot of hours covered by agency staff when they first started. The registered manager had recruited to be fully staffed and explained that introducing a lot of new staff at the same time had proven challenging to ensure the right skills mix. They said that the staff team have become more of a team for the past four months before the inspection and that there were notable improvements.

We saw that staff received supervision meetings with the deputy manager and care lead. The registered manager explained that some senior staff were being trained to also complete supervisions and appraisals with care staff. The registered manager was keen to develop staff and support them to have more responsibility in their role.

Some senior and care staff had taken on roles of 'champions' for areas of the service. These included champions for continence and infection control. We saw that the infection control champion completed some of the audits for this area. The registered manager told us the continence champion was responsible for ensuring each person had the right size and quantity of their continence aids. Implementing champion roles encourages the staff team to take accountability for improvements and developments at the service.

Staff shared positive feedback with us about working at the service and the support they received. One staff member said, "The manager and deputy or care lead are very approachable. I know I can always go to them if I need anything." The kitchen staff told us that if they needed to replace or request anything they would receive prompt support from the management team to ensure they could do this.

The registered manager described their management style as, "I have no problems in addressing issues and I want staff feedback about any problems and what they feel we should be doing about it. I try to make sure I speak to everybody and that I know the staff. That way I can support them when they need things from me." The registered manager said they received support from their head office and operations manager. They told us, "I have lots of tools I can use. Management are only a phone call away as well."

Resident, relatives, and staff meetings were held. We reviewed the meeting minutes from these and could see suggestions were made and responded to, and people and their relatives were kept up to date with any communications. The registered manager also started work early to ensure they could see and keep up to

date with the night staff regularly.